

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



Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Department of the Treasury

Open to Public

| | | 2011 color | | non may have to use | a copy or this return | ` | | equiremen | its. | nispection |
|--------------|--|------------------|--|--------------------------------|----------------------------|---------------------------------------|------------|------------------------------|--------------------------------|---------------------------------------|
| | | | dar year, or tax year be | | | , 2011, and | ending | | | , 20 |
| _ | | applicable | C Name of organization AI | DAMS COUNTY FOR | JNDATION INC | | | | _ | ployer identification no. |
| <u> </u> | ddress o | change | Doing Business As | | | | | | 20- | 1971780 |
| □ ^ | lame cha | ange | Number and street (or P O | | • | | Room/s | suite | E Tel | ephone number |
| L tr | nitial retu | ım | 4430 South Ada | ms County Pkwy | <u></u> | | C40 | 00A | (72 | 20) 523-6054 |
| <u> </u> | erminate | ed | City or town, state or country | , and ZIP + 4 | | | | | | 702,285 |
| A | mended | retum | Brighton, CO 8 | 30601-8212 | | | | | G Gro | oss receipts \$ |
| □ A | pplicatio | n pending | F Name and address of pnn | cipal officer | | | | 10 Mb. 0 0 000 | | |
| | | | | | | | n(a) | Is this a ground affiliates? | up return tor | Yes 🗶 No |
| <u> </u> | ax-exem | pt status | 501(c)(3) 501(c) (|) 🚄 (insert no) | 4947(a)(1) or | 527 | H(b) | Are all affilia | tes included | ? Yes No |
| J A | Vebsite. | ► WWW | w.acfco.org | | | | H(c) | Group exem | th a list (see option numbe | instructions) |
| K F | orm of o | rganization 🗶 | Corporation Trust A | ssociation Other | | L Year of formation | 2005 | M State o | of legal domic | ale CO |
| Pai | rt I | Summar | ry | | - | | | | | · · · · · · · · · · · · · · · · · · · |
| | 1 | Bnefly descr | ribe the organization's mi | ssion or most signific | ant activities: The | mission of | the A | dams Co | unty Fo | oundation is |
| _ | | | ve the quality of | | | | | | | · |
| Ĉ G | | | | | | | | | | |
| I O | } | | | | | | | | | |
| v e | 2 | Check this b | box 🕨 🗌 if the organizati | on discontinued its or | perations or dispose | d of more than 25 | % of its | net assets. | | |
| t n | 3 | | voting members of the go | | | | | | 3 | 5 |
| e n | 4 | | ndependent voting memb | | | | | | 4 | 5 |
| s c | 5 | | er of individuals employed | | | | | | 5 | 0 |
| a e | 6 | | er of volunteers (estimate | | | | | | 6 | |
| | 7a | | ited business revenue fro | | | | | | 7a | |
| | | | ed business taxable incon | | | | | | 7b | |
| | | | | | | •••• | | Prior Year | | Current Year |
| R e | 8 | Contribution | ns and grants (Part VIII, III | ne 1h) | | | | 766, | 535 | 701,809 |
| ٧ | 9 | | rvice revenue (Part VIII, I | | | | | ,,,, | 333 | |
| e n | | | income (Part VIII, column | | | | _ | | 461 | 476 |
| u e | | | ue (Part VIII, column (A), | | | | | | | |
| e | | | ue - add lines 8 through 1 | | | | | 766, | 996 | 702,285 |
| | 13 | Grants and | similar amounts paid (Pa | rt IX column (A) line | | 20 | | 700, | 990 | 702,285 |
| | | | d to or for members (Part | | | 101 | | | | |
| E | | | ner compensation, emplo | | | · | _ | | | |
| P | | | I fundraising fees (Part IX | 1011 | | · | | | <u> </u> | |
| e n | | | iising expenses (Part IX, o | | | ≔, | | | | |
| s e | | | nses (Part IX, column (A), | | | | | 661 | 072 | 760,004 |
| s | | | ses. Add lines 13-17 (mu | | | | | 661, | | 768,094 |
| | | | | | | | | 661, | | 768,094 |
| Net | 13 | ive veriue les | ss expenses Subtract lin | e 16 HOHI IIIIe 12 | <u></u> | · · · · · · · · · · | | 105, | | (65,809) |
| Assets | 20 | Total assets | (Port V. line 16) | | | | Beginning | of Current Ye | | End of Year |
| or Fund | | | (Part X, line 16) | | | | | 258, | | 210,230 |
| Bai- | | | es (Part X, line 26) | | | | | | 859 | 72,743 |
| Par | | | or fund balances Subtrac | ct line 21 from line 20 | <u></u> | <u></u> | | 203, | 296 | 137,487 |
| | | | Ire Block lare that I have examined this retu | im including accompanying | schedules and statements | and to the best of my | knowledge | and ballof it is | | |
| true, co | rrect, an | nd complete Decl | laration of preparer (other than of | ficer) is based on all informa | tion of which preparer has | any knowledge | Kilowieuge | and belief, it is | • | |
| | | 7 | J.// // | 7 | _ | • | | | 6 | |
| Sigr | , | Signatur | re of officer | - range | <u> </u> | | | | Date - | 8-12 |
| Here | | 7 | | | | | | | Date | |
| mere | • | | print name and title | easurer | | | | | | |
| . | | <u> </u> | | T- | - - | Data | - т | | | |
| D-• | • | Print/Type pre | eparer's name | Preparer's signature | | Date | i | Check | if PTIN | |
| Paid | | <u> </u> | | <u> </u> | | | | self-employed | <u> </u> | 1 |
| • | arer | <u> </u> | <u> </u> | <u> </u> | | | Firm's E | IN 🕨 | | |
| Ųse | Only | Firm's address | ss > | | | | Phone r | no | | |
| <u></u> | | | | | | | | | | |
| | | | s return with the preparer | | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | Yes No |
| For P | aperw | vork Reducti | ion Act Notice, see the | separate instruction | s | | | E | EA | Form 990 (2011) |

