

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

| Fo | or ca | lendar year 2010, o | r tax year beginning | | | | , and end | <u> </u> | | | | | , 2 | 0 |
|---------------------------------------|-------|---|---|--|--------------------------|--|------------|---------------|---------|--------|---------------------------|--|-------------|----------------|
| | | eck all that apply: | Initial return | | Initial return | of a former p | oublic cha | rity | | | | Final re | turn | |
| _ | | | Amended return | | Addre | ss change | | Ņ | ame c | har | ige | | | |
| | | of foundation | | | | | | l | A Emp | oloye | r identifi | cation numb | er | |
| | | ADAMS FOUNDAT | ION | | | | | | | | | | _ | |
| _ | | CLS GROUP | | | | | | | _ | | 73- | <u>-150858</u> | 2 | |
| Νι | ımbe | r and street (or P O box | number if mail is not delivered | d to street | address) | | Room/su | ııte | B Tele | phon | e number | (see page 10 o | f the insti | ructions) |
| _ | ~ ~ | | | | | | | | | | | 240 | - 4 0 | |
| | | S. KELLY AVEN | | | | | L | \rightarrow | 0 11 | | |)5) 348 | -546 | -U |
| Ci | ty or | town, state, and ZIP co | de | | | | | | | | ion applica check here | | ! | ^ |
| _ | DMA | ND OV 73003 | 5.650 | | | | | l | D 1 F | oreigi | n organizai | tions, check he | re . | |
| _ | | ND, OK 73003- | | | | | | | | | | tions meeting there and attach | | \Box |
| ᄲ | _ | | on: X Section 501(| | | | | | | | | | | - [] |
| Ψ. | | | exempt chantable trust | | her taxable p | | | | E If pr | ıvate | foundation | n status was ter | minated | |
| ' | | market value of all a | 1, | _ | nethod X C | asn Acc | cruai | ļ | und | er se | ction 507(b |)(1)(A), check h | nere . | - |
| | - | ear (from Part II, col | | ther (sp | ecify) (d) must be oi | a cash hasis) | | | | | | in a 60-month | | 1 1 |
| | | | | COIGITIT | (u) must be or | T Casir basis) | | | una | ersec | tion 507(b |)(1)(B), check h | | |
| H. | art | total of amounts in col | | | Revenue and | (b) Net inve | | (0 | c) Adju | | net | for cl | narıtabl | |
| | | may not necessarily e | | exp | enses per books | incon | ne | | inco | me | | | poses | nh./\ |
| ٦ | | | | | 0 |] | | | | | - | (cash t | Jasis O | пу) |
| | 1 2 | | tc , received (attach schedule) undation is not required to | | |] | | | | | | | | |
| | 3 | | | | 551 | | 551. | | _ | | | ATCH | 1 1 | -,- |
| J | 4 | | emporary cash investments | | 1,612 | | 1,612. | | | | | ATCH | | |
| | - | | | | | | <u> </u> | | | | | 211 011 | | |
| | | Net rental income or (loss | | | 4 | | | | | | | | | |
| | | Net gain or (loss) from sa | | | 445 | 1 | | | | | | | | |
| Revenue | | Gross sales price for all | 38,000. | | | | | | | | | | _ | |
| 8 | 7 | assets on line 6a | ne (from Part IV, line 2) | | | | 445. | | - | | | | • | |
| ĕ | 8 | | gain | | | | | | - | | | | | |
|] | 9 | | | _ | | | | | | | | | | |
| | 10 a | Gross sales less returns and allowances · · · | | | | | | | | | | | | |
| | b | Less Cost of goods sold | l l | | 1 | | | | | | | | | |
| | С | Gross profit or (loss) (| attach schedule) | | | <u> </u> | | _ | | | | ļ | | |
| | 11 | Other income (attach | schedule) | | 595 | | 595. | | | | | ATCH | <u> 3</u> | |
| | 12 | | ough 11 | | 3,203 | | 3,203. | | | | | | | |
| | 13 | Compensation of officers | , directors, trustees, etc | | | | | | | | | ļ | | |
| _s | 14 | Other employee salar | ies and wages | | | | | | | | | | | |
| 188 | 15 | | yee benefits | | | | | | | | | | | |
| per | | Legal fees (attach sch | | | 1 450 | | 1 450 | | | | | | | |
| <u>س</u> ے | | Accounting fees (attack | | | 1,450 | | 1,450. | | | | 0. | | | 0 |
| =\$ | C | Other professional fee | es (attach schedule) | | ···· | | | | r | | <i>-</i> | 0511/6 | - [- | |
| trat | 17 | Interest | | | 400 | | 400. | _ | | | RE | CEIVE | <u> </u> | 967 |
| S S | 18 | | see page 14 of the instructions) | | 400 | | 400. | | | | | ļ.— | | |
| ; <u>≡</u> 3< | 19 | Depreciation (attach s | schedule) and depletion, | | | | | | | 3 | MO | W 1 8 2 | 2011 | Ŏ |
| Ad | 20 | | | | | | | | | 47 | - 110 | - | | 8 |
| Ja_ | 21 | | and meetings | | | | | | | l l | | BEAL | 1 150 | <u> </u> |
| _a _a | 22 | | ons ATCH 6 | | 157 | | 157. | | _ | | <u>OC</u> | DEN, | UL | |
| <u>ا</u> کیا | 23 | · · · · · · · · · · · · · · · · · · · | h schedule) ATCH 6 | | 137 | 1 | 101. | | | | | | | |
| Operating and Administrative Expenses | 24 | _ | administrative expenses. | | 2,007 | j | 2,007. | | | | 0. | | | 0 |
| Š | | | 23 | <u> </u> | 68,596 | | 2,001. | | | | · · | | 69 | 596 |
| בנו | 25 | | rants paid | - | 70,603 | | 2,007. | | | | 0. | - | | 5,596 |
| | 26 | | ements Add lines 24 and 25 | - | , 0, 003 |] - | 2,00 | - | | | <u> </u> | | | , , , , , , |
| | 27 | Subtract line 26 from | | | -67,400 | | | | | | | | | |
| | | | ne (if negative, enter -0-) | | | | 1,196. | | | | | | | |
| | | | (if negative, enter -0-) | - | | | | - | | | | | | |
| | | , | riogauto, oritor "O" /s s | | | | | | | | | | | |

JSA ** ATCH 5

Form 990-PF (2010)

