29**492**32806**5**10 ik on the question mark icons to display help windows nformation provi led will enable you to file a more complete return and reduce the chances the IRS has to contact you **Short Form** OMB No 1545-1150 **Return of Organization Exempt From Income Tax** 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service 20 For the 2017 calen lar year, or tax year beginning , 2017, and ending Check if applicable C Name of organization ?1 D Employer identification number 2 20-520905 1 The Nathaniel Adamczyk Foudnation Address change Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 6400 Church Road 2155821646 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Philadelphia, PA 19151 Number ► 7 Application pending Other (specify) ✓ Cash Accrual H Check ► ☐ If the organization is not G Accounting Method ww /.nafoundation.net I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (c leck only one) — 🗹 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or □527 ☐ Trust ☐ Association Other L Add lines 5b, 6c, an 17b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) bel w) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Reven Je, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check f the organization used Schedule O to respond to any question in this Part I 10,481.57 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 3 3 Members hip dues and assessments. 96.07 Investment income 4 5a Gross an ount from sale of assets other than inventory 5a Less: cos : or other basis and sales expenses Gain or (Liss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C Gaming and fundraising events Gross in ome from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from funcraising events reported on line 1) (attach Schedule G if the SCANNED FEB 0 6 2019 4 2 3 2 2 3 4 0 4 NOV 1 5 2018 sum of such gross income and contributions exceeds \$15,000). 6b Less: dire at expenses from gaming and fundraising events . . . Net incollie or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sa as of inventory, less returns and allowances h Gross prefit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 8 10.577.64 9 **Total rev ∋nue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants at d similar amounts paid (list in Schedule O) . . . Benefits aid to or for members 11 11 12 Salaries, other compensation, and employee benefits 22 12 1,591.00 13 Professic ral fees and other payments to independent contractors 222 13 Occupan .y, rent, utilities, and maintenance 14 14

Net asse 5 or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.

Printing, jublications, postage, and shipping.

Other expenses (describe in Schedule O) 71 . .

Total expenses. Add lines 10 through 16 . . .

Excess o (deficit) for the year (Subtract line 17 from line 9) .

end-of-year figure reported on prior year's return)

Other chi nges in net assets or fund balances (explain in Schedule O) . . .

Net asse s or fund balances at beginning of year (from line 27, column (A)) (must agree with

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Cat No 10642I

Form 990-EZ (2017)