| Form | 1990 (2011) ADAMS COUNTY FOUNDATION INC 20-1971780 Pag | ge 2 |
|------------|---|-------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| ` | Check if Schedule O contains a response to any question in this Part III | \Box_{-} |
| 1 | Briefly describe the organization's mission: | |
| | The mission of the Adams County Foundation is to improve the quality of life of Adams County | |
| | citizens. | |
| | | |
| | | _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | pnor Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | |
| | If "Yes," describe these changes on Schedule O | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | |
| | expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. | |
| | grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. | |
| 42 | (Code:) (Expenses \$ 720,960 including grants of \$) (Revenue \$) | |
| 4 a | Provide resources to the Early Childhood Partnership of Adams County (ECPAC) to increase the | |
| | school readiness of pre-school age children in Adams County and to increase the capacity | |
| | ECPAC to serve as the leader in ECE in Adams County. This program serves over 1,500 children | |
| | in 67 classrooms at 19 child care facilities. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code.) (Expenses \$ 22,500 including grants of \$) (Revenue \$) | |
| | Para-transit services for disabled and senior residents of Adams County | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | (Code) (Conseque C) (Develope C) | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services. (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 743,460 | |

Part IV Checklist of Required Schedules

| • | | | Yes | No |
|-----|---|------------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | ├ - | | |
| • | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | • |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | _ X |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| _ | | | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | _ | | |
| _ | Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | | | | |
| _ | complete Schedule D, Part VI | 11a | | х |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | | | |
| - | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| _ | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | 110 | | |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | v |
| 4 | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 110 | | <u> </u> |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 77 |
| _ | | 11e | | X |
| e | | 116 | - | <u> </u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 445 | | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | _ X _ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40- | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | X | <u> </u> |
| b | , ,, , , , , , , , , , , , , , , , , , , | | . | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | _X_ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _X_ |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investmetnt, and program service activities outlisde the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 |] | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | | 20b | | |

| | 990 (2011) ADAMS COUNTY FOUNDATION INC 20-1971 | 780 | F | age |
|-----------|--|-----------|--------------|-----|
| <u>Pa</u> | t IV Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | Yes | No |
| • • | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | |
| 2 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | -21 | | X |
| - | on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 3 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | X |
| • | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | |
| la | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | X |
| a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25 | 240 | | ١., |
| b | | 24a | | _X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | _ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 04.5 | | |
| 4 | to defease any tax-exempt bonds? | 24c | | |
| d ia | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
|)a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| . | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 5 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| , | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| , | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 3 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 411 11 11 | 1 p. 2 4 4 4 | K. |
| _ | Part IV instructions for applicable filing thresholds, conditions, and exceptions). | | | 15 |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | l | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
|) | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
|) | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| ı | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| _ | Part I | 31 | | X |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | _ | | |
| | complete Schedule N, Part II | 32 | _ | X |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| ı | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| | IV, and V, line 1 | 34 | | X |
| ā | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | X |
|) | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 7 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | = | ı l | | X |
| | Part VI | _ 37 | | ^ |
| 3 | Part VI | 37 | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance No 1a 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and 1c X Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... 2b X b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a X If "Yes," enter the name of the foreign country h See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a 5a X X c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X d 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?...... X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . 7g X q 7h X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 X Sponsoring organizations maintaining donor advised funds. X ь X 10 Section 501(c)(7) organizations. Enter Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities h 11 Section 501(c)(12) organizations. Enter-а Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?....... 12a ь If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which X Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| Pa | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for | a "No" | | |
|-----|---|---------|------|-------------|
| • | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction | | | |
| | Check if Schedule O contains a response to any question in this Part VI | <u></u> | | <u> </u> |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | ļ |
| | If there are material differences in voting rights among members of the governing body, or | 1 | | İ |
| | If the governing body delegated broad authority to an executive committee or similar | | 1 | |
| | committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customanly performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | <u> </u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | <u> </u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | x | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | ction C. Disclosure | | - | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CO | | • | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | - | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ► Claire Mannato (720) 523-6054 4430 S Adams County Pkwy Ste C4000 B | Brich | ton. | CO 80 |
| | | | / | |

| orm | 990 | (201 | 1) |
|-----|-----|------|----|
| | | | |

ADAMS COUNTY FOUNDATION INC

20-1971780

age 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| Check this box if neither the organization nor any relation (A) | (B) | | | | C) | , | | (D) | (E) | (F) | |
|---|------------------------------------|--|---------------------------|-----------------------|---------------------|----------------------|-----|-------------------------|------------------------------|------------------------------|--|
| Name and Title | Average hours per | Position (do not check more than one | | | | | | Reportable compensation | Reportable compensation from | Estimated amount of | |
| | week (describe | 1 | | | | both an | | from the | related organizations | other compensation | |
| | hours for | į. | | | | rustee) | | organization | (W-2/1099-MISC) | from the | |
| | related | I t d | т — | _ | к | Нсе | F | (W-2/1099-MISC) | | organization | |
| | organizations in Schedule O) | nri dur i se v t e t de r a o | nr su ts tt e | f f c e r | e y e m p l o y e e | omples yet a e t e d | o r | | | and related organizations | |
| (1) Alice J Nichol | | | 1 | | _ | ļ <u>-</u> | ļ | | | | |
| President | | x | | | | | | (| 0 | 0 | |
| (2) Brian Kenna | | | | | | | | | | | |
| Secretary | | X | | | | | | (| 0 | 0 | |
| (3) Erik Hansen | | | | | | | | | | | |
| Vice Pres | | X | | | | | | (| 0_ | 0 | |
| (4) Richard C Lemke | ł | | | | | | | | | | |
| Treasurer | 2.00 | X | <u> </u> | | | | _ | | 0 | 0 | |
| (5) WR Skip Fischer | 1 | | | | | | ŀ | | | | |
| President | - | X | | | _ | ļ | | | 0 | 0 | |
| (6) | | | | | | | | | | | |
| (7) | | | | | | | | | | | |
| (8) | | | | | | | | | | | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | _ | | | | | | | |
| (12) | - | | | | | | _ | | | | |
| (13) | | | L | - | | | | | | | |
| (14) | | | _ | | ļ <u>.</u> | | | | | | |
| | 1 | | l | l | l | 1 | l | | ĺ | | |

