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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calend	ar year, or tax year beginning January 1 , 2014, and endin	g De	cember 31	, 20 14
В	heck if ap	pplicable	ployer identif	ication number		
•	Address o	change	20-52	209050		
	Name cha	ange	ephone numbe	er		
=	initial retu		6400 Church Road		215 58	32-1646
$\overline{}$		m/terminated	City or town, state or province, country, and ZIP or foreign postal code	E Gr	oup Exempti	
=	Amended Applicatio	return on pending	Philadelphia, PA 19151		mber ►	.OH
_		ting Method:	✓ Cash			
	Vebsite	•	nafoundation.net		ed to attach	e organization is not
		" —		•		
-		_	eck only one) -	(FOIII)	990, 990-62	., or 990-PF).
			☐ Corporation ☐ Trust ☐ Association ☐ Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if the second seco	-4-1	_	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otai assets	5 ▶ .	
					\$	
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			
			the organization used Schedule O to respond to any question in this Pa	<u>rtI</u>		
	1		ons, gifts, grants, and similar amounts received		1	15,363.98
	2		ervice revenue including government fees and contracts		2	
	3	Membersh	ip dues and assessments		3	
	4	Investment			4	1,403.04
	5a	Gross amo	unt from sale of assets other than inventory 5a		_	
	b	Less: cost	or other basis and sales expenses		<u> </u>	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	
	6	_	d fundraising events			
	a	Gross inc	ome from gaming (attach Schedule G if greater than		}	
₽		\$15,000) .				
Revenue	b	Gross inco	me from tundraising events (not including \$ of contribution)	ions	7	
æ		from fundr	aising eventh reported on line 1) (attach Schedule G if the		-	
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b			
	c	Less: direc	t expenses from gaming and fundraising events 6c		7	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	7	
		line 6c) .			6d	
20 20 20 20 20 20 20 20 20 20 20 20 20 2	7a	Gross sale	s of inventory, less returns and allowances			
7	Ь		of goods sold		 	
a	ြင		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		nue (describe in Schedule O) (2)		8	- <u>.</u>
Z	9		nue - (- 25 1 - 2, 3, 4, 5c, 6d, 7c, and 8		9	16,767.02
<u>s</u>	10	Grants and	similar amounts paid (IIS) in Schedule O)		10	-
-	11				11	
Expenses	12	Salaries of	ald to of for members		12	
298 298	13	Profession	al fees and other payments to independent contractors		13	1,591.00
P P	14	Occupancy	, rent willties and maintenance		14	
3 ₹	15		ublications, postage, and shipping		15	
)	16		nses (describe in Schedule O)		16	668.34
	17		nses. Add lines 10 through 16		17	2,259.34
	18	Fycese or	deficit) for the year (Subtract line 17 from line 9)	· · •		14,507.68
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must ac		18	
SS			r figure reported on prior year's return)		-:-	81,057.56
Net Assets	20		•		19	6,242,97
Ž	20 21		ges in net assets or fund balances (explain in Schedule O)		20	101,808.21
			or fund balances at end of year. Combine lines 18 through 20		21	
ror	rapen	work neauct	ion Act Notice, see the separate instructions. Cat No 106421		Fo	m 990-EZ (2014)

613 4

Pa	Balance Sheets (see the instructions to			5		_
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u>· ·</u>	(B) End of year
22	Cash, savings, and investments		-	81,057.56		101,808.21
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			81,057.56	25	101,808.21
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column			81,057.56	27	101,808.21
Par						5
VA //	Check if the organization used Schedule	O to respond to ar funding medical res		Part III ∐	(Rea	Expenses uired for section
	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise many cons benefited, and other relevant information for ea	anner, describe the			orgai other	nizations, optional for
28						:
	(Grants \$) If this amount	includes foreign gra	inte chock horo	······································	28a	
29					20a	
				·		
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	
30						
		includes foreign gra			30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount		nto obselvbere	j.	24-	
32	Total program service expenses (add lines 28a t	includes foreign gra			31a 32	
	List of Officers, Directors, Trustees, and Key					tions for Part IV
	Check if the organization used Schedule					<u> </u>
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe	ee (e)	
		devoted to position	(if not paid, enter -0-)	deferred compensation		ther compensation
Iris I	Melendez, 6400 Church Road, Philadelphia, PA 19151	President; 15 hrs/ wk				
			0		0	0
	y R Adamczyk Jr, 6400 Church Road, Philadelphia,	Vice-President; 5 hrs/wk	_		_	_
	9151 ael N. Liebman, PhD	Director	0		0	0
	Deepdale Drive, Newtown Square, PA 19348	Director	0		0	0
231	Deepuale Drive, Newtown Square, FA 19340				4	0
Mich	ael W. Quasney, MD, PhD, 1500 East Medical Center D	Medical Advisor			+	
Mott	F-6790/Box 5243, Ann Arbor, MI 48109 5243		0		o	0
	glas F. Willson, MD, VCU Medical Center	Medical Advisor			\top	
1001	W Broad St, 2nd Fir, Suite 205A, Richmond, VA 23219		0		0	0
			,			
						
				+	+	
		-			+	
		1		1		
					\top	
		T .	,	i .		