GPAGE 3 11

| P | art II | Balance Sheets description column should be for end-of-year | Beginning of year | End of | year |
|-------------|----------|--|------------------------------|----------------|-----------------------|
| _ | CII CII | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 127,005. | 96,795. | 96,795 |
| | 2 | Savings and temporary cash investments | 37,555. | | |
| | 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | _ | disqualified persons (attach schedule) (see page 15 of the instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | i . | Less allowance for doubtful accounts | | | |
| | 8 | | | | |
| sets | 9 | Inventones for sale or use Prepaid expenses and deferred charges | | | |
| ທ | l | | | | |
| ⋖ | ı | Investments - U S and state government obligations (attach schedule). | | | - |
| | l | Investments - corporate stock (attach schedule) | | | |
| | 11 6 | Investments - corporate bonds (attach schedule) | | . | · |
| | | and equipment basis Less accumulated depreciation | | | |
| | | (attach schedule) | | | |
| | 12 | Investments - mortgage loans | 157,270. | 157,635. | 165,660 |
| | 13 14 | Investments - other (attach schedule) ATCH 7 Land, buildings, and | 137,270. | 157,635. | 103,000 |
| | ' ' | | | | |
| | | equipment basis Less accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| _ | | ınstructions Also, see page 1, item I) | 321,830. | 254,430. | 262,455. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ap | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe | | | |
| | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | 0. | |
| | | Foundations that follow SFAS 117, check here ▶ | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| es | 24 | Unrestricted | | | |
| Ĕ | 25 | Temporarily restricted | | | |
| 3a | 25 26 | Permanently restricted | | | |
| ğ | -" | Foundations that do not follow SFAS 117. | | | |
| Fund | | check here and complete lines 27 through 31. | | | |
| ř | 27 | Capital stock, trust principal, or current funds | | | |
| | | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| Net Assets | 29 | • | 321,830. | 254,430. | |
| As | 30 | Retained earnings, accumulated income, endowment, or other funds | 321,0001 | | |
| 10 | 30 | Total net assets or fund balances (see page 17 of the | 321,830. | 254,430. | |
| z | | Instructions) | 321,030. | 234,430. | |
| | 31 | Total liabilities and net assets/fund balances (see page 17 | 221 020 | 254 420 | |
| | | of the instructions) | 321,830. | 254,430. | |
| _ | | Analysis of Changes in Net Assets or Fund E | | <u> </u> | |
| 1 | | I net assets or fund balances at beginning of year - Part I | | | |
| | | of-year figure reported on prior year's return) | | <u>1</u> | 321,830. |
| | Ente | r amount from Part I, line 27a | | , i | -67,400. |
| 3 | Othe | | | | |
| 4 | Add | lines 1, 2, and 3 | | | 254,430. |
| 5 | Decr | eases not included in line 2 (itemize) > | | | |
| 6 | Tota | I net assets or fund balances at end of year (line 4 minus li | ne 5) - Part II, column (b), | line 30 6 | 254,430. |
| | | | | | |

| 2-story b | d describe the kind(s) of property sold rick warehouse, or common stock, 200 | | (b) How acquired P-Purchase D-Donation | (с) Date acquired (то, day, уг) | (d) Date sold (mo , day, yr |
|--|--|--|---|---|--------------------------------|
| a SEE PART IV SCHE | DULE | | | | |
| b | | | | | |
| С | | | | ļ <u>.</u> | |
| d | | | | L | |
| e | | | _ | <u> </u> | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | |
| а | | | | | |
| b | h | | | | |
| С | <u> </u> | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets | showing gain in column (h) and own | T | | Gains (Col. (h) g | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | col | (k), but not less Losses (from co | |
| a | | | | · - | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| е | | | 1 | | |
| 2 Capital gain net income or | ' I net canital loce I | f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7 | } 2 | | 445. |
| Net short-term capital gair | n or (loss) as defined in sections 1 | | | | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |) | | |
| If gain, also enter in Part I, | , line 8, column (c) (see pages 13 | s and 17 of the instructions). | S | | |
| _ | , , , , , , | | } ₃ | | |
| If (loss), enter -0- in Part I, Part V Qualification I For optional use by domestic | Under Section 4940(e) for Recommendations subject to the | | Income | me) | |
| If (loss), enter -0- in Part I, Part V Qualification I For optional use by domestic f section 4940(d)(2) applies, Was the foundation liable for | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the district. | educed Tax on Net Investment the section 4940(a) tax on net investigations. | Income stment inco | · | Yes N |
| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) | educed Tax on Net Investment the section 4940(a) tax on net investigation and the section 4940 and the section 494 | Income stment inco | d? | Yes N |
| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) | educed Tax on Net Investment the section 4940(a) tax on net investigations. | Income stment inco | d? | Yes N |
| If (loss), enter -0- in Part I, Part V Qualification I For optional use by domestic f section 4940(d)(2) applies, Was the foundation liable for f "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) | educed Tax on Net Investment the section 4940(a) tax on net investigation and the section 4940 and the section 494 | Income stment inco | d? | atio |
| If (loss), enter -0- in Part I, Part V Qualification I For optional use by domestic f section 4940(d)(2) applies, Was the foundation liable for f "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) ount in each column for each year (b) | abutable amount of any year in the b. Do not complete this part. In see page 18 of the instructions (c) | Income stment inco | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for f "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or tax year beginning in) 2009 2008 | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) ount in each column for each year (b) | abutable amount of any year in the b. Do not complete this part. In see page 18 of the instructions (c) | Income stment inco | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 2008 2007 | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) ount in each column for each year (b) | abutable amount of any year in the b. Do not complete this part. In see page 18 of the instructions (c) | Income stment inco | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification I For optional use by domestic f section 4940(d)(2) applies, Was the foundation liable for f "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or tax year beginning in) 2009 2008 2007 2006 | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) ount in each column for each year (b) | abutable amount of any year in the b. Do not complete this part. In see page 18 of the instructions (c) | Income stment inco | d? sing any entries (d) Distribution r | atio |
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| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the district not qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions | butable amount of any year in the Do not complete this part. ar, see page 18 of the instructions (c) Net value of nonchantable-use assets | base perio | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) | line 8 | abutable amount of any year in the butable amount of any year in the butable amount of this part. ar, see page 18 of the instructions (c) Net value of nonchantable-use assets | base perio | d? sing any entries (d) Distribution r | atio |
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| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio | Inne 8 | abutable amount of any year in the butable amount of any year in the butable amount of this part. ar, see page 18 of the instructions (c) Net value of nonchantable-use assets | base perio | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification II (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio number of years the foundation is a second to the control of the control o | line 8 | abutable amount of any year in the Do not complete this part. In the section 4940(a) tax on net investigation in the large of the instructions (c) Net value of nonchantable-use assets The the total on line 2 by 5, or by the | base perío | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification I For optional use by domestic f section 4940(d)(2) applies, Was the foundation liable for f "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio number of years the foundation 4 Enter the net value of nor | Inne 8 | abutable amount of any year in the butable amount of any year in the butable amount of any year in the butable amount of any year in the complete this part. In see page 18 of the instructions (c) Net value of nonchantable-use assets the the total on line 2 by 5, or by the ses than 5 years | base perío | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio number of years the foundation 4 Enter the net value of nor 5 Multiply line 4 by line 3 | Inne 8. Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the district of the section 4940 tax on the district of qualify under section 4940(e) ount in each column for each year (b) Adjusted qualifying distributions of the 5-year base period - divided dation has been in existence if less incharitable-use assets for 2010 from the section 4940(e) out the section 4940 from the section 4940(e) out the section 4940 from the section 4940(e) out the section 4940 from the se | abutable amount of any year in the b. Do not complete this part. In see page 18 of the instructions (c) Net value of nonchantable-use assets We the total on line 2 by 5, or by the ses than 5 years Tom Part X, line 5 | base perio | d? sing any entries (d) Distribution r | atio |
| If (loss), enter -0- in Part I, Part V Qualification I (For optional use by domestic If section 4940(d)(2) applies, Was the foundation liable for If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio number of years the found 4 Enter the net value of nor 5 Multiply line 4 by line 3 6 Enter 1% of net investme | line 8 | butable amount of any year in the Do not complete this part. ar, see page 18 of the instructions (c) Net value of nonchantable-use assets de the total on line 2 by 5, or by the set than 5 years com Part X, line 5 | base perio | d? sing any entries (d) Distribution r | atio |

| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the | ne ins | tructio | ons) |
|--------|--|--------|---------|------------------|
| 1a | 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 ruling letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 12. |
| | here ► X and enter 1% of Part I, line 27b | | | , |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% 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 | | | 12. |
| 3 | Add lines 1 and 2 | | | $\frac{12.}{0.}$ |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | $\frac{0.}{12.}$ |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | | 12. |
| 6 | Credits/Payments 2010 estimated tax payments and 2009 everpayment credited to 2010 6a 0. | | | |
| | 2010 estimated tax payments and 2009 overpayment credited to 2010 | | | |
| | Exempt foreign organizations-tax withheld at source | | | |
| | Tax paid with application for extension of time to file (Form 8006) | | | |
| | | | | 0. |
| 7 | Total credits and payments Add lines 6a through 6d | | | |
| 8 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 12. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | | | |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax O Refunded 11 | | | |
| | t VII-A Statements Regarding Activities | | | |
| | 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 |
| b | 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 | | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | ĺ | |
| | published or distributed by the foundation in connection with the activities | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | _ X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | (1) On the foundation >\$(2) On foundation managers >\$ | 1 | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers > \$ | | | v |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | 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 | | | х |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | |
| | If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| 6 | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | 6 | | х |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7 | X | |
| | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | |
| | instructions) > OK, | | | |
| 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 | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar 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 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 10 | | X |
| | | | | |

| Par | t VII-A Statements Regarding Activities (continued) | | | |
|-----|---|----------|--|----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | <u>X</u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13_ | | |
| | Website address N/A | <u>-</u> | == | |
| 14 | The books are in care of ▶ PATRICK L. ADAMS Located at ▶ 1664 SARATOGA WAY EDMOND, OK ZIP + 4 ▶ 73003- | 8-54 | 6U | |
| | Located at ▶1664 SARATOGA WAY EDMOND, OK ZIP+4 ▶ /3003- | 3551 | | тт |
| 15 | 1 (-)(-) | | · · > | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | Т | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, secunties, or other financial account in a foreign country? | 16 | L | |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter | | | |
| Pai | the name of the foreign country ► t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| ıaı | | | Yes | No |
| 1. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 163 | 110 |
| ıa | During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | İ | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | | Ì | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) Yes X No | | | |
| b | olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | v |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | 1b | - | X |
| | Organizations relying on a current notice regarding disaster assistance check here | ļ | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | 1. | | х |
| _ | were not corrected before the first day of the tax year beginning in 2010? | 1c | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| _ | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? | | | |
| | If "Yes," list the years | | | |
| t | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| _ | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see page 22 of the instructions) | 2 b | <u> </u> | <u> </u> |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | 1 | | |
| | ▶ | - | | } |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| t | olf "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | | |
| | the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the | 2 . | | Х |
| | foundation had excess business holdings in 2010) | 3b 4a | + | X |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? | ٠ 📑 | † | <u> </u> |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?. | . 4b | | х |

| Par | t VII-B Statements Regarding Activities for | or Which Form 47 | 720 May Be Requ | ired (continued) | | |
|----------|---|---|---|---|-------------------------|--------------|
| 5a | During the year did the foundation pay or incur any amou | int to | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influer | | 4945(e))? | Yes X No | o | |
| | (2) Influence the outcome of any specific public election | ı (see section 4955), o | r to carry on. | | | |
| | directly or indirectly, any voter registration drive? | • | | Yes X No | . | · · |
| | (3) Provide a grant to an individual for travel, study, or other | | | | | |
| | (4) Provide a grant to an individual for travel, study, or off | • • | | | | |
| | • | · · · · · | | Yes X No | _ | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | Yes X No | • | |
| | (5) Provide for any purpose other than religious, chantal | • | | | | |
| | purposes, or for the prevention of cruelty to children of | | | | • | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the trans | actions fail to qualify | under the exceptions | s described in | | |
| | Regulations section 53 4945 or in a current notice regard | ling disaster assistanc | e (see page 22 of the | instructions)? | <u>5b</u> | X |
| | Organizations relying on a current notice regarding disast | ter assistance check h | ere | ▶ 🔲 | | |
| С | If the answer is "Yes" to question 5a(4), does the foundation | ation claim exemption f | rom the tax | | | |
| | because it maintained expenditure responsibility for the g | rant? | | Yes X No | o | |
| | If "Yes," attach the statement required by Regulations sec | | | | | |
| 6 9 | Did the foundation, during the year, receive any funds, of | | nav premiume | | | |
| Va | on a personal benefit contract? | • | | Yes X No | , | |
| h | Did the foundation, during the year, pay premiums, direct | | | . — — | 6ь | x |
| | | on munechy, on a p | bersonal benefit willia | u: | 📆 | |
| - | If "Yes" to 6b, file Form 8870 | -t t | -h -lt tt 0 | Yes X N | | |
| | At any time during the tax year, was the foundation a pa | | | | | |
| _ | If "Yes," did the foundation receive any proceeds or have | | | | | |
| Pai | Information About Officers, Directors and Contractors | , Trustees, Found | uation managers, | nigniy Paid Enipi | oyees, | |
| 1 | List all officers, directors, trustees, foundation m | | | e page 22 of the instr | uctions). | |
| | | | | | | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans | (e) Expens other all | |
| | (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | | | |
| | | hours per week | -0-) | employee benefit plans and deferred compensation | other all | owances |
| ĀT | · · | hours per week | (c) Compensation (If not paid, enter -0-) | employee benefit plans | other all | |
| AT | | hours per week | -0-) | employee benefit plans and deferred compensation | other all | owances |
| AT | TACHMENT 8 | hours per week | -0-) | employee benefit plans and deferred compensation | other all | owances |
| | TACHMENT 8 | hours per week | -0-) | employee benefit plans and deferred compensation | other all | owances |
| | TACHMENT 8 | hours per week | -0-) | employee benefit plans and deferred compensation | other all | owances |
| | TACHMENT 8 | hours per week | -0-) | employee benefit plans and deferred compensation | other all | owances |
| | TACHMENT 8 | hours per week | -0-) | employee benefit plans and deferred compensation | other all | owances |
| | TACHMENT 8 | hours per week devoted to position | -0- -0- | employee benefit plans and deferred compensation 0 | other all | owances |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." | hours per week devoted to position | -0- luded on line 1 - se | employee benefit plans and deferred compensation -0- ee page 23 of the ins (d) Contributions to | other all | 0- |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- -0- | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | 0- |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." | hours per week devoted to position her than those inc (b) Title, and average | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 - ee page 23 of the ins (d) Contributions to employee benefit | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |
| 2 | TACHMENT 8 Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000 | hours per week devoted to position her than those inc (b) Title, and average hours per week | -0- luded on line 1 - se | employee benefit plans and deferred compensation - 0 ee page 23 of the ins: (d) Contributions to employee benefit plans and deferred | other all | owances 0 - |

| Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued) | /ees, |
|--------------|---|-------------------|
| 3 Five h | ighest-paid independent contractors for professional services (see page 23 of the instructions). If no | ne, enter "NONE." |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| | | |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total numb | er of others receiving over \$50,000 for professional services | NONE |
| | | |
| Part IX-A | Summary of Direct Charitable Activities | |
| | ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficianes served, conferences convened, research papers produced, etc. | Expenses |
| 1 SEE | DETAIL OF PAGE 1, LINE 25 | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | _ |
| 4 | | |
| | | |
| Part IX-B | Summary of Program-Related Investments (see page 24 of the instructions) | |
| | e two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 NONE | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other pr | ogram-related investments. See page 24 of the instructions. | |
| 3 NONE | | |
| 3 110112 | | |
| | | |
| Total Add | lines 1 through 3 | |