| Part VII | Section A. Officers, Directors, Trustees | , Key Emplo | oyees, | and | Hiệ | ghe | st Con | nper | sated Employee | s (continued) | | | |
|------------|---|--|------------------------------------|--|----------|--|---|-------------|-------------------------|----------------------------------|--------------|-------------------------|-------------|
| | (A) | (B) | | | | C) | | | (D) | (E) | | (F) | |
| | Name and Title | Average Position hours per (do not check more than one | | | | | | | Reportable compensation | Reportable compensation from | | Estimate amount of | |
| | | week | week box, unless person is both an | | | | | | | related | | other | |
| | | (describe hours for | I t d | - | | | | | the organization | organizations (W-2/1099-MISC) | co | mpensat from the | |
| | | related | nri | n r | r f | | ı o m | For | (W-2/1099-MISC) | | | rganizati | |
| | | organizations in Schedule | ı s e | t s | C | e m | g m p h p l e e o | m e | | | | and relati rganizati | |
| | | O) | l e t | t e u e | e | P | s n y | r | | | | | |
| | | | u r a o | t I O | ŀ | o y | a e t e | | | | | | |
| | | | ' ` | n a | | e | ď | | | | | | |
| (4.5) | | | | ļī. | <u> </u> | | <u> </u> | | | | ┿ | | |
| (15) | | | | | | | | | | | | | |
| (16) | | <u> </u> | | | \vdash | | | | | | +- | | |
| () | | | | | | | | | | | | | |
| (17) | | | | | T | <u> </u> | | | | | | | |
| | | | <u>.</u> | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| | - | | ļ | _ | <u> </u> | _ | | | | | \bot | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | <u> </u> | | | \vdash | | | + | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | 1 | | |
| | | | | | | <u> </u> | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (04) | | | | | _ | | | | | | | | |
| (24) | | | | | | | | | | | - | | |
| (25) | | | | | | _ | | \vdash | | | +- | | |
| (==7 | | | | | | | | | | | | | |
| 1b Sub-tot | tal | | | | | | • • • | ▶ | | | 1 | | |
| | om continuation sheets to Part VII, Section | | | | | | | ▶ . | | | | | |
| | add lines 1b and 1c) | | | | | | | > | О | 0 | <u> </u> | | 0 |
| | umber of individuals (including but not limited t | to those liste | d abov | /e) v | vho ! | rece | ived m | ore | than \$100,000 in | • | | | |
| reportat | ole compensation from the organization | | | | | | | | | 0 | | Yes | No |
| 3 Did the | organization list any former officer, director of | r trustee, ke | v empl | ove | e or | hıal | hest co | amne | ensated | | | 165 | NO |
| | ee on line 1a? If "Yes," complete Schedule J f | - | | - | | _ | | • | | <i></i> | 3 | 1 | X |
| | individual listed on line 1a, is the sum of repo | | | | | | | | | | | 1 | |
| | ation and related organizations greater than \$ | | | | - | | | | | | | | |
| | al | | | | | | | | | | 4 | — | X |
| - | person listed on line 1a receive or accrue cor | - | | - | | | • | | | | | . | l |
| | ices rendered to the organization? If "Yes," co | mpiete Sche | eaule J | TOF | suci | n pe | rson | • • | | | 5 | ┸— | X |
| | ete this table for your five highest compensated | d independer | nt cont | ract | ors i | hat | receiv | ed m | ore than \$100 000 | n of | | | |
| | nsation from the organization. Report compens | | | | | | | | | | | | |
| year | | | | | | | J | | J | | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business address | | | | | | | | Description of se | ervices | Comp | ensation | 1 |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | _ | | | | _ |
| | | | - · - | | | _ | | | _ | | _ | <u> </u> | |
| | | | | | | | | | - | | | | |
| 2 Total nu | umber of independent contractors (including bi | ut not limited | I to the | se li | ister | ah. | nve) w | ho | | | | | |
| | d more than \$100,000 of compensation from t | | | | | | - · · · · · · · · · · · · · · · · · · · | | | | | | |

| Pan y | VIII | Statement of Revenue | | (A) | (D) | (0) | |
|--------------------|----------|--|---------------------------------------|----------------------|---|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| | 1a | Federated campaigns 1a | | t | | | |
| | b | Membership dues | | † | | | 1 |
| Contri- | | Fundraising events | - | 1 | | | |
| butions. Gifts. | ď | Related organizations | | 1 | | | Ì |
| Grants | <u>.</u> | Government grants (contributions) . 1e | - | 1 | | | |
| and Other | | All other contributions, gifts, grants, | 051,100 | 1 | | | |
| Similar | ' | and similar amounts not included above 1f | 10,023 | | | | |
| Amounts | _ ا | Noncash contributions included in lines 1a-1f. | | - | | | |
| | 9 | | · | 701,809 | | • | <u> </u> |
| | | Total. Add lines 1a-1f | | 701,809 | - | | |
| | 2- | | Business Code | | | | <u> </u> |
| | 2a | | - | | | | |
| Program | b | | | | | | |
| Service | C | | | | | | |
| Revenue | d | | | | | | |
| | e | | | | | | |
| | | All other program service revenue | | ļ | | | ļ |
| | | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interes | | | | | |
| | | and other similar amounts) | | 476 | 476 | | |
| | 4 | Income from investment of tax-exempt bond pr | | | | | |
| | 5 | Royalties | <u> </u> | | | | |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | |] | | | |
| | | Less rental expenses | |] | | | |
| | | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | <u></u> ▶ | <u> </u> | | | |
| | 7a | Gross amount from sales of assets other than inventory | (II) Other | | | | |
| | ь | Less cost or other basis | | 1 | | | |
| 0 | | and sales expenses | <u> </u> |] | | | |
| ţ | | Gain or (loss) | | | | | |
| h e | | Net gain or (loss) | · · · · · · · · · · · · · · · · · · · | | | | |
| ř | 8a | Gross income from fundraising | | 1 | | | |
| R | | events (not including \$ | 1 | | | | |
| e | ŀ | of contributions reported on line 1c) | | | | |] |
| V | | See Part IV, line 18 a | |] | | | |
| e n | l | Less direct expenses b | | | | | |
| u | | Net income or (loss) from fundraising events | · · · · · · · · · · · · · · · · · · · | | | | |
| е | 9a | Gross income from gaming activities | | | | | |
| | | See Part IV, line 19 a | | | | | |
| | | Less: direct expenses b | | | · | | |
| | С | Net income or (loss) from gaming activities | <u> </u> | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | | | | | |
| | Ь | Less. cost of goods sold b | | 1 | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | 1 | | | | |
| | b | | | | - | - | |
| | c | | | | | | |
| | d | All other revenue | | | | | <u> </u> |
| | l | Total. Add lines 11a-11d | | | | | 1 |
| | | Total revenue. See instructions | | 702,285 | 476 | | o |
| | | | | | | | F 000 (0044) |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) to | out are not |
|--|-------------|
| required to complete columns (B), (C), and (D). | |

