

Form **990-PF**

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

1707

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2016 or tax year beginning 8/1/2016, and ending 7/31/2017

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Name of foundation <b>ADAMS MABEL A</b>		<b>A Employer identification number</b>  23-6485361
Number and street (or P O box number if mail is not delivered to street address) <b>Wells Fargo Bank N A Trust Tax Dept - 100 N Main St MAC D4001-117</b>	Room/suite	<b>B Telephone number (see instructions)</b>  (888) 730-4933
City or town, state or province, country, and ZIP or foreign postal code <b>Winston Salem NC 27101</b>		
<i>Foreign country name</i>	<i>Foreign province/state/country</i>	<i>Foreign postal code</i>

<b>Part II</b>	<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing			
2	Savings and temporary cash investments	27,428	36,005	36,005
3	Accounts receivable ▶			

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Attached Statement			

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

**1a** Exempt operating foundations described in section 4940(d)(2): check here  and enter "N/A" on line 1

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	X	
14	The books are in care of ▶ WELLS FARGO BANK N A Telephone no ▶ 888-730-4933 Located at ▶ 100 N Main St MAC D4001-117 Winston Salem NC ZIP+4 ▶ 27101			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A			<input type="checkbox"/>
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16	Yes	No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the		

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

- 5a During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
  - (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No
  - (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions )

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	1,076,236
<b>b</b>	Average of monthly cash balances	<b>1b</b>	45,788
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,122,024
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	1,122,024
<b>4</b>	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see instructions)	<b>4</b>	16,830
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	1,105,194
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	55,260

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part )

<b>1</b>	Minimum investment return from Part X, line 6		<b>1</b>	55,260
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5	<b>2a</b>	577	

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				54,683
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only			52,052	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011				
<b>b</b> From 2012				
<b>c</b> From 2013				
<b>d</b> From 2014				
<b>e</b> From 2015				
<b>f</b> Total of lines 3a through e	0			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 98,527				
<b>a</b> Applied to 2015, but not more than line 2a			52,052	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions)				
<b>d</b> Applied to 2016 distributable amount				46,475
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions				
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				0
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				8,208
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)				
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012				
<b>b</b> Excess from 2013				
<b>c</b> Excess from 2014				
<b>d</b> Excess from 2015				
<b>e</b> Excess from 2016				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
<b>b</b> 85% of line 2a					0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income					0

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
- 
- b** The form in which applications should be submitted and information and materials they should include
- 
- c** Any submission deadlines
- 
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p><b>a</b> <i>Paid during the year</i> See Attached Statement</p>				
<p><b>Total</b></p>			▶ <b>3a</b>	96,000
<p><b>b</b> <i>Approved for future payment</i> NONE</p>				
<p><b>Total</b></p>			▶ <b>3b</b>	0



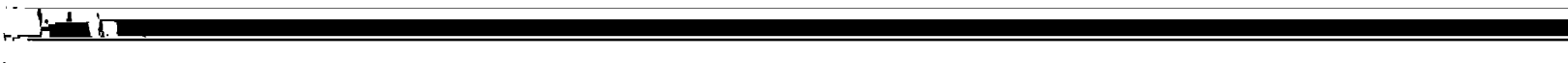
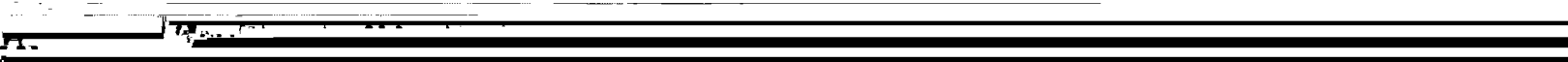
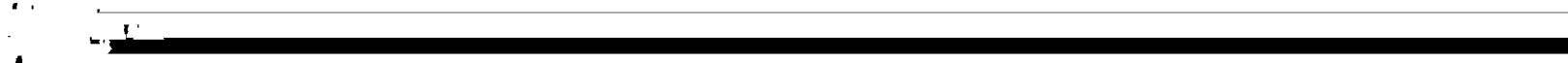