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25.50

201.18

1,817.68

8,759.96

108,604.30

18,760,74

136,125.00

Page,2

Ра	rt II Balance Sheets (see the instructions	for Part II)	•		į -	w and
	Check if the organization used Schedule	O to respond to a	ny question in this		- 1-	<u> 🗆</u>
			L	(A) Beginning of year		(B) End of year
-22	Cash, savings, and investments			108,60 <u>1.30</u>	22	136,125.00
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	24	
25	Total assets		· · · · · ·	108,604.30	25	136,125.00
			· · · · · -			
26	Total liabilities (describe in Schedule O)			400004.00	26	107 107 00
27	Net assets or fund balances (line 27 of column	· /		108604.30	27	135,125.00
Par	t III Statement of Program Service Accom	•		,		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲		Expenses
Nha	at is the organization's primary exempt purpose?	funding medical res	earch			uired for section
			Cita thurs have a			c)(3) and 501(c)(4) nizations, optional for
Jest	cribe the organization's program service accompli	snments for each o	r its three largest pl	rogram services,	othe	• •
15 II	neasured by expenses. In a clear and concise more sons benefited, and other relevant information for each	nanner, describe the	services provided	, the number of	-	.5,
	None in 2017	ach program title.		.	,36	,
28	None in 2017]	
					L:	
				_	i.	
.71	(Grants \$) If this amount	ıncludes foreign gra	nts, check here	▶ □	28a	
<u>-</u> 29						
					İ	
					•	
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	<u>.</u> ▶ □	29a	
30						
	(Grants \$) If this amount	unaludas farsias ara	nto obsolvboro		-0-	
~4		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 📙	<u>1a</u>	
32	Total program service expenses (add lines 28a	through 31a)			32	ŀ
⊃ar	A IV LIST A OVER DI LA TALLA LA				32	
	t IV List of Officers, Directors, Trustees, and Key					tions for Part IV)
		y Employees (list each	one even if not comp	pensated—see the ir		tions for Part IV)
	Check if the organization used Schedule	y Employees (list each O to respond to ar	one even if not comp	pensated—see the ir		tions for Part IV)
	Check if the organization used Schedule	y Employees (list each O to respond to an (b) Average	n one even if not comp ny question in this i (c) Reportable compensation	pensated—see the in Part IV	ea (e)	
		y Employees (list each O to respond to ar	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employ, benefit plans, and	ea (e)	<u> Ó</u>
-1- (Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation	pensated—see the in Part IV	ea (e)	Estimated amount of
rls I	Check if the organization used Schedule	y Employees (list each O to respond to an (b) Average hours per week devoted to position	one even if not comp ny question in this i (c) Reportable 77 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	ea (e)	Estimated amount of
ris i	Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to an (b) Average hours per week	one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	ea (e)	Estimated amount of
	Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position President, 7.5 h/wk	one even if not compay question in this in the compensation (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	ea (e)	Estimated amount of ther compensation
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Part;					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	v . Yes	No	
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	res	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		V	.21
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		~	
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 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	35b 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		<u> </u>	?
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b	8-38	を説	
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	3	<u>~</u>	?
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved				
a b 40a	Initiation feet and capital contributions included on line 9	A THE			
b	section 4911 ► ; section 4912 ► ; section 4955 ► 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			. ?:
c	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 45 38				æ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur ed 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	<u> ar</u>		
41	List the states with which a copy of this return is filed ▶ PA				
42a	The organization's pooks are in care of Philadelphia DA	61050 191			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b			
	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 (furing the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. Yes	► □	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed in stead of Form 990-EZ	44a			
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	127×		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	200 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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-EZ (see instructions)	45a 45b			