| | Check if Schedule O contains a response to any que | stion in this Part IX | · · · · · · · · · · · · · · · · · · · | | |
|-------|---|-----------------------|---------------------------------------|--------------------|--------------------|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 8b, 9 | b, and 10b of Part VIII. | rotal expenses | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States See Part IV, line 21. | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | - " - | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 12,000 | | 12,000 | |
| b | Legal | - | | | |
| С | Accounting | 10,000 | | 10,000 | |
| d | Lobbying | =. | | | |
| е | Professional fundraising services See Part IV, line 17. | | | | |
| f | Investment management fees | | | | |
| g | Other | 539,008 | 539,008 | | |
| 12 | Advertising and promotion [| | | | |
| 13 | Office expenses [| 131,582 | 130,212 | 1,370 | |
| 14 | Information technology [| | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 3,334 | 3,160 | 174 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,267 | 4,267 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Telephone | 1,266 | 758 | 508 | |
| þ | Training | 64,474 | 64,474 | | |
| С | Outside Computer Services | | | | |
| d | Printing | | | | |
| е | All other expenses | 2,163 | 1,581 | 582 | |
| 25 | Total functional expenses. Add lines 1 through 24e . | 768,094 | 743,460 | 24,634 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation Check here I if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

| Part | 90 (2) | | | 0-19/1/80 | Page |
|----------|--------|--|-------------------|-----------|---------------|
| ran | ^_ | Balance Sheet | (A) | | (B) |
| | | | Beginning of year | 11. | |
| | 1 | Cook per interest bearing | beginning or year | 1 ' | End of year |
| | 2 | Cash - non-interest-bearing | 200,244 | 2 | 111,758 |
| | 3 | | | 3 | |
| j | | Pledges and grants receivable, net | 57,811 | 4 | 98,472 |
| - | 4 | Accounts receivable, net | 100 | 4 | - |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| 1 | | employees, and highest compensated employees Complete Part II of | | <u> </u> | |
| - 1 | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | <u> </u> | |
| A | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| s | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| s e | | employees' beneficiary organizations (see instructions) | | 6 | |
| ť | 7 | Notes and loans receivable, net | | 7 | |
| s | 8 | Inventones for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| - [| 10a | Land, buildings, and equipment. cost or | | | |
| } | | other basis Complete Part VI of Schedule D 10a | | ļ | |
| | b | Less accumulated depreciation | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| ĺ | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 258,155 | 16 | 210,230 |
| | 17 | Accounts payable and accrued expenses | 54,859 | 17 | 66,134 |
| | 18 | Grants payable | | 18 | |
| L | 19 | Deferred revenue | | 19 | 6,609 |
| i | 20 | Tax-exempt bond liabilities | | 20 | |
| a b | 21 | Escrow or custodial account liability Complete Part IV of Schedule D [| | 21 | |
| ĩ | 22 | Payables to current and former officers, directors, trustees, key | | | |
| | | employees, highest compensated employees, and disqualified persons | | | |
| i | | Complete Part II of Schedule L | | 22 | |
| i | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| e s | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| _ | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 54,859 | 26 | 72,743 |
| | | Organizations that follow SFAS 117, check here ▶ 🕱 and complete | | | |
| F | | lines 27 through 29, and lines 33 and 34. | | | |
| u | 27 | Unrestricted net assets | 11,283 | 27 | 20,010 |
| d | 28 | Temporanly restricted net assets | 192,013 | 28 | 117,47 |
| в | 29 | Permanently restricted net assets | | 29 | |
| a | | Organizations that do not follow SFAS 117, check here ▶ ☐ and | | | |
| 1 | | complete lines 30 through 34. | | | |
| a n | 30 | Capital stock or trust principal, or current funds | | 30 | |
| c | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| e | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 3 | 33 | Total net assets or fund balances | 203,296 | 33 | 137,487 |
| ŀ | 34 | Total liabilities and net assets/fund balances | 258,155 | 34 | 210,230 |

| Form | 1 990 (2011) ADAMS COUNTY FOUNDATION INC 20 | -1971780 | | Pa | age 12 |
|------|---|-----------|---------|----------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | <u> </u> | <u></u> | <u>.</u> | . 🗆 |
| 4 | Total success (such asset DadAVIII salvas (A) (suc 40) | | _ | | |
| 1 | , | 1 | | 02,2 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 68,0 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | _ | | 809) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2 | 03,2 | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | |
| | | 6 | 1 | .37,4 | 187 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . 🗆 |
| | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | ł | | | 1 |
| | Schedule O | İ. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X | |
| b | Were the organization's financial statements audited by an independent accountant? | [| 2b | Х | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | x |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O | } | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | i | | | |
| | issued on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | _ | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | x | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | · · · · · | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | x | |