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.) | gn foundation | s, |
|-----|---|---------------------------------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 178,805. |
| b | Average of monthly cash balances | 1b | 111,900. |
| С | Fair market value of all other assets (see page 25 of the instructions) | 1c | 0. |
| d | | 1d | 290,705. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) |] | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 290,705. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of | | |
| | the instructions) | 4 | 4,361. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 286,344. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 14,317. |
| Pa | Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this private that the private is the private that the pri | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 14,317. |
| 2 a | | | |
| b | Income tax for 2010. (This does not include the tax from Part VI) | 1 | |
| С | • | 2c | 12. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 14,305. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 14,305. |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 14,305. |
| Pa | art XII Qualifying Distributions (see page 25 of the instructions) | · · · · · · · · · · · · · · · · · · · | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | | 1a | 68,596. |
| b | | 1b | 0. |
| 2 | Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| _ | Durnoses | 2 | 0. |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | | 3a | 0. |
| b | | 3b | 0. |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 68,596. |
| 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 (see page 26 of the instructions) | 5 | 12. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 68,584. |
| J | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca | L | |
| | qualifies for the section 4940(e) reduction of tax in those years. | iodiding which | io, the loundation |

| Forn | n 990-PF (2010) | | 73-15 | 08582 | Page 9 |
|------|--|-----------------------|---------------------|---------------------------------------|--|
| Pa | rt XIII Undistributed Income (see page | 26 of the instruction | | | |
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2010 from Part XI, | Corpus | Years prior to 2009 | 2009 | 2010 |
| | line 7 | | | | 14,305. |
| 2 | Undistributed income, if any, as of the end of 2010 | | | | |
| | Enter amount for 2009 only | | | | |
| b | Total for pnor years 20 08 ,20 07 ,20 06 | | | | |
| 3 | Excess distributions carryover, if any, to 2010 | | | ···· | |
| _ | From 2005 | | | | |
| | From 2006 5,189. | | | | |
| | 20 651 | | | | |
| | 24.050 | | | | |
| | From 2008 84, 958. From 2009 32, 142. | | | | v |
| | | 152,940. | ļ | | |
| | Total of lines 3a through e | 132/3101 | | | |
| 4 | Qualifying distributions for 2010 from Part XII, line 4 > \$68,596. | | | | |
| _ | | | | | ļ |
| | Applied to 2009, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see page 26 of the instructions) | | | | 14 205 |
| | Applied to 2010 distributable amount | | | | 14,305. |
| е | Remaining amount distributed out of corpus | 54,291. | | | |
| 5 | Excess distributions carryover applied to 2010 | | | · · · · · · · · · · · · · · · · · · · | |
| | (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 | Enter the net total of each column as | | | | |
| | indicated below: | 007 001 | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 207,231. | | | ļ |
| þ | | | | | |
| | line 4b from line 2b | | | ···· | |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has been | | | | |
| | issued, or on which the section 4942(a) tax has | • | | | |
| | been previously assessed | | | | ļ |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see page 27 of the instructions | | | | <u></u> |
| е | Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page | | | | |
| | 27 of the instructions | | | | |
| f | Undistributed income for 2010 Subtract lines | | | | |
| • | 4d and 5 from line 1 This amount must be distributed in 2011. | | | | |
| 7 | Amounts treated as distributions out of corpus | | | | |
| | to satisfy requirements imposed by section 170(b)(1)(F) or 4942(q)(3) (see page 27 of the | | | | |
| | instructions) | | | | |
| 8 | Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) | | | | |
| 9 | Excess distributions carryover to 2011. | | | | |
| • | Subtract lines 7 and 8 from line 6a | 207,231. | } | | |
| 10 | Analysis of line 9 | | | | |
| | Excess from 2006 | | | | |
| b | 20 651 | | | | |
| c | Excess from 2008 84, 958. | 1 | | | |
| d | 30 142 | | | | |
| | Excess from 2010 54,291. | | | | |

| Da | rt XIV Private Oper | ating Foundations / | see page 27 of th | e instructions and Pa | art VII-A guestion 9) | NOT APPLICABLE |
|-----|---|---|--------------------------|---------------------------|--|--|
| _ | | | | | | |
| 1 a | | _ | | | rating | |
| _ | foundation, and the ruling | | | | . 4042/ | \(2\) os \ \ 40.42\(\)\(5\) |
| b | Check box to indicate wh | | i private operating four | | 1 4942() |)(3) or 4942(j)(5) |
| 2 a | Enter the lesser of the ad- | Tax year | | Prior 3 years | | (e) Total |
| | justed net income from Part | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |
| | I or the minimum investment return from Part X for each | | | | | |
| | year listed | | | | | |
| ь | 85% of line 2a | | | | | |
| | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed . | | | | | |
| А | Amounts included in line 2c not | | | | | |
| • | used directly for active conduct | | | | | |
| | of exempt activities | | | | | |
| е | Qualifying distributions made | | | | | |
| | directly for active conduct of exempt activities. Subtract line | | | | | |
| | 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| а | "Assets" alternative test - enter | | | | | |
| _ | (1) Value of all assets | | | | İ | |
| | (2) Value of assets qualifying | | | | | |
| | under section | | | | | |
| b | 4942(j)(3)(B)(i) | | | | | |
| _ | enter 2/3 of minimum invest- | | | | | |
| | ment return shown in Part X, | | | | | |
| | line 6 for each year listed | | | | | |
| С | "Support" alternative test - enter | | | | | |
| | (1) Total support other than gross investment income | | 1 | | | |
| | (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) | | | | | |
| | (3) Largest amount of sup- port from an exempt | | | | | |
| | organization | | | | | |
| | (4) Gross investment income | 1.6 |) | 4 | detice had \$5 000 | or more in secots |
| Pa | art XV Supplement | ary information (C during the year - se | ompiete this par | t only if the lound | ation had \$5,000 | or more in assets |
| _ | | | | instructions./ | | |
| 1 | Information Regarding | | | | | |
| а | List any managers of | the foundation who have tax year (but only if the | have contributed mo | ore than 2% of the tot | ai contributions receiv See section 507(d)(2).) | red by the foundation |
| | Delote the close of all | y tax year (but only if the | ney have continued | Tillore triair \$5,000) (| 300 30011011 001 (4)(2).) | |
| | ATTACHM | ENT 9 | | | | · •. · · · · · · · · · · · · · · · · · · |
| b | List any managers of | the foundation who | own 10% or more | of the stock of a corp | poration (or an equally | / large portion of the |
| | ownership of a partne | rship or other entity) o | f which the foundation | on has a 10% or greate | er interest. | |
| | | | | | | |
| | N/A | | | | | |
| 2 | Information Regarding | g Contribution, Gran | t, Gift, Loan, Scholar | ship, etc., Programs: | | |
| | | - | | | ritable organizations a | and does not accent |
| | unsolicited requests | for funds. If the four | idation makes difts | grants etc (see pag | je 28 of the instruction | ons) to individuals or |
| | organizations under o | | | | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | L | |
| а | The name, address, a | ind telephone number | of the person to who | om applications should | be addressed | |
| | N/A | | | | | |
| b | The form in which app | olications should be su | ibmitted and informa | tion and materials they | y should include: | |
| | | | | | | |
| | N/A | | | | | |
| | Any submission dead | ines | | | : | |
| • | , | | | | | |
| | N/A | | | | | |
| | Any restrictions or I | imitations on awards | euch se by good | ranhical areas charit | able fields kinds of | institutions or other |
| đ | factors. | iiintations on awards | o, audit da by geog | napinoai aicas, ciidill | dolo licido, kilido Ul | montanone, or other |
| | | | | | | |
| | N/A | | | <u></u> | | |

| Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | |
|---|--|------------------------|----------------------------------|---------|--|--|--|
| Recipient | If recipient is an individual, | Foundation status of | | | | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount | | | |
| a Paid during the year | or substantial contributor | , | | | | | |
| ATTACHMENT 10 | | | | | | | |
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| | | | | | | | |
| Total | | | ▶ 3a | 68,596. | | | |
| b Approved for future payment | | | | | | | |
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| Total | | | ▶ 3 <u>b</u> | 1 | | | |

| Part XVI- | -A Analysis of Income-Produ | icing Acti | vities | | | |
|--------------|---|---------------|--------------------------|----------------|--|---|
| Enter gross | amounts unless otherwise indicated | (a) | ated business income (b) | (c) | y section 512, 513, or 514 (d) | (e) Related or exempt function income (See page 28 of |
| 1 Program | service revenue | Business code | Amount | Exclusion code | Amount | the instructions) |
| | | | | | | <u> </u> |
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| e f | | | | | | |
| | and anatomic from movernment connects | | | | | |
| - | and contracts from government agencies ship dues and assessments | | | | | |
| | on savings and temporary cash investments | | | | | 551 |
| | ds and interest from securities | | | 1 | | 1,612 |
| | al income or (loss) from real estate | | | | | |
| | -financed property | | | | | |
| | debt-financed property | | | | | |
| | il income or (loss) from personal property . | | | | | |
| 7 Other in | vestment income | | | | | |
| 8 Gain or (I | loss) from sales of assets other than inventory | | | | | 445 |
| 9 Net inco | ome or (loss) from special events | | | | | |
| 0 Gross p | rofit or (loss) from sales of inventory | | | | | |
| 1 Other re | | | | | | |
| b MIS | SCELLANEOUS | | | | | 595 |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | 3,203 |
| | I Add columns (b), (d), and (e) | | | | | 2 222 |
| | dd line 12, columns (b), (d), and (e) | | | | 13 | 3,203 |
| Part XVI | heet in line 13 instructions on page 29 Relationship of Activities | | | Evernt Durr | 20505 | |
| Line No. | Explain below how each activity | ty for whic | h income is reported | ın column (| e) of Part XVI-A contrib | uted importantly to th |
| ▼ | accomplishment of the foundati instructions) | on's exem | ot purposes (other tha | an by providin | g funds for such purpose | es). (See page 29 of th |
| 13 | ALL INVESTMENT INCOM | E AND C | ONTRIBUTIONS A | RE USED | O BENEFIT | |
| | OTHER CHARITABLE ORG | ANIZATI | ONS THRU DIREC | T SUPPORT | Γ. | |
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Part XVII

| | | Exempt Orga | inizations | | | | | | | | |
|-------------|------------------|---|---|---|---------------------------------------|---------------------------------|---------------------------------------|--|-------------------------------|--------------------|---------------|
| | | organization directly ion 501(c) of the C | | | | - | - | | | Yes | No |
| | | itions? | , | , ,, | , , | • | | • | | 1 | |
| a Tr | ansfe | rs from the reporting for | oundation to a no | onchantable exempl | t organization of | | | | | | |
| (1 |) Casi | h | | · | | | | . . | 1a(1 | 1 | X |
| (2 |) Othe | er assets | | <i></i> | | | | | 1a(2 |) | X |
| b O | ther tr | ansactions | | | | | | | | } | |
| (1 |) Sale | es of assets to a nonch | harıtable exempt o | organization | | | | . | . 1ь(1 |) | X |
| (2 |) Pur | chases of assets from | a noncharitable e | exempt organization | | | | | . 1b(2 | <u>}</u> | X |
| | | ital of facilities, equipm | | | | | | | | 1 | X |
| | | mbursement arrangeme | | | | | | | |) <u> </u> | X |
| | | ns or loan guarantees | | | | | | | |) | X |
| (6 |) Perl | formance of services o | or membership or | fundraising solicitat | ions | | | | 1b(6 |) | X |
| c St | narıng | of facilities, equipmen | nt, mailing lists, of | ther assets, or paid | employees | | | | . 1c | <u> </u> | X |
| d If | the | answer to any of t | the above is " | Yes," complete ti | he following | schedule (| Column (b) s | should always s | show the | faır | market |
| va | lue o | of the goods, other | assets, or serv | ices given by th | e reporting fo | oundation | If the found | lation received | less than | faır | market |
| va | lue ir | n any transaction or | r sharing arran | gement, show in | column (d) | the value of | of the goods | s, other assets, | or service | es re | ceived |
| (a) Line | no | (b) Amount involved | (c) Name of r | nonchantable exempt | organization | | ription of transfe | ers, transactions, and | shanng am | angeme | ents |
| | _ | N/A | | | | N/A | | | | | |
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| | | foundation directly | = | | | | | = | | _ | ਹ |
| de | escribe | ed in section 501(c) of | the Code (other t | han section 501(c) | (3)) or ın sectio | n 527? | | | . L | 'es | X No |
| <u>b</u> If | "Yes,' | complete the following | | | | | | | | | |
| | | (a) Name of organization | <u>n</u> | (b) Type | of organization | | { | c) Description of rel | ationship | | |
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| Sian. | Unde belief | r penalties of perjury, I d , it is true, correct, and cor | leclare that I have of mylere Declaration | examined this return, of preparer (other tha | including accom n taxpayer or fidu | panying sche ciary) is based | dules and state I on all informati | ments, and to the t on of which prepare | pest of my l or has any ki | knowled nowledg | ige and je |
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| Here | I ▶- | 1 the | 1971 | | | 1 1 1 | ton D | _ ` ` ` ` | M ANY | | |
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| | | Print/Type preparer's | s name | Preparer's sig | nature | | Date | | PTIN | | |
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| Use C | | | EAKLEY & C | | | | | Firm's EIN ▶ 73 | 5-1248 | /49 | |
| Joe C | , i i i y | Firm's address ▶ 11 | | | 200 | 701 | | | - 005 | 4400 | |
| | | I OK | KLAHOMA CI | ry, ok | | 731 | .UZ | Phone no 405 | 5-235-4 | | |
| | | | | | | | | | Form 9 | 40-PF | (2010) |

THE ADAMS FOUNDATION

FORM 990-PF - PART IV

| Kınd of P | Property | INS AND L | | cription | | or D | Date acquired | Date sold |
|--|---------------------------------------|---------------------|----------------------------|--------------------------------|------------------------------------|---------|----------------------|------------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | |
| 38,000. | | | ES OF DEPOS YPE: SECURI | | | P | 09/15/2008 445. | 03/16/2010 |
| OTAL GAIN(L | oss) | | | | | | 445. | |
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- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

| | NET | INVESTMENT | INCOME | 551. |
|---------|-----|------------|-------------|-----------------|
| REVENUE | AND | EXPENSES | PER BOOKS | 551. |
| | | | | |
| | | | DESCRIPTION | INTEREST INCOME |

551. TOTAL

551.