rm 990-EZ (2	2017)						•	Pa	ge 4
• D-14	to a constant of the second of	10.1	, ,			. –		Yes	No
Did t	he organization engage, directly or in indidates for public office? If "Yes," o	idirectiy, in political c	campaign activities on	behalf of or	in opposit	3 -			
			, raiti	<u> </u>	· · · ·	ئلت	46		<u> </u>
	Section 501(c)(3) organizations			50	1 . 1	- A			-
	All section 501(c)(3) organization	s must answer que	estions 47-49b and	52, and cor	npiete th	e table	es to	rlines	3
	50 and 51.					,			_
	Check if the organization used Sc	nedule O to respond	to any question in t	his Part VI		· - · ·	• •		L
D'.1.4						,5 		Yes	<u>Vo</u>
	the organization engage in lobbying		• •		luring the	tax			
•	? If "Yes," complete Schedule C, Par					· <u>L</u>	47		<u> </u>
	e organization a school as described in					· [-	48		<u> </u>
	he organization make any transfers t					⊢	19a		<u> </u>
	es," was the related organization a se						19b		
Com	plete this table for the organization's	five highest compen	sated employees (oth	er than office	ers, directo	ors, tru	stees	s, and	ke
empi	oyees) who each received more than	1 \$100,000 of compe	nsation from the orgai			e" ente	r "No	one."	
		(b) Average	(c) Reportable	(d) Health I contributions t		(e) Estu	mated	lamoun	of.
(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a				ensatio	
		devoted to position	(1 011115 VV-22 1039-1VIIGC)	compen	sation				
NE 				•					
						,			
			1		,				
							_		
						· ,			
			·			•.•			
Com	number of other employees paid ov	's five highest compe	ensated independent	contractors	who each	receiv	ved r	more t	ha
Com \$100	, , , , , , , , , , , , , , , , , , ,	's five highest compensation. If there is no	ensated independent						ha
Com \$100 (a)	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100 (a)	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100 (a)	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100 (a)	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha —
Com \$100	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100	plete this table for the organization' ,000 of compensation from the orga	's five highest compensation. If there is no	ensated independent one, enter "None."			receiv			ha
Com \$100 (a)	plete this table for the organization', 000 of compensation from the organization from t	's five highest compenization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of serv			receiv			ha
Com \$100 (a) NE	plete this table for the organization' ,000 of compensation from the organization was and business address of each independent contractions.	's five highest compenization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of serv	ice	(c)	receiv			ha
Com \$100 (a) NE	plete this table for the organization',000 of compensation from the organization complete Scheduling (Note The Organization complete Scheduling)	's five highest compensation. If there is not dent contractor dent contractor actors each receiving alle A? Note: All se	ensated independent one, enter "None." (b) Type of serv	nizations mi	(c)	receiv	nsation		
Com \$100 (a) NE d Total Did comp	plete this table for the organization',000 of compensation from the organization from the organization from the organization in Name and business address of each independent contraction organization complete Scheduoleted Schedule A	's five highest compensation. If there is not dent contractor dent contractor actors each receiving ale A? Note: All se	ensated independent one, enter "None." (b) Type of serve over \$100,000	nizations mu	ust attach	receiving the compersion of th	Yes	, ,	
Com \$100 (a) NE d Total Did comper penalties	plete this table for the organization',000 of compensation from the organization complete Scheduling (Note The Organization complete Scheduling)	's five highest compensation. If there is not dent contractor dent contractor actors each receiving alle A? Note: All segmentary, including accompan	over \$100,000	nizations mu	ust attach	receiving the compersion of th	Yes	, ,	
Com \$100 (a) NE d Total Did comp	plete this table for the organization ,000 of compensation from the organization complete Schedubleted Schedule A	's five highest compensation. If there is not dent contractor dent contractor actors each receiving alle A? Note: All segmentary, including accompan	over \$100,000	nizations mu	ust attach	receiving the compersion of th	Yes	, ,	
d Total Did comper penalties correct, an	plete this table for the organization ,000 of compensation from the organization complete Schedubleted Schedule A	's five highest compensation. If there is not dent contractor dent contractor actors each receiving alle A? Note: All segmentary, including accompan	over \$100,000	nizations mu	ust attach	receiving the compersion of th	Yes	, ,	
d Total Did comper penalties correct, ar	plete this table for the organization, 000 of compensation from the organization from the organization from the organization from the organization of each independent contrast from the organization complete Schedule A complete Schedule A complete Declaration of preparer (other than the organization of preparer (other than the organization) of preparer (other than	actors each receiving ale A? Note: All se	over \$100,000	nizations mu	ust attach	receiving the compersion of th	Yes	, ,	
Com \$100 (a) NE d Total 2 Did comper penalties correct, ar	plete this table for the organization, 000 of compensation from the organization from the organization from the organization from the organization can be compensation from the organization complete Schedule A	actors each receiving ale A? Note: All se	over \$100,000	nizations mu	ust attach	receiving the compersion of th	Yes	, ,	
d Total Did comper penalties, correct, ar	plete this table for the organization ,000 of compensation from the organization from the organization from the organization of each independent contrast the organization complete Scheduleted Schedu	dent contractor actors each receiving alle A? Note: All sereturn, including accompan officer) is based on all information.	ensated independent one, enter "None." (b) Type of service over \$100,000 ection 501(c)(3) organizing schedules and stateme ormation of which preparer h	nizations mu	ust attach	Treceiving a comper	Yes and b	, ,	
d Total Did comper penalties correct, ar	plete this table for the organization ,000 of compensation from the organization from the organization from the organization from the organization of each independent contrast the organization complete Scheduleted Schedule	actors each receiving ale A? Note: All se	over \$100,000	nizations mu	ust attach pest of my kn ge 10/8/2018	receiving comper	Yes and b	, ,	
Com \$100 (a) NE d Total Did comper penalties correct, ar	plete this table for the organization ,000 of compensation from the organization from the organization from the organization from the organization of each independent contrast the organization complete Scheduleted Schedule A	dent contractor actors each receiving alle A? Note: All sereturn, including accompan officer) is based on all information.	ensated independent one, enter "None." (b) Type of service over \$100,000 ection 501(c)(3) organizing schedules and stateme ormation of which preparer h	nizations mu	ust attach pest of my kn ge 10/8/2018 Check _ self-employ	receiving comper	Yes and b	, ,	
d Total Did comper penalties correct, ar	plete this table for the organization, 000 of compensation from the organization of each independent contrast the organization complete Scheduleted Schedule A	dent contractor actors each receiving alle A? Note: All sereturn, including accompan officer) is based on all information.	ensated independent one, enter "None." (b) Type of service over \$100,000 ection 501(c)(3) organizing schedules and stateme ormation of which preparer h	nizations mu nts, and to the las any knowled Date	ust attach	receiving comper	Yes and b	, ,	
d Total Did comper penalties correct, ar	plete this table for the organization ,000 of compensation from the organization from the organization from the organization from the organization of each independent contrast the organization complete Scheduleted Schedule A	's five highest compensation. If there is not dent contractor dent contractor actors each receiving alle A? Note: All sections in officer) is based on all informations. Preparer's signature	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations mu	ust attach	Treceiving Comper	Yes and b	, ,	s