EEA

Form 990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

| Name | of the | organization | n | ame of the organization Employer identification number | | | | | | Employer | identification | number | | |
|------------|--|-----------------------------|--------------------|--|---|-------------------|---------------|--------------|-------------|--|----------------|------------|-------------------|----|
| ADA | MS | COUNTY | FOUNDA' | TION INC | | | | | | 20- | 1971780 | | | |
| Pa | rt I | Re | ason for | Public Charit | y Status (All organiz | zations mu: | st complet | e this part. |) See inst | ructions | | | | |
| The | orga | nization is | s not a priva | ate foundation beca | ause it is (For lines 1 th | rough 11, | check only | one box) | _ | | | | | |
| 1 | | A church | n, conventio | on of churches, or a | association of churches | described | ın section | 170(b)(1) | (A)(i). | | | | | |
| 2 | | A school | l descnbed | in section 170(b)(| 1)(A)(ii). (Attach Sched | ule E) | | | | | | | | |
| 3 | | A hospita | al or a coop | perative hospital se | ervice organization desc | nbed in se | ction 170(| b)(1)(A)(iii |). | | | | | |
| 4 | | A medic | al research | organization opera | ated in conjunction with | a hospital | described | ın section | 170(b)(1) | (A) (iii). Er | iter the hos | spital's r | name, | |
| | | city, and | state: | | | | | | | | | | | |
| 5 | | An organ | nization ope | erated for the bene | fit of a college or univers | sity owned | or operate | ed by a gov | ernmenta | ıl unıt desc | nbed in | | | |
| | | section | 170(b)(1)(A | A)(iv). (Complete P | art II) | | | | | | | | | |
| 6 | | A federa | l, state, or | local government o | or governmental unit des | scribed in s | ection 17 | 0(b)(1)(A)(| v). | | | | | |
| 7 | 7 🛣 An organization that normally receives a substantial part of its support from a governmental unit or from the general public | | | | | | | | | | | | | |
| | | describe | d ın sectio | n 170(b)(1)(A)(vi). | (Complete Part II.) | | | | | | | | | |
| 8 | | A comm | unity trust o | described in sectio | n 170(b)(1)(A)(vi). (Cor | nplete Part | : II.) | | | | | | | |
| 9 | | An organ | nization tha | t normally receives | s: (1) more than 33 1/3% | of its sup | oort from c | ontribution | ıs, memb | ership fees | , and gros | s | | |
| | | receipts | from activit | ties related to its ex | cempt functions - subjec | t to certain | exception | s, and (2) | no more t | han 33 1/3 | % of its | | | |
| | | support t | from gross | investment income | e and unrelated busines: | s taxable ır | come (les | s section 5 | 511 tax) fr | om busine | sses | | | |
| | | acquired | by the org | anızatıon after Jun | e 30, 1975 See sectior | n 509(a)(2) | . (Complet | e Part III.) | | | | | | |
| 10 | | An organ | nization org | anized and operate | ed exclusively to test for | public safe | ety See so | ection 509 | (a)(4). | | | | | |
| 11 | | | | | ed exclusively for the be | | | | | | | | | |
| | | purposes | s of one or | more publicly supp | orted organizations des | cribed in s | ection 509 | (a)(1) or se | ection 509 | (a)(2). See | esection | | | |
| | | 509(a)(3 |). Check th | | es the type of supporting | g organizati | on and co | mplete line | s 11e thr | ough 11h | | | | |
| | | a 🗌 - | Туре І | b 🗌 Тур | ell c | Type III | -Functiona | ally integra | ted | d | Туре | III-Othe | r | |
| е | | By check | king this bo | x, I certify that the | organization is not conti | rolled direc | tly or indire | ectly by on | e or more | disqualifie | ed | | | |
| | | persons | other than | foundation manage | ers and other than one o | or more pul | olicly supp | orted orga | nizations | described | n section | | | |
| | | 509(a)(1 |) or section | 509(a)(2). | | | | | | | | | | |
| f | | | | | etermination from the IF | | • • • • | • • | Type III s | upporting | | | | |
| | | | | | | | | | | | | | | □ |
| g | | | | 006, has the organ | zation accepted any gift | t or contrib | ution from | any of the | | | | | | |
| | | following | persons? | | | | | | | | | | | |
| | | | | | y controls, either alone o | • | • | | , , | | | | Yes | No |
| | | | | | y of the supported organ | | | | | | | 11g(i) | | |
| | | | | | cribed in (i) above? | | | | | | | 11g(ii) | ļ | |
| | | | | | on described in (i) or (ii) | | | | | | | 11g(iii | | |
| _ <u>h</u> | | | | | t the supported organiza | | | | | | | | | |
| | (i) N | ame of supp organization | | (ii) EIN | (iii) Type of organization (described on lines 1-9 | (iv) is the o | - | (v) Did yo | - | (vi) organizati | ls the | | Amount support | of |
| | | | | | above or IRC section | governing o | - | col (i) | of your | (i) organiz | ed in the | ' | apport | |
| | | | | | (see instructions) | | | | ort? | | S ? | | | |
| 74 | | | | | | Yes | No | Yes | No | Yes | No | | | |
| (A) | | | | | | | | | | | <u> </u> | | | |
| (B) | | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | | |
| (C) | | | | | | ┼ | | | | | | | | |
| (0) | | | | | | | | | | | | | | |
| (D) | | - | . | | | 1 | | | | | | | | |
| | | | | | | | | | | | | | | |
| (E) | | | | | | | | | · | | | | | - |
| | | | | | | | | _ | | <u> </u> | | | | |
| Total | ı | | | | | | | | | | | | | |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.)