**Supplemental Information:**

**Part VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors.**

Wells Fargo Bank N.A  
100 N Main Street Mac 4001-117  
Winston-Salem, NC 27101-3818

The compensation reported in column (c) is calculated based on periodic market values and/or the



**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

**Name**

AMERICAN CANCER SOCIETY

**Street**

PO BOX 720366

**City**

OKLAHOMA CITY

**State**

OK

**Zip Code**

73162

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

SALVATION ARMY-AlLENTOWN REG HDQ

**Street**

440 WEST NYACK ROAD

**City**

WEST NYACK

**State**

NY

**Zip Code**

10994

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

AMERICAN HEART ASSN PA AFFILIATE

**Street**

PO BOX 22249

**City**

ST PETERSBURG

**State**

FL

**Zip Code**

33742

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

BOYS &amp; GIRLS CLUB OF ALLENTOWN

**Street**

720 NORTH SIXTH STREET

**City**

ALLENTOWN

**State**

PA

**Zip Code**

18102

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

ST LUKE'S HOSPITAL

**Street**

801 OSTRUM STREET

**City**

BETHLEHEM

**State**

PA

**Zip Code**

18015

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

**Name**

VIA INC

**Street**

336 WEST SPRUCE STREET

**City**

BETHLEHEM

**State**

PA

**Zip Code**

18018

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

LEHIGH VALLEY HOSPITAL

**Street**

2100 MACK BLVD, PO BOX 4000

**City**

ALLENTOWN

**State**

PA

**Zip Code**

18103

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

9,600

**Name**

DIAKON LUTHERAN SOCIAL MINISTRY

**Street**

1022 N UNION ST

**City**

MIDDLETOWN

**State**

PA

**Zip Code**

17057

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