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

The I	Nathaniel Adamczyk Foundation					20-52	09050	
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The c	organization is not a private found	ation because it i	s: (For lines 1 through	12, ched	k only or	ne box)		_
1	A church, convention of church	hes, or associati	on of churches descri	bed in s e	ection 17	O(b)(1)(A)(i).	~	1 Y
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)		M
3	A hospital or a cooperative ho	spital service org	ganization described i	n <mark>sectio</mark> r	170(b)(1	I)(A)(iii).		
4	A medical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Ente	r the
	hospital' name, city, and stat	e [.]						
5	An organ zation operated for section 70(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit d	escribed in
6	☐ A federal state, or local gover	nment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).		
7	An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or fron	n the ger	neral public
	describe i in section 170(b)(1	(A)(vi). (Complet	te Part II.)					
8	☐ A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	☐ An agricultural research organ			=	erated in	conjunction with a I	and-gran	nt college
	or univer aty or a non-land-grauniversity.	int college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the colle	ege or
10	An organ zation that normally receipts from activities related							
	support t om gross investmen	t income and un	related business taxal	ole incom	ie (less s	ection 511 tax) from	busines	Ses
	acquired by the organization a	fter June 30, 197	75. See section 509(a	e)(2). (Cor	nplete Pa	art III)		
11	An organization organized and	l operated exclus	sively to test for public	safety.	See sect	ion 509(a)(4).		
12	An organ zation organized and							
	of one o more publicly supp							
	Check th box in lines 12a thro	ough 12d that des	scribes the type of sup	porting o	rganızatı	on and complete line	es 12e, 12	2f, and 12g.
а			•	•		•		
	the supported organization					he directors or trust	ees of th	e '
	supporting organization Y	ou must comple	ete Part IV, Sections	A and B	•			
b		•				, ,		-
	contril or management of		~		persons	that control or man	age the s	supported
	orgar zation(s) You must	-						
С							ally integ	rated with,
_	its supported organization							
d								
	that is not functionally inte						o an aπε	ntiveness
	requi ement (see instruction	•	-					
е							e II, Type	III
	functionally integrated, or	• •	tionally integrated sur	oporting (organizat	ion	_	
t	Enter the rumber of supported			•	•		٠ _	_
<u>g</u>	Provide the following informatio	T						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see		mount of upport (see
	•		above (see instructions))	docu	ment?	instructions)		uctions)
	•			Yes	No	!		
				100				
(A)	•							
(B)								
								
(C)			1					
(D)						-		
(D)								
(E)								
	·						<u> </u>	
Total	i	1		l		1		