| Sec | tion A. Public Support | | | | | | |
|------------|--|-----------------------|----------------------|---------------------------------------|--------------------|----------|---------------------|
| Cale | ndar year (or fiscal year beginning in)▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 442,940 | 655,662 | 620,378 | 766,535 | 701,809 | 3,187,324 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 442,940 | 655,662 | 620,378 | 766,535 | 701,809 | 3,187,324 |
| 5 | The portion of total contributions by each | | | | | | |
| | person (other than a governmental unit or | | | | | | |
| | publicly supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | 1,015,016 |
| 6 | Public support. Subtract line 5 from In 4 | | | | | | 2,172,308 |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | 442,940 | 655,662 | 620,378 | 766,535 | 701,809 | 3,187,324 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 211 | 1,632 | 980 | 461 | 476 | 3,760 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | | | | | 3,191,084 |
| 12 | Gross receipts from related activities, etc | (see instructions). | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop here | organızatıon's first, | , second, third, fou | irth, or fifth tax yea | r as a section 501 | (c)(3) | ▶□ |
| <u>Sec</u> | tion C. Computation of Public Su | pport Percent | age | | | | |
| 14 | Public support percentage for 2011 (line 6, | | | | | * * | 68.07 % |
| 15 | Public support percentage from 2010 Sche | | | | | 1 | 83.32 % |
| 16a | 33 1/3% support test - 2011. If the organic | | | | | | |
| | and stop here. The organization qualifies | | | | | | ▶ [X |
| b | 33 1/3% support test - 2010. If the organic | | | | | | |
| | box and stop here. The organization quali | fies as a publicly si | upported organizat | tion | . . | | ▶□ |
| 17a | 10%-facts-and-circumstances test - 201 | • | | • | | | |
| | more, and if the organization meets the "fa | | | _ | | | |
| | organization meets the "facts-and-circums | | | - | _ | | ▶□ |
| b | 10%-facts-and-circumstances test - 201 | | | | | | |
| | more, and if the organization meets the "fa | | | · · · · · · · · · · · · · · · · · · · | · | | |
| 18 | organization meets the "facts-and-circums Private foundation . If the organization did | | _ | , , , | • | | . = |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | , , , , , , , , , , , , , , , , , , , | | | <u> </u> | |
|---------|--|-------------------|---------------------------------------|---------------------------------------|-----------------------|--------------------------------|-----------|
| Cale | endar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus under sec 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | <u> </u> | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) 🏲 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | Amounts from line 6 | | | | | | |
| I0a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 3 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is for the o organization, check this box and stop here | <u> </u> | | rth, or fifth tax yea | ar as a section 501(| c)(3) · · · · · · · · · · · | |
| | ction C. Computation of Public Su | | | | | | |
| | Public support percentage for 2011 (line 8, o | | | | | 15 | % |
| | Public support percentage from 2010 Sched | | | · · · · · · · · · · · · · · · · · · · | | 16 | % |
| | ction D. Computation of Investmen | | | column (f) | • | 17 | |
| 7 8 | Investment income percentage for 2011 (line Investment income percentage from 2010 S | | • | | | 17 | % |
| | • | | | | | L | |
| | 33 1/3% support tests - 2011. If the organization is not more than 33 1/3%, check this box | and stop here. | The organization q | ualifies as a publi | cly supported organ | ization | ▶□ |
| | 33 1/3% support tests - 2010. If the organization 18 is not more than 33 1/3%, check this | box and stop he | re. The organizati | on qualifies as a p | oublicly supported or | ganization | ▶□ |
| 20 | Private foundation. If the organization did r | not check a box o | n line 14 19a or | 19b, check this bo | x and see instruction | ns | ▶ □ |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| | Section 501(c)(4), (5), or (6) organizations | s. Complete Part III. | | | |
|--|---|---|---------------------------------------|--|--|
| Nam | e of organization | | | - | identification number |
| AI | DAMS COUNTY FOUNDATION INC | | | 20-197 | |
| | | zation is exempt under sec | | | nization. |
| 1 | Provide a description of the organization | · | = | | |
| 2 | Political expenditures | | | | |
| 3 | Volunteer hours | | · · · · · · · · · · · · · · · · · · · | | |
| <u> </u> | The Complete State of the company | | Han 504/a)/2) | | |
| 1 | rt I-B Complete if the organi Enter the amount of any excise tax incur | zation is exempt under sec | | | |
| 2 | Enter the amount of any excise tax incur | | | | |
| 3 | If the organization incurred a section 495 | | | | . Yes X No |
| 4a | Was a correction made? | | | | |
| b | | | | | |
| | | zation is exempt under sec | tion 501(c), exc | cept section 501(c)(3 | 3). |
| 1 | Enter the amount directly expended by the | | | | |
| | activities | | | ▶ \$ | |
| 2 Enter the amount of the filing organization's funds contributed to other organizations for section | | | | | |
| 527 exempt function activities | | | | | |
| 3 | Total exempt function expenditures Add | | | | |
| | line 17b | | | ▶ \$ | |
| 4 | Did the filing organization file Form 1120 | | | | . Yes No |
| 5 | Enter the names, addresses and employ | er identification number (EIN) of all s | ection 527 political | organizations to which the | filing |
| | organization made payments For each of | organization listed, enter the amount | paid from the filing | organization's funds. Also | enter |
| | the amount of political contributions rece | eved that were promptly and directly | delivered to a sepa | rate political organization, | such |
| | as a separate segregated fund or a politi | cal action committee (PAC) If addition | onal space is neede | ed, provide information in F | Part IV |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
| | | | | funds If none, enter -0- | promptly and directly |
| | | | | | delivered to a separate |
| | | | | | political organization If none, enter -0- |
| (1) | | | | | |
| , | | | | | |
| (2) | | | | | |
| (3) | - | | | | |
| | - | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