Part	• Other Information (Note the Schedule A and personal benefit contract statement requirements			
 *-	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		.,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		y
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		*
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		•
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed PA			
42a	rio digamentation of the first and the first	510 50 191		4
b	Located at ► 6400 Church Hoad, Philadelphia, PA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	NI-
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No 🗸
	If "Yes," enter the name of the foreign country: ▶			_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount or tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c	Did the organization receive any payments for indoor tanning services during the year?	44c]	4
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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," Form 990 and Schedule R may need to be completed instead of Form 990 F7 (see instructions)			
	Form 990-EZ (see instructions)	45b		✓

Form O	DD 57 (2014)						_	1 00- 4
Form 9	90-EZ (2014)			·-				age 4
46	Did the organization engage, directly or i	ndirectly in political c	rampaign activities on	hebalf of or in	opposit	uon —	Yes	No
40 ,	to candidates for public office? if "Yes,"	complete Schedule C	Part I	Denail Of Of III	opposit	. 46		م. ا
Part					<u> </u>	. 140		
	All section 501(c)(3) organization		estions 47–49b and	52, and comp	lete the	e tables f	or line	es
	50 and 51.			, a ₋				-
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI .				
		<u>'</u>					Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect duri	ng the	tax		
	year? If "Yes," complete Schedule C, Pai	tll				. 47		1
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes," complete :	Schedule E .		. 48		1
49a	Did the organization make any transfers t	to an exempt non-cha	aritable related organiz	ation?		. 49a		>
b	If "Yes," was the related organization a se					. 49b		
50	Complete this table for the organization's							
	employees) who each received more than	n \$100,000 of compe	nsation from the organ	nization. If there	is none	e, enter "N	one."	
		(b) Average	(c) Reportable	(d) Health ben- contributions to er		(e) Estimate	rd amoi	int of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and	deferred	other con		
NAME		dovotos to position	(1 011110 11 22 1000 111100)	compensation	on			
NONE	: 							
								
		-						
		<u> </u>	-					
	.							
		1						
f	Total number of other employees paid ov	ver \$100.000	•	1_ ,				
51	Complete this table for the organization			contractors wh	no each	received	more	thar
•	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	100	(c)	Compensati		
	(a) Name and business address of each independ		(b) Type of Serv		(0)	Compensati	JII	
NONE	<u> </u>	-]					
			1					
			 					
			4					
						_		
			1					
	Total number of other independent contri	actors and receiving	Over \$100,000		-			
52	·	_		nizationa must	ottoob			-
J Z	Did the organization complete Scheducompleted Schedule F		· · · · · · · · ·			ıa . ⊳		No
Linder	penalties of perjury, I declare that I have examined this		vena cabadulas and statoms		-			
true, co	prect, and complete Declaration of preparer other than	n officer) is based on all info	ormation of which preparer h	nas any knowledge.	or my Kn	owieuge and	Deller,	IL IS
	June 191			-	12/10	1		
Sign	Signature of officer	<u> </u>		Date	 , 	· • • • • • • • • • • • • • • • • • • •		
Here	Henry R Adamczyk Jr. 5/13/2014	•						
	Type or print name and title							

Preparer's signature

Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid

Preparer Use Only PTIN

Check I if self-employed

Firm's EIN ▶

Phone no

Date

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.

Name of the organization The Nathaniel Adamczyk Foundation

Open to Public

OMB No 1545-0047

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number 20-5209050

	National Adamiczyk i Odnidation , .					20-32	 	
Pa	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.	
he	organization is not a private founda							
1	A church, convention of church			ibed in se	ection 17	0(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3	A hospital or a cooperative hos							
4	A medical research organization		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the	
	hospital's name, city, and state							
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in	
6 7	=							
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An organization that normally receipts from activities related support from gross investment acquired by the organization at	I to its exempt nt income and	functions—subject to unrelated business	certain taxable ıı	exceptioi ncome (l	ns, and (2) no more	than 331/3% of its	
10	An organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11c	pperated exclusi organizations d	vely for the benefit of, escribed in section 50	to perfori 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See sect	i on 509(a)(3). Check	
а	the supported organization(s) organization. You must com	the power to re	egularly appoint or ele					
b	Type II. A supporting organize control or management of the organization(s) You must control or management control organization(s)	e supporting org	janization vested in th			•		
c	 Type III functionally integra its supported organization(s) 						y integrated with,	
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	• , ,	
e	CONTRACTOR OF THE CONTRACTOR O	ation received a	written determination	from the	IRS that	it is a Type I, Type I	II, Type III	
f					•			
g	The state of the s	-	orted organization(s).				. ,	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)		-						
B)	-							
C)				-				
D)								
E)						-		