SACRED HEART FOUNDATION

**Street**

421 WEST CHEW STREET

**City**

ALLENTOWN

**State**

PA

**Zip Code**

18102

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

EASTER SEALS EASTERN PA

**Street**

1501 LEHIGH STREET SUITE 201

**City**

ALLENTOWN

**State**

PA

**Zip Code**

18103

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,800

**Name**

MUHLENBERG MEDICAL CENTER

**Street**

2100 MACK BLVD PO BOX 4000

**City**

ALLENTOWN

**State**

PA

**Zip Code**

18105

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

19,200



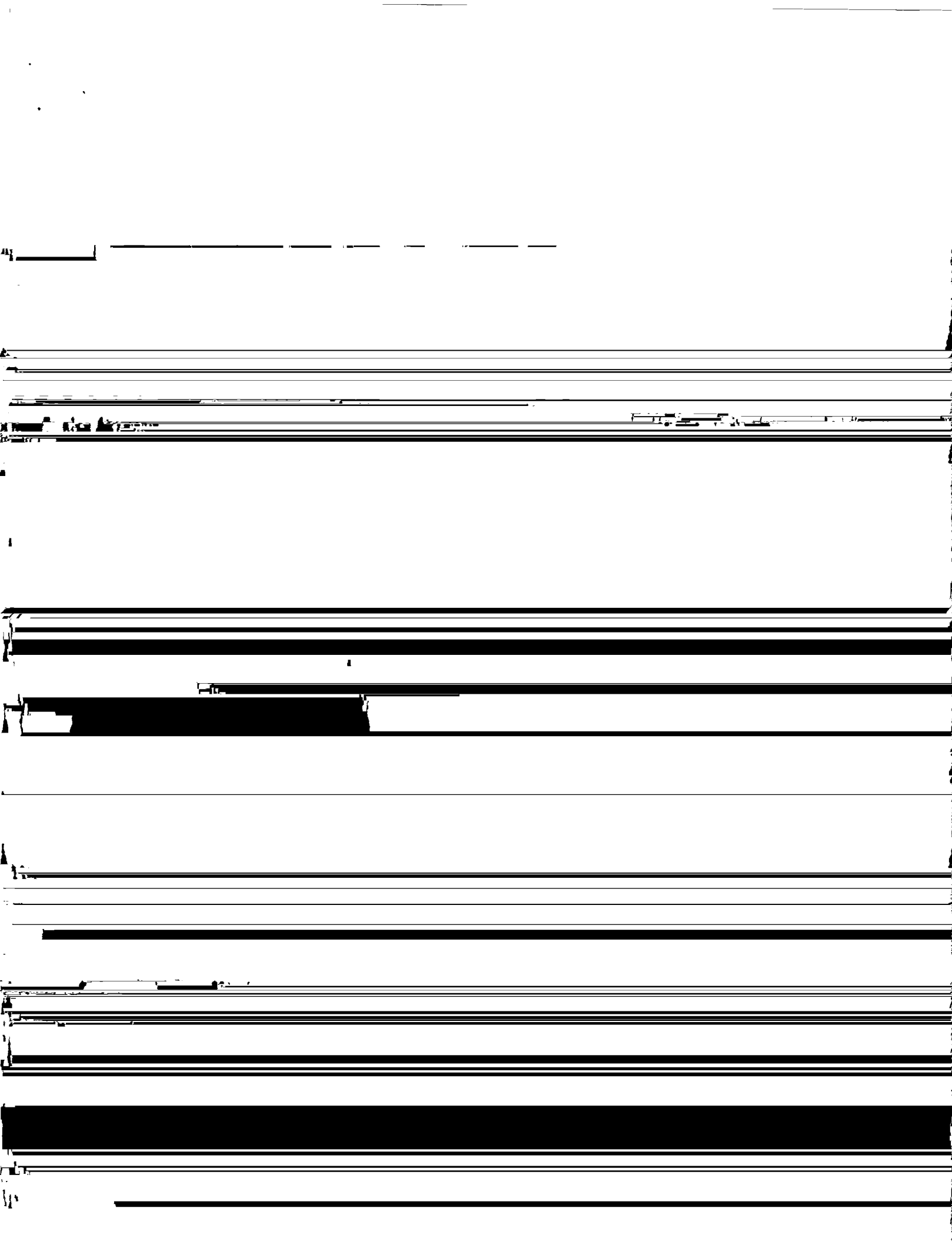
Totals		Gross Sales	Cost or Other Basis, Expenses, Depreciation and Adjustments	Net Gain or Loss		
Capital Gains/Losses		471,971	429,589	42,372		
Other sales		0	0	0		
Date Sold	Gross Sales Price	Cost or Other Basis	Expense of Sale and Cost of Improvements	Depreciation	Adjustments	Net Gain or Loss
7/25/2017	3,403	2,752				651
10/25/2016	2,719	2,854				-235
1/18/2017	583	634				-51
1/18/2017	21,273	21,761				-488
1/18/2017	6,967	6,920				47
1/18/2017	1,464	1,397				67
10/3/2016	2,519	2,555				0
10/25/2016	1,886	1,943				-57
1/18/2017	11,209	10,682				527
1/18/2017	2,345	2,304				41
1/18/2017	1,932	1,890				42
8/23/2016	3,242	3,159				83
7/25/2017	2,059	1,908				151
10/25/2016	1,035	1,063				-28
1/18/2017	2,029	2,073				-44
1/18/2017	6,268	6,361				-93
1/18/2017	3,414	3,380				34
1/18/2017	945	925				20
8/23/2016	5,370	4,557				813
10/3/2016	6,754	5,943				811
4/20/2017	1,167	1,130				37
10/25/2016	1,317	1,338				-21
1/18/2017	1,322	1,248				76
1/18/2017	578	545				33
5/24/2017	8,545	7,870				675
5/24/2017	5,048	4,404				644
5/24/2017	908	904				4
5/24/2017	2,583	2,404				179
8/23/2016	4,548	3,990				558
8/23/2016	9,810	6,583				3,227
10/3/2016	15,814	11,072				4,742