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

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017-	(f) Total
1 ;	Gifts, \ grants, contributions, and membership fees received. (Do not include any, "unusual grants") .					, ; ,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-			2 1,	
3	The value of services or facilities furnished by a governmental unit to the organization without charge.) 9 K -	
4	Total. Add lines 1 through 3					16	
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 line 5 from line 4	EACHERTA	Philipping.	中的特色的名	完全的 建筑	BALLENGE BE	
	on B. Total Support	1				<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	·(f) Total
7	Amounts from line 4					• •	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,		,c: .ltr.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				• .	1 . 21 4	
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	生物學的語		级证据/统	門上下層西里	THE THE PERSON	
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 he	_	•	- 1	•		
Secti	on C. Computation of Public Suppor	•			· · · ·	· · · · ·	· · · <u> </u>
14	Public support percentage for 2017 (line			1. column (fl)		14	%
15	Public support percentage from 2016 Sci		•			15 gc	"
16a	331/3% support test - 2017. If the organ					31/3% or more,	check this
b	box and stop here . The organization qua 331/3% support test—2016. If the organization	zation did not	check a box o	n line 13 or 16	ia, and line 15		► □
	this box and stop here. The organization	qualifies as a p	publicly suppo	rted organizati	on		. ▶ 🗆
	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	eets the "facts facts-and-circ	-and-circumsta umstances" te 	ances" test, chest The organi	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets the neets the "fact	e "facts-and-c ts-and-circums 	circumstances' stances" test.	test, check the organization	this box and son qualifies as	a publicly
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions			· · ·		· · · · · · · · · · · · · · · · · · ·	

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

(Complete only if you checked the box on line 10 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.)

	in the organization ratio to quality			,,-			
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	21,084	15,364	27,772	10,637	10,482	85,339
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	0	0	0	0	0	0
3	organization's tax-exempt purpose Gross receipts from activities that are not an			0	0		
	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	21,084	15,364	27,772	10,637	10,482	85,339
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0	-: 0
	Add lines 7 a and 7b	U	0	0	0	0	0
8	Public support. (Subtract line 7c from	,	3 (*)				85,339
	line 6.)		<u>. , , </u>	78 7 37	_ •	الكون الأوران	
	on B. Total Support	4) 0040	#1.0044	4) 0045	(1) 0040	() 0047	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2013 21,084	(b) 2014 15,364	(c) 2015 27,772	(d) 2016 10,637	(e) 2017 10,482	(f) Total 85,339
9	Amounts from line 6	21,004	13,304	21,112	10,007	10,402	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, an I income from similar sources	8,664	7,646	3,491	8,650	; 18,857	47,308
b	Unrelated flusiness taxable income (less section 5:1 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	8,664	7,646	3,491	8,650	18,857	47,308
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0	0	
13	(Explain in Part VI)	0		-		•	
4.4	and 12.)	29,748	23,010	31,263	19,287	29,339	132,647
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			, or ππη ταχ ye	ear as a section	🕨 🗌
<u>Secti</u>	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		-	3, column (f))		15	64.34 %
16	Public support percentage from 2016 Sch					16	77.49 %
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (nn (f))	17	35.66 %
18	Investment income percentage from 2016					18	22.51 %
19a	331/3% support tests-2017. If the organ						
	17 is not more than 331/3%, check this box		-		-		_
b	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						
20	Private foundation. If the organization di						

Part IV **Supporting Organizations**

Supporting Organizations
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections: A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and C. If you checked 12c of Part I and C. If you checked 12c of Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	on A. All Supporting Organizations		:/	
	ż		Yes	No
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	
2	Did the organization have any supported organization that does not have an IRS determination of statucs 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).		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	選
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer's (b) and (c) below	3a	135	373.T
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 arganization made the determination.	3b	Mark.	
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.	3c	10.2.2	\$.A
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.	<u>बें की</u> 4a	nier i	," <u>j"</u>
b	Did the organization have ultimate 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	7. 14 4b	i i	
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," for 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		STATE OF THE PARTY
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?			<u>c 1/1</u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	- 10 m	494
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 ^{oct} If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		<u> 1</u> 4년	i-ini
9a	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	1	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which is the supporting organization had an interest? If "Yes," provide detail in Part VI.	<u>-</u> 9b	F.34.	<u></u>
С	Did a disqualified person (as defined in line 9a) 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	The Part	A See
		10a	Line .	
_ b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to a determine whether the organization had excess business holdings)	10b	Berres.	2 jar