| | dule C (Form 990 or 990-EZ) 2011 ADAMS COUNTY | | | | 20-197 | |
|-----------|--|------------------------|---|-----------------------|-----------------------|----------------|
| Pa | rt II-A Complete if the organization | n is exem _l | ot under section 50 | 1(c)(3) and filed | Form 5768 (elec | tion under |
| | section 501(h)). | | | | | |
| Α | Check 🕨 🗌 if the filing organization belongs t | o an affiliated | group (and list in Part IV | each affiliated group | member's | |
| | name, address, EIN, expenses, a | and share of e | xcess lobbying expenditu | res). | | |
| <u>B_</u> | Check 🕨 🔲 if the filing organization checked | box A and "lin | nited control" provisions a | pply | | |
| | Limits on Lob | bying Expen | ditures | | (a) Filing | (b) Affiliated |
| | (The term "expenditures" | means amou | nts paid or incurred.) | | organization's totals | group totals |
| 1a | Total lobbying expenditures to influence public | opinion (grass | roots lobbying) | | | |
| b | retail to be juig or periodical to a material a regionality body (an oot to be juig) | | | | | |
| C | Total lobbying expenditures (add lines 1a and 1 | b) | | | | |
| d | Other exempt purpose expenditures | | | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and 1d) . | . . | | | |
| f | Lobbying nontaxable amount Enter the amount | from the follo | owing table in both | | | |
| | columns. | | | | | |
| | If the amount on line 1e, column (a) or (b) is | The lob | bying nontaxable amou | nt is : | | |
| | Not over \$500,000 | 20% of 1 | he amount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,00 | 0 plus 15% of the excess | over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,00 | 0 plus 10% of the excess | over \$1,000,000 | | 1 |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,00 | 0 plus 5% of the excess of | over \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,0 | 000 | | | |
| g | g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, ent | er -0 | · • • • • • • • • • • • • • • • • • • • | | _ | |
| i | Subtract line 1f from line 1c If zero or less, enter | er-0 | · • • • • • • • • • • • • • • • • • • • | | | |
| j | If there is an amount other than zero on either li | | | | | |
| | reporting section 4911 tax for this year? | | | | | ☐ Yes ☐ No |
| | | | | | | |
| | | | ing Period Under Section | | U -£45 £ | |
| | (Some organizations that | | ion 501(n) election do n structions for lines 2a t | | | |
| | | | | mough in on page | ٠٠, | |
| | Lobb | ying Expendi | tures During 4-Year Ave | raging Period | | |
| | Calendar year (or fiscal year | (a) 2008 | (b) 2009 | (a) 2010 | (4) 2011 | (a) Total |
| | beginning in) | (a) 2000 | (6) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| | | | | | | |
| 22 | Lobbying nontaxable amount | | | | | |
| | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount | | | | | |
| | (150% of line 2a, column (e)) | | | | | |
| | Total lobbying expenditures | _ | | | | |
| | Total lobbying experiultures | | | | | |
| d | Grassroots nontaxable amount | | | | | |
| | Orassioots Horitanable affloutit | | | | <u> </u> | |
| e | Grassroots ceiling amount | | | | | |
| | (150% of line 2d, column (e)) | | | | | |
| f | Grassroots lobbying expenditures | | | | | |
| ' | Grassioots loopying experiolitures | | | | | |

EEA

Schedule C (Form 990 or 990-EZ) 2011

| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill (election under section 501(h)). | ed F | orm | 5768 | | |
|------------|---|----------|--------|-----------|-------|----------|
| For | each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description | (| a) | | (b) | |
| | ne lobbying activity. | Yes | No | A | moun | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local | | | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | | | |
| | referendum, through the use of: | | | ļ | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | - | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | _ |
| _ <u>d</u> | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | 4. | | _ |
| Ра | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). | (5), C | or se | ction | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | |
| 1 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes." Dues, assessments and similar amounts from members. | | 1 1 | III-A, II | ne 3, | , IS |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | 2a | | | |
| h | Carryover from last year | | 2b | | | |
| | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | • • | | | | _ |
| 7 | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | | | | |
| | and political expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| _ | rt IV Supplemental Information | • • | | | | _ |
| Com | plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A, and Paso, complete this part for any additional information | art II-B | , line | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011

Inspection

OMB No 1545-0047

Open to Public

| ADA | MS COUNTY FOUNDATION INC | 20-1971780 |
|--------|--|---|
| Par | | |
| | the organization answered "Yes" to Form 990, Part IV, line 6 | • |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | d |
| | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be | |
| | used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other | |
| | purpose conferring impermissible private benefit? | |
| Par | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or education) | |
| | Protection of natural habitat Preservation of a certifie | ed historic structure |
| _ | Preservation of open space | , |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of | t a conservation |
| | easement on the last day of the tax year | [] [] [] [] [] [] [] [] [] [] |
| _ | Total number of concentation accompany | Held at the End of the Tax Year |
| a | Total agreege restricted by consequence assembly | |
| b | Total acreage restricted by conservation easements | |
| c d | Number of conservation easements on a certified historic structure included in (a) | |
| u | | 2d |
| 3 | structure listed in the National Register | ` ` |
| - | the tax year | S. garnesson during |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements duri | |
| | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the | he year |
| | ▶ \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | |
| | 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? | |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense | statement, and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement | nts that describes |
| _ | the organization's accounting for conservation easements | W 61 ** - |
| Par | organizations Maintaining Collections of Art, Historical Treasures, or C | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement to be a second statement of the second stat | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in further | erance of public service, |
| | provide, in Part XIV, the text of the footnote to its financial statements that describes these items | and balance -by |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement is | |
| | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance | ce or public service, |
| | provide the following amounts relating to these items | ▶ • |
| | (i) Revenues included in Form 990, Part VIII, line 1 | |
| • | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial following amounts required to be reported under SEAS 116 (ASC 059) relating to those stories | gain, provide the |
| _ | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | > ¢ |
| a h | Revenues included in Form 990, Part VIII, line 1 | |
| b | naacia iliduudu ii i Uiii aau, Fait A. , , , , , , , , , , , , , , , , , , | |