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| NET INVESTMENT INCOME | 1,612. | 1,612. |
|---|-----------------|--------|
| REVENUE AND EXPENSES PER BOOKS | 1,612. | 1,612. |
| | | TOTAL |
| DESCRIPTION | DIVIDEND INCOME | |

ATTACHMENT 2

ATTACHMENT

- OTHER INCOME PART I FORM 990PF,

AND EXPENSES PER BOOKS REVENUE

595. NET INVESTMENT

INCOME

595.

595.

TOTALS

DESCRIPTION MISCELLANEOUS INCOME

595.

- ACCOUNTING FEES FORM 990PF, PART I

| ADJUSTED NET INCOME PURPOSES | | 0 |
|---|------------------------------|--------|
| NET INVESTMENT INCOME | 1,450. | 1,450. |
| REVENUE AND EXPENSES PER BOOKS | 1,450. | 1,450. |
| DESCRIPTION | TAX PREPARATION & ACCOUNTING | TOTALS |

05V0EQ C308 11/9/2011

ATTACHMENT

| TTACHMENT 5 | |
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| TAXES |
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| N ET | INVESTMENT | INCOME | 400. |
|----------------|------------|-------------|----------------------|
| REVENUE AND | EXPENSES | PER BOOKS | 400. |
| | | DESCRIPTION | FEDERAL INCOME TAXES |

400.

400.

TOTALS

12:38:39 PMV 10-8.2 05V0EQ C308 11/9/2011

ATTACHMENT 6

- OTHER EXPENSES PART I FORM 990PF, REVENUE AND

NET INVESTMENT INCOME

157.

DESCRIPTION ANNUAL ACCOUNT FEE

157. EXPENSES PER BOOKS

157.

157.

TOTALS

9

ATTACHMENT

FORM 990PF, PART II - OTHER INVESTMENTS

THE ADAMS FOUNDATION

| BB | BO | DESCRIPTION |
|----|----|-------------|
| | BB | |
| | | |

| ENDING <u>FMV</u> | 165,660. | 165,660. |
|----------------------|----------------------|----------|
| ENDING BOOK VALUE | 157,635. | 157,635. |
| BOOK VALUE | 157,270. | 157,270. |
| | | TOTALS |
| DESCRIPTION | VARIOUS MUTUAL FUNDS | |

73-1508582

ATTACHMENT 8

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

PATRICK L. AND DEBRA L. ADAMS 1664 SARATOGA WAY

1.00 DIRECTORS

EDMOND, OK 73003-3551

GRAND TOTALS

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

PATRICK & DEBRA ADAMS CONTRIBUTED 100% OF TOTAL CONTRIBUTIONS RECEIVED BY THE PRIVATE FOUNDATION FOR ALL YEARS OF THE FOUNDATION'S EXISTENCE.

1

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|--|---|----------------------------------|----------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| QUAIL SPRINGS BAPTIST CHURCH 14613 N. MAY AVENUE | NONE TAX EXEMPT ENTITY | CHRISTIAN CHURCH ACTIVITIES | 15, 396. |
| OKLAHOMA CITY, OK 73134 JACK SMITH EVANGELISTIC ASSOCIATION | NONE | CHRISTIAN EVANGELISM ACTIVITIES | 27,500. |
| P.O. BOX 2791 EDMOND, OK 73083 | TAX EXEMPT ENTITY | | |
| | | | ć |
| PAL MINISTRIES | NONE | CHRISTIAN MINISTRIES | 8,000. |
| 11701 HACKNEY LANE YUKON, OK 73099 | TAX EXEMPT ENTITY | | |
| | | | |
| CITY CARE'S WHIZ KIDS | NONE | CHRISTIAN MINISTRIES | 1,000. |
| 923 N. ROBINSON, SUITE 320 | TAX EXEMPT ENTITY | | |
| OKLAHOMA CITY, OK 73102 | | | |
| COMPASSION INTERNATIONAL | NONE | TAX EXEMPT PURPOSE | 100. |
| P.O. BOX 65000 | TAX EXEMPT ENTITY | | |
| COLORADO SPRINGS, CO 80962-9951 | | | |
| EDMOND NORTH HIGH SCHOOL BALTO | NONE | TAX EXEMPT PURPOSE | 100. |
| 215 W. DANFORTH ROAD | TAX EXPEMPT ENTITY | | |
| EDMOND, OK 73003 | | | |
| | | | |

ATTACHMENT 10 (CONT'D)

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|---|---|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| FAIRVIEW BAPTIST CHURCH 1230 N. SOONER ROAD EDMOND, OK 73003 | NONE TAX EXEMPI ENTITY | CHRISTIAN MINISTRIES | 2,500. |
| WORLD VISION PO BOX 9716, DEPT. W FEDERAL WAY, WA 98063-9716 | NONE TAX EXEMPT ENTITY | CHRISTIAN MINISTRIES | . 006 |
| HIGHWAYS & HEDGES MINISTRY PO BOX 326 ALEXANDER, AR 72002-0326 | NONE TAX EXEMPT ENTITY | CHRISTIAN MINISTRIES | 2,200. |
| CENTER FOR RELATIONAL CARE 11615 ANGUS ROAD, SUITE 218 AUSTIN, TX 78759 | NONE TAX EXEMPT ENTITY | CHRISTIAN MINISTRIES | 3,030. |
| SAKE OF THE CALL 3800 N. MAY AVENUE OKLAHOMA CITY, OK 73112 | NONE TAX EXEMPT ENTITY | CHRISTIAN MINISTRIES | 7,500. |
| MISCELLANEOUS OTHER TAX EXEMPT RECIPIENTS | NONE TAX EXEMPT ENTITY | TAX EXEMPT PURPOSE | 370. |

TOTAL CONTRIBUTIONS PAID

68,596.