<u> </u>				<u> </u>
Part	Supporting Organizations (continued)		-	
4.4		256: 14+	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	34.5		4
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	335	135	- Sin Y
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	ļ	
b	A family member of a person described in (a) above? A 35% controlled entitle of a person described in (a) or (b) above? If "Yee" to a, b, or a, provide detail in Port IV.	11c		
	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.	116		
Jeck	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	888	27 A4
•	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	1 X	h Xi	100
	controlled the organization's activities. If the organization had more than one supported organization,			3.20
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	£.7	76.5	1.50
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	14.50	123	25,455
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	10		3
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2.33	**	
	supervised, or controlled the supporting organization.	2		
Sect	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	71.		14
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or manage nent of the supporting organization was vested in the same persons that controlled or managed	7.0%		4,0
	the suppor ed organization(s).	27.5	-	المجتزية
Secti	on D. All Type III Supporting Organizations	<u> </u>		
3001	J. All 1 spc in dupporting digunizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	24.5	4,55.4	25.71
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	10 40		\$4.0
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		34	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	17	
2	Were any ci the organization's officers, directors, or trustees either (i) appointed or elected by the supported	39	***X	CALC.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	4.3	W . 32	
	the organiz ition 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	30.5	94X	蓝色
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or casets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	-		M.
		3		
Sect	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	ctions	s).
а	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			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structi	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	4P29	2	F.4.4
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		,
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	是	20.00
	how the organization was responsive to those supported organizations, and how the organization determined	2	T	
	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	36		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	6.89		
	reasons for the organization's position that its supported organization(s) would have engaged in these		1.35	F #S
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	(10 to	3	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	TO SEC	纸班	5.5%
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Cen inches	
b	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	3b	773	77.4
	- ocus succorded organizations circ tes - describe in Part vi the fole diaved by the organization in this fedaro	50	1	

instructions).

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) Se instructions. All-other-Type III non-functionally-integrated supporting organizations must complete Section A through Esection A Adjusted Net Income (A) Prior Year (B) Current Year (poptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 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 (B) Current Year (C) Prior Year (B) Current Year (C) Prior Year (B) Current Year (C) Prior Year (C) Prior Year (C) Prior Year (C) Prior Year (D) Current Year (E) Current Year (E	
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3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount 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) Prior Year (B) Current Year (coptional)	
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8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 8 (A) Prior Year (B) Current Ye (optional)	
Section B - Minimum Asset Amount (A) Prior Year (B) Current Ye (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)	
	-ar
a Average monthly value of securities	
b Average monthly cash balances 1b	
c Fair market value of other non-exempt-use assets	
d Total (add lines 1a, 1b, and 1c)	
e Discount claimed for blockage or other factors (explain in detail in Part VI).	
2 Acquisition indebtedness applicable to non-exempt-use assets	
3 Subtract line 2 from line 1d.	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by .035.	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6)	
Section C - Distributable Amount Current Year	r
1 Adjusted net income for prior year (from Section A, line 8, Column A)	
2 Enter 85% of line 1 2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	
4 Enter greater of line 2 or line 3.	
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) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	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 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		,	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See			,
	instructions			
3_	Excess distributions carryover, if any, to 2017	, ,		
а	, , , , , , , , , , , , , , , , , , , ,			
	From 2013			
	From 2014			7 12 15 15
	From 2015			1
е	From 2016			
f	Total of lines 3a through e		*	1 .
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	1 1 1		
į	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			•
	Section D, ine 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
င	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any. Subtrect lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			~
б	Rémaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j and 4c.		1	e e e e e e e e e e e e e e e e e e e
8	Breakdown of line 7			
а	Excess from 2013	2 7 1		
b	Excess from 2014			
С	Excess from 2015			* pr 2 - 1 - 1
d	Excess from 2016	1 111	a and the second	2 port former
ę	Excess from 2017	1.11		

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8;	11c; Part IV, Section tion E, lines 1c, 2d and Part V. Section
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions	s.) '
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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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

The Nathaniel Adamczyk Foundation	20-5209050
TY17 IRS990EZ line 16- taxes, website expenses	
TY17 IRS990EZ line 20- unrealized gain (loss) on investments carried at market value	
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Schedule O (Form 990 or 990-EZ) (2017)	Page 2	
Name of the organization	Employer identific	ation number
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