| | ule D (Form 990) 2011 ADAMS COUNTY FO | UNDATION INC | | | | 20-1971 | .780 Page |
|------|---|-----------------------|---------------------|--------------------|-----------------|-------------------------|-----------------------|
| Pai | Organizations Maintaining | Collections of | Art, Historic | al Treasures | , or Ot | her Similar As | sets (continued) |
| 3 | Using the organization's acquisition, accession | , and other records, | check any of th | e following that a | are a sign | ificant use of its | |
| | collection items (check all that apply) | | | | | | |
| а | Public exhibition | d ☐ Loa | n or exchange p | rograms | | | |
| b | Scholarly research | e 🗌 Oth | | J | | | |
| c | Preservation for future generations | • 🗀 | | | | | |
| 4 | Provide a description of the organization's colle | ections and explain b | now they further | the organization | 's exemn | t nurnose in | |
| • | Part XIV | occorio aria expia | iow aloy larator | ano organization | o oxomp | (paipass | |
| 5 | During the year, did the organization solicit or r | eceive donations of | art historical tre | acuree or other | r eimilar | | |
| , | assets to be sold to raise funds rather than to be | | | | | | . Tyes No |
| D 5 | Escrow and Custodial Arra | | | | | | res |
| T.C. | | - | | audii answered | 165 (01 | -OIIII 330 , | |
| 4- | Part IV, line 9, or reported an amou | | | | 4 | | |
| 1a | Is the organization an agent, trustee, custodiar | | • | | | | □ v □ v |
| | | | | • • • • • • • • | • • • • | | . U Yes U No |
| b | If "Yes," explain the arrangement in Part XIV a | nd complete the follo | owing table. | | | | |
| | | | | | | + | ount |
| С | Beginning balance | | | | | | |
| d | Additions during the year | | | | 10 | <u> </u> | |
| е | Distributions during the year | | | | | <u> </u> | |
| f | Ending balance | | | | 1f | | |
| 2a | Did the organization include an amount on For | m 990, Part X, line 2 | 217 | | | | . Yes N |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | |
| Pai | Endowment Funds. Complete | if the organization a | inswered "Yes" | to Form 990, Pa | rt IV, line | 10 | |
| | | (a) Current year | (b) Pnor year | (c) Two yea | rs back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | | |
| b | Contributions | | | | | | 200 Sec. 200 254 |
| С | Net investment earnings, gains, and losses | | | | | | |
| d | Grants or scholarships | | | | | - | |
| е | Other expenditures for facilities | | | | | | |
| _ | and programs | | | | | | |
| f | Administrative expenses | | - | | | | |
| g | End of year balance | | | | | | |
| 2 | Provide the estimated percentage of the currer | t vear end halance | (line 10, column | (a)) hold as | _ | | 1962 |
| a | Board designated or quasi-endowment | % | (iiiic 19, coluitii | (a)) ficia as | | | |
| b | Permanent endowment > % | | | | | | |
| _ | Temporarily restricted endowment | % | | | | | |
| С | | | | | | | |
| 2- | The percentages in lines 2a, 2b, and 2c should | | on that are hald | | محالة محالة الم | | |
| 3a | Are there endowment funds not in the possess | ion of the organizati | on mat are new | and administere | a for the | | Vaa Na |
| | organization by | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) |
| | | | | | | | 3a(ii) |
| b | If "Yes" to 3a(II), are the related organizations I | = | | • • • • • • • • | | | 3b |
| 4 | Describe in Part XIV the intended uses of the c | | | | | | |
| Pai | Land, Buildings, and Equip | | | e 10 | 1 | | |
| | Description of property | (a) Cost or oth | 1 . |) Cost or other | | Accumulated | (d) Book value |
| | | (investme | ent) | basis (other) | | epreciation | |
| 1a | Land | | | | | The First of A | |
| b | Buildings | • • • | | | | | |
| С | Leasehold improvements | | | | | | |
| d | Equipment | | | | | | |
| е | Other | | | | | | |
| Tota | i. Add lines 1a through 1e (Column (d) must ed | ual Form 990, Part | X, column (B), li | ne 10(c).) . | | | |

| Schedule D (Form | 990) 2011 ADAMS COUNTY F | OUNDATION INC | 20-19 | 71780 Page 3 |
|-------------------|--|---------------------------------------|---|----------------|
| Part VII | Investments - Other Securities. | See Form 990, Part X, line 12. | | |
| • | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuati Cost or end-of-year marke | |
| (1) Financial d | erivatives | | | |
| (2) Closely-hel | d equity interests | | | |
| (3) Other | | - | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | · · · · · · · · · · · · · · · · · · · | | | |
| (E) | | | | |
| (F) | | · · · · · · · · · · · · · · · · · · · | | |
| (G) | | | | |
| (H) | | | | |
| (I) | | | | |
| Total. (Column (b |) must equal Form 990, Part X, col (B) line 12) | | | · |
| Part VIII | Investments - Program Related. | See Form 990, Part X, line 13. | | ., |
| - | (a) Description of investment type | (b) Book value | (c) Method of valuati Cost or end-of-year market | |
| (1) | - | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| |) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, Part X, line | • | | |
| (4) | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | · · · · · · | | | |
| (10) | | | | |
| | n (b) must equal Form 990, Part X, col (B) line | 15) | | |
| Part X | Other Liabilities. See Form 990, Part X, I | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federal II | ncome taxes | | | |
| (2) | | | 7 | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | ĺ |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
| Total. (Column (b |) must equal Form 990, Part X, col (B) line 25) | | | |

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

| Pa | art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia | Statements | |
|--------|---|---------------|----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | . 1 | 702,285 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | . 2 | 768,094 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | . 3 | (65,809) |
| 4 | Net unrealized gains (losses) on investments | . 4 | |
| 5 | Donated services and use of facilities | . 5 | |
| 6 | Investment expenses | . 6 | |
| 7 | Prior period adjustments | . 7 | |
| 8 | Other (Describe in Part XIV.) | | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | |
| 0 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | (65,809) |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 702,285 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| С | Recovenes of prior year grants | | |
| d | | | |
| е | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | 3 | 702,285 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | | | |
| b | | | |
| C | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 702,285 |
| _ | art XIII Reconciliation of Expenses per Audited Financial Statements With Expen | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 768,094 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | |
| а | | | |
| b | | | |
| С | | | |
| ď | | | |
| е | | | |
| 3 | Subtract line 2e from line 1 | 3 | 768,094 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| Ь | | | |
| С - | | 4c | 760 004 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 768,094 |
| | art XIV Supplemental Information | | |
| | nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 3b, Part VI, lines 3d, and 4b, and Part VIII, lines 3d and 4d and | | |
| | 2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also corpart to provide any additional information. | ribiete | |
| 115 F | part to provide any additional information. | | |
| | | | |
| | | <u> </u> | |
| | | | |
| | | | |
| | | | |
| | | <u> </u> | |
| | | | |
| | | | |
| | | | |
| | | - | |
| | | | |
| | | - | |
| | | | |

Schedule D (Form 990) 2011

ADAMS COUNTY FOUNDATION INC

20-1971780

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection Employer identification number

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