PAGE 27 ATTACHMENT 10

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

THE ADAMS FOUNDATION

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2010

C/O CLS GROUP 73-1508582 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo , day, yr) (see instructions) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr.) (see instructions) 6a 445. b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.......... 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions 9 Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back, For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2010

| Summary of Parts I and II Caution: Read the instructions before completing this part. 13 Net short-term gain or (loss): 14 Net long-term gain or (loss): 15 Total for year 16 Unrecaptured section 1250 gain (see line 18 of the wrksht.). 17 Total net gain or (loss). 18 Total net gain or (loss). Combine lines 13 and 14a 19 Total net gain or (loss). Combine lines 13 and 14a 10 Lorecaptured section 1250 gain (see line 18 of the wrksht.). 18 Total net gain or (loss). Combine lines 13 and 14a 19 Total net gain or (loss). Combine lines 13 and 14a 10 Lorecaptured section 1250 gain (see line 18 of the wrksht.). 10 Lorecaptured section 1250 gain (see line 18 of the wrksht.). 11 Ada 12 Lorecaptured section 1250 gain (see line 18 of the wrksht.). 11 Ada 12 Lorecaptured section 1250 gain (see line 18 of the wrksht.). 13 Net side line 15, column (3), is a net legain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15 to Part V, and do not complete Part IV if line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carnyover Worksheet on page 7 of the instructions to figure your capital loss caryover. 10 Lorecapture Worksheet on page 7 of the instructions to figure your capital loss caryover. 11 Lorecapture Worksheet on page 7 of the instructions to figure your capital loss caryover. 12 Lorecapture Worksheet on page 7 of the instructions to figure your capital loss caryover. 13 Lorecapture Worksheet on page 8 of the instructions if the line 14b, col (2) or line 14c, col (2) is more than zero. 13 Lorecapture Worksheet on page 8 of the instructions if the line 14b, col (2) or line 14c, col (2) is more than zero. 14 Lorecapture Worksheet on page 8 of the instructions if the line 14b, col (2) or line 14c, col (2) is more than zero. 15 Lorecapture Worksheet on page 8 of the instructions if the line 14b, col (2) or line 14c, col (2) is more than zero. 16 Lorecapture Worksheet on page 8 of the instructions if the line 14b, col (2) or line 14c, col (2) is | | | | Page 2 |
|---|----------------------------|--|---|---------------------------------------|
| 13 Net short-term gain or (loss): a Total for year b Unrecaptured section 1250 gain (see line 18 of the wrksht.). 14a b Unrecaptured section 1250 gain (see line 18 of the wrksht.). 15 Total net gain or (loss). Combine lines 13 and 14a b 15 15 Total net gain or (loss). Combine lines 13 and 14a b 15 15 Total net gain or (loss). Combine lines 13 and 14a b 15 15 Total net gain or (loss). Combine lines 13 and 14a b 16 Part V, and do not complete Part IV if line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Work Part IV Capital Loss Limitation 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000 Note: If the loss on line 15, column (3) is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover. Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is en here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero Caution: Skip this part and complete the worksheet on page 8 of the instructions if bether line 14b, col (2) or line 14c, col (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if bether line 14b, col (2) or line 14c, col (2) is more than zero. Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 3 or more than zero. Form 990-T, and Form 990-T, line 34, is more than zero. Subtract line 21 from line 20 (1 fzero or less, enter -0- 22 Subtract line 21 from line 20 (1 fzero or less, enter -0- 23 Subtract line 22 from line 17 if zero or less, enter -0- 24 Enter the smaller of the amount o | | - | (2) Estate's or trust's | |
| a Total for year b Unrecaptured section 1250 gain (see line 18 of the wrksht.) c 28% rate gain total for tear total for gain or (loss). Combine lines 13 and 14a b Unrecaptured section 1250 gain (see line 18 of the wrksht.) total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 13 and 14a b Total net gain or (loss). Combine lines 14a and 15 in column (3) is more than \$3,000. Or if Form 1041, page 1, line 42; (or Form 990-T, line 34), is a Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover. Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is en there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the worksheet on page 8 of the instructions if the lines 14b, col (2) or line 14c, col (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if the estate or trust is filing Form 4952, enter the amount from line 2d (2) or line 14c, col (2) is more than zero. Tenter taxable income from Form 1041, line 22 (or Form 990-T, line 34) Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T). Enter the estate or trust is filing Form 4952, enter the amount from line 2d (17 from line 2d (17 from | | (5555) | <u> </u> | |
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| from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T). Add lines 18 and 19 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- Subtract line 21 from line 20 If zero or less, enter -0- Subtract line 22 from line 17 If zero or less, enter -0- Enter the smaller of the amount on line 17 or \$2,300 Is the amount on line 23 equal to or more than the amount on line 24? | |] | | |
| dividends included in income in Part I of Form 990-T). 20 Add lines 18 and 19 21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- 22 Subtract line 21 from line 20 If zero or less, enter -0- 23 Subtract line 22 from line 17 If zero or less, enter -0- 24 Enter the smaller of the amount on line 17 or \$2,300 25 Is the amount on line 23 equal to or more than the amount on line 24? | | | | |
| Add lines 18 and 19 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- Subtract line 21 from line 20 if zero or less, enter -0- Subtract line 22 from line 17 if zero or less, enter -0- Enter the smaller of the amount on line 17 or \$2,300 Is the amount on line 23 equal to or more than the amount on line 24? | | | j | |
| 21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0 ▶ 21 22 Subtract line 21 from line 20 If zero or less, enter -0 | | | | |
| amount from line 4g, otherwise, enter -0 | | | | |
| Subtract line 21 from line 20 If zero or less, enter -0- Subtract line 22 from line 17 If zero or less, enter -0- Enter the smaller of the amount on line 17 or \$2,300 Is the amount on line 23 equal to or more than the amount on line 24? | | | | |
| Subtract line 22 from line 17 If zero or less, enter -0 | | - | | |
| 24 Enter the smaller of the amount on line 17 or \$2,300 | | 1 | | |
| 25 Is the amount on line 23 equal to or more than the amount on line 24? | | 23 | | |
| | | 24 | | |
| Yes, Skip lines 25 and 26, go to line 27 and check the "No" box. | | | | |
| | | | | |
| No. Enter the amount from line 23 | | 25 | | |
| 26 Subtract line 25 from line 24 | | 26 | | |
| 27 Are the amounts on lines 22 and 26 the same? | | | | |
| Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22 | | 27 | | |
| 28 Enter the amount from line 26 (If line 26 is blank, enter -0-) | | 28 | | |

Schedule D (Form 1041) 2010

30

31

32

33

29

30

31

Subtract line 28 from line 27

Add lines 30 and 31

Figure the tax on the amount on line 23 Use the 2010 Tax Rate Schedule for Estates and Trusts

(see the Schedule Ginstructions in the instructions for Form 1041).........

Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Employer identification number Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side 73-1508582 THE ADAMS FOUNDATION Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (see page 4 of the instructions) (d) Sales pnce (see page 4 of the instructions) (b) Date (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold acquired (mo, day, yr) (mo , day, yr) 6a 445. 38,000. CERTIFICATES OF DEPOSITS 09/15/2008 03/16/2010 37,555.