18

Part							•
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality unde	er the tests is	stea below, p	lease comple	ite Fart III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(0) 2011	(0) 2012	(4) 2010	(6) 23 1 7	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract the 5 from line 4.		<u> </u>		<u> </u>		
	on B. Total Support	(a) 2010	(h) 2011	(=) 2012	(d) 2012	(0) 2014	/O Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2010_	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re	<u> </u>				
	on C. Computation of Public Suppor					1 1	
14	Public support percentage for 2014 (line 6		•			14	%
15	Public support percentage from 2013 Sch 331/3% support test—2014. If the organization					15	%
16a	box and stop here. The organization qual						
b	331/3% support test—2013. If the organ check this box and stop here. The organic	nization did no	ot check a box	c on line 13 or	r 16a, and line		
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-ci s-and-circums	ircumstances" tances" test. T	test, check the organization	nis box and st n qualifies as a	and line

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support	under the tes	sts listed beit	ov, piease co	inplete rait i				
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	37,309	97,633	33,818	21,084	15,364	205,208		
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.	0	0	0	0	0	0		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0		
6	Total. Add lines 1 through 5 . ,	37,309	97,633	33,818	21,084	15,364	205,208		
7a	Amounts included on lines 1, 2, and 3 received from disqualities persons	0	0	0	0	0	0		
b	Amounts included or lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000		٥						
_	or 1% of the amount on line 13 for the year	0	0	0	0	0	0		
8 8	Add lines 7a and 7b				U		205,208		
Secti	on B. Total Support								
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
9	Amounts from line 6	37,309	97,633	33,818	21,084	15,364	205,208		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	516	621	3,119	8,664	7,646	20,566		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after July CO 1975	0	0	0	0	0	0		
С	Add lines 10a and 10b	516	621	3,119	8,664	7,646	20,566		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	o	0	0		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12.)	37,825	98,254	36,937	29,748	23,010	225,774		
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye	ear as a section			
Secti	on C. Computation of Public Suppor			· · · ·		<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · </u>		
15	Public support percentage for 2014 (line 8			3. column (fl)		15	90.89 %		
16	Public support percentage from 2013 Sch		-			16	94.24 %		
	on D. Computation of Investment in				_	<u> </u>			
17	Investment income percentage for 2014 (I			/ line 13, colun	nn (f))	17	9.11 %		
18 19a	Investment income percentage from 2013 331/3% support tests—2014. If the organi	Schedule A, F zation did not	Part III, line 17 check the box	on line 14, an			6.09 % 6, and line		
b	17 is not more than 331/3%, check this box 331/3% support tests—2013. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and		
20	line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations		T	T
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization hade ununate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other the analysis supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			- age •
	**		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	 		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		├
Secti	on B. Type I Supporting Organizations	1110	<u> </u>	Ц
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	-	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			ł
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	!	Ь
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1	ļ	-
~	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			İ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			١
<u>C4:</u>		3		<u> </u>
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			_
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		_	\vdash
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1_
_	activities but for the organization's involvement.	2b		Ĺ
3	Parent of Supported Organizations. Answer (a) and (b) below.	-		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b		3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	-	1

Schedule A	√Form	990 or	990-FZ	2014
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Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970. See	e instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	<u> </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	Г		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	-	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI) [.]			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III support	ting organization (see
instructions)			

Part		3) Supporting Organ	zations (continued)	
Sect	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			. — -
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount			
S:	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	-		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
<u>b</u>	· · · · · · · · · · · · · · · · · · ·			
<u>с</u> d				
	From 2013			····
<u>e</u> f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2014 distributable amount			
— <u>:</u>	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		******	
4	Distributions for 2014 from Section			······································
•	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.	_		
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7 ⁻			· · ·
<u>о</u> а	DIEGRACOWIT OF HITE /			
<u>a</u>	——————————————————————————————————————			
_				
<u>d</u>	Excess from 2013			· · · · · · · · · · · · · · · · · · ·
е	Excess from 2014			

	Page Supplemental Information Provide the evaluations required by Part II, line 10, Part II, line 17, 17, 17, 17, 17, 17, 17, 17, 17, 17,
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
	Part III, line 12. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (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.

OMB No 1545-0047 20**14**

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

The Nathaniel Adamiczyk Foundation	20-5209050	
TY14 irsform990EZ line 16: taxes, website expenses		
TY14 irsform990EZ line 20: unrealized gain (loss) on investments carried at market value		
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