**Part I, Line 16b (990-PF) - Accounting Fees**

		1,125	0	0	1,125
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	TAX PREP FEES	1,125			1,125

**Part I, Line 18 (990-PF) - Taxes**

		178	178	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	FOREIGN TAXES PAID	178	178		



**Part III (990-PF) - Changes in Net Assets or Fund Balances**

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**Line 3 - Other increases not included in Part III, Line 2**

1	Federal Excise Tax Refund	1	238
2	Total	2	238

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**Line 5 - Decreases not included in Part III, Line 2**

1	Mutual Fund Timing Difference	1	62
2	PY Return of Capital Adjustment	2	488
3	Total	3	550

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23,089	F.M.V. as of 12/31/69	Adjusted Basis as of 12/31/69	Excess of FMV Over Adjusted Basis	Gains Minus Excess FMV Over Adj. Basis or Losses	23,089
17	0	0	0	0	17
10	0	0	0	0	10
108	0	0	0	0	108
117	0	0	0	0	117
43	0	0	0	0	43
567	0	0	0	0	567
310	0	0	0	0	310
1,121	0	0	0	0	1,121
154	0	0	0	0	154
98	0	0	0	0	98
272	0	0	0	0	272
17	0	0	0	0	17
138	0	0	0	0	138
31	0	0	0	0	31
79	0	0	0	0	79
248	0	0	0	0	248
264	0	0	0	0	264
125	0	0	0	0	125
346	0	0	0	0	346
70	0	0	0	0	70
1,631	0	0	0	0	1,631
7,341	0	0	0	0	7,341
80	0	0	0	0	80
56	0	0	0	0	56
536	0	0	0	0	536
18	0	0	0	0	18
31	0	0	0	0	31
1,643	0	0	0	0	1,643
181	0	0	0	0	181
71	0	0	0	0	71
59	0	0	0	0	59
12	0	0	0	0	12
484	0	0	0	0	484
379	0	0	0	0	379
128	0	0	0	0	128
148	0	0	0	0	148
334	0	0	0	0	334
1,011	0	0	0	0	1,011
29	0	0	0	0	29
2,378	0	0	0	0	2,378
2,127	0	0	0	0	2,127
1,832	0	0	0	0	1,832
245	0	0	0	0	245
587	0	0	0	0	587
904	0	0	0	0	904
125	0	0	0	0	125
169	0	0	0	0	169
3,080	0	0	0	0	3,080
373	0	0	0	0	373
155	0	0	0	0	155
269	0	0	0	0	269
522	0	0	0	0	522
171	0	0	0	0	171
1,532	0	0	0	0	1,532
50	0	0	0	0	50
9	0	0	0	0	9
6	0	0	0	0	6
31	0	0	0	0	31
5	0	0	0	0	5
17	0	0	0	0	17
4	0	0	0	0	4
45	0	0	0	0	45
29	0	0	0	0	29
37	0	0	0	0	37
0	0	0	0	0	0
46	0	0	0	0	46
99	0	0	0	0	99
43	0	0	0	0	43
109	0	0	0	0	109

e

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7  
If (loss) enter -0- in Part I, line 7 } 2 42.372



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

Line	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	Wells Fargo Bank N A Trust Tax D	X	100 N Main St MAC D4001-117	Winston Salem	NC	27101		TRUSTEE	SEE ATTAC	5,608		
										5,608		

**Part VI, Line 6a (990-PF) - Estimated Tax Payments**

	<u>Date</u>		<u>Amount</u>
1 Credit from prior year return		1	161
2 First quarter estimated tax payment		2	
3 Second quarter estimated tax payment		3	
4 Third quarter estimated tax payment		4	
5 Fourth quarter estimated tax payment		5	
6 Other payments		6	
7 Total		7	161

**Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income**

1	Distributable amounts for 2015 that remained undistributed at the beginning of the 2016 tax year	1	52,052
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	52,052