Schedule D-1 (Form 1041) 2010

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b

| orm 8868 (R | ev 1-2011) | | | | Page 2 | | | |
|---------------------------|---|-----------------|--|--|---------------|--|--|--|
| | e filing for an Additional (Not Automatic) 3-Mo | onth Exten | sion, complete only Part II and che | ck this box | ▶ X | | | |
| | complete Part II if you have already been gra | | | | | | | |
| If you are | e filing for an Automatic 3-Month Extension, o | complete o | niy Part I (on page 1). | | | | | |
| Part II | Additional (Not Automatic) 3-Month Ex | ctension o | f Time. Only file the original (no | copies needed). | | | | |
| ype or | Name of exempt organization THE ADAMS E | OUNDATI | ON | Employer identification | number | | | |
| print | C/O CLS GROUP 73-1508583 | | | | | | | |
| ile by the | | | | | | | | |
| xtended ue date for | your City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | | |
| ling your | | | | | | | | |
| etum See Istructions | EDMOND, OK 73003-5659 | | | | | | | |
| Enter the R | Return code for the return that this application | is for (file a | a separate application for each return | n) | 04 | | | |
| Application | 1 | Return | Application | | Return | | | |
| s For | | Code | is For | | Code | | | |
| orm 990 | | 01 | 是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 | 到2004年中最高的A | MESSE 3 | | | |
| orm 990-l | 3L | 02 | Form 1041-A | | 08 | | | |
| orm 990-f | 7 | 03 | Form 4720 | | 09 | | | |
| orm 990-F | PF | 04 | Form 5227 | | 10 | | | |
| orm 990- | T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | <u> </u> | 11 | | | |
| | T (trust other than above) | 06 | Form 8870 | | 12 | | | |
| STOPI Do | not complete Part II if you were not already | granted ar | automatic 3-month extension on | a previously filed Forn | n 8868. | | | |
| The boo | ks are in the care of DEBRA L. ADAMS | 5 | | | | | | |
| Telepho | ne No ▶ 405 348-5460 | | FAX No ▶ | <u>. </u> | | | | |
| If the or | ganization does not have an office or place of | business ir | the United States, check this box , | | ▶ 🔲 | | | |
| If this is | for a Group Return, enter the organization's fo | ur digit Gro | oup Exemption Number (GEN) | If th | IS IS | | | |
| for the who | ole group, check this box ▶ 🔛 🛚 📗 | If it is for pa | art of the group, check this box | ▶ and att | ach a | | | |
| ist with the | names and EINs of all members the extension | n is for | | · | | | | |
| 4 I requ | iest an additional 3-month extension of time u | intil | | 20_11 | | | | |
| 5 For c | alendar year 2010, or other tax year beginn | ing | , 20, and ending |), | 20 | | | |
| 6 If the | tax year entered in line 5 is for less than 12 m | nonths, che | ck reason Initial return | Final return | | | | |
| | Change in accounting period | | | | | | | |
| 7 State | in detail why you need the extension TAXPA | AYER HAS | INCURRED DIFFICULTIES | GATHERING | · | | | |
| | NECESSARY ACCOUNTING INFORMAT | | | | | | | |
| ACCU | JRATE TAX RETURN, ACCORDINGLY | THE TAX | PAYER REQUESTS ADD'L TI | ME. | | | | |
| | | | | | | | | |
| 8a If the | s application is for Form 990-BL, 990-PF, 9 | 90-T, 4720 |), or 6069, enter the tentative ta | x, less any | | | | |
| | efundable credits. See instructions | | | 8a \$ | | | | |
| | is application is for Form 990-PF, 990-T, | | | | | | | |
| estim | nated tax payments made Include any pi | rior year o | overpayment allowed as a credi | t and any 🔯 | | | | |
| | unt paid previously with Form 8868. | | | 8b \$ | | | | |
| c Balaı | nce Due. Subtract line 8b from line 8a Include | your paym | nent with this form, if required, by u | sing EFTPS | | | | |
| (Elec | tronic Federal Tax Payment System) See instru | | | 8c \$ | | | | |
| | • | | nd Verification | | | | | |
| | ies of perjury, I declare that I have examined this form, ect, and complete, and that I am authorized to prepare this fo | | companying schedules and statements, and | to the best of my knowled | ge and belief | | | |
| | Ature 11 1200 | | . 0.4 | ام | -1 | | | |
| Signature 🕨 | Stuce Heatly | | Title VA | Date ▶ 7/25 | ·/†/ | | | |
| | | | | Form 8868 | (Rev 1-2011) | | | |

Form **8868**

(Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Elle a concerts application for each estum

| Imemai Revenue | Service Prile a : | separate app | plication for each fettin. | l | | | |
|---|--|---------------|--|------------------------|--------------|--|--|
| | filing for an Automatic 3-Month Extension, co | | | | ▶ X | | |
| | filing for an Additional (Not Automatic) 3-Mor | | | | | | |
| • | plete Part II unlessou have already been grant | | • | - | | | |
| 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 | | | | | | | |
| | required to file Form 990-T), or an addition | | | | | | |
| | uest an extension of time to file any of the | | | | | | |
| | Transfers Associated With Certain Persona | | | | | | |
| | For more details on the electronic filing of the tomatic 3-Month Extension of Time. On | | | e for Changes & Non | monts. | | |
| | required to file Form 990-T and requesting an | | | nd complete | | | |
| | | | | id complete | | | |
| All other con | oorations (including 1120-C filers), partnerships | REMICs | and trusts must use Form 7004 to red | uest an extension of t | ime | | |
| to file income | | , , | | | | | |
| Type or | | | | | | | |
| print | C/O CLS GROUP | | | 73-1508582 | 1508582 | | |
| File by the | Number, street, and room or suite no If a P O box | , see instruc | tions | | | | |
| due date for | 609 S. KELLY AVENUE, SUITE D | | | | | | |
| filing your return See | City, town or post office, state, and ZIP code For a | foreign add | ress, see instructions | | | | |
| Instructions | EDMOND, OK 73003-5659 | | | | | | |
| | | | | | | | |
| Enter the Re | turn code for the return that this application is f | or (file a se | parate application for each return) | | 04 | | |
| | | | T | | | | |
| Application | | Return | Application | | Return | | |
| Is For | | Code | Is For | | Code | | |
| Form 990 | | 01 | Form 990-T (corporation) | | 07 | | |
| Form 990-Bl | | 02 | Form 1041-A | | 8 | | |
| Form 990-E | | 03 | Form 4720 | | 09 | | |
| Form 990-PI | | 04 05 | Form 5227 | | 10 | | |
| | Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) | | Form 6069 Form 8870 | | 11 12 | | |
| FOIII 990-1 | (trust other trial above) | 06 | F0111 6670 | | 12 | | |
| • The book | s are in the care of DEBRA L. ADAMS | | | | | | |
| • ME BOOK | sale in the care of P Dablat 3. Tibrato | | | | | | |
| Telephon | e No. ▶ 405 348-5460 | 1 | FAX No. ►(405)3416334 | | | | |
| | anization does not have an office or place of be | | | | | | |
| _ | or a Group Return, enter the organization's fou | | | | is is | | |
| for the whole group, check this box | | | | | | | |
| a list with the names and EINs of all members the extension is for | | | | | | | |
| 1 I reque | est an automatic 3-month (6 months for a corpo | ration requ | ired to file Form 990-T) extension of to | me | | | |
| until | 08/15 , 20 11 , to file the e | exempt org | anization return for the organization na | amed above. The exte | ension is | | |
| for the | organization's return for. | | | | | | |
| X calendar year 20 10 or Lax year beginning | | | | | | | |
| ▶ | tax year beginning | , 20 | , and ending | , 20 | | | |
| L | | | | | | | |
| | ax year entered in line 1 is for less than 12 mor | iths, check | reason: Initial return | Final return | | | |
| | Change in accounting period | | | | | | |
| - 15 11 1 | " | NO T 4700 | 6000 | | | | |
| | application is for Form 990-BL, 990-PF, 99 | 90-1, 4/20 | , or 6069, enter the tentative tax | i 1. | 0 | | |
| | undable credits. See instructions. | 4720 0 | r 6069 enter any refundable co | 3a \$ | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | | | |
| | | | | | | | |
| | c 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 ins | | | | | | | |
| For Paperwo | rk Reduction Act Notice, see Instructions. | | | Form 8868 | (Rev 1-2011) | | |