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PUBLIC DISCLOSURE COPY

October 13, 2022

The Morgan Adams Foundation 5303 E Evans Avenue 202 Denver, CO 80222

The Morgan Adams Foundation:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Laura M. Puca

Filing Instructions

Prepared for:	Prepared by:
	CRADY, PUCA & ASSOCIATES 6140 S GUN CLUB RD STE K6-281 AURORA, CO 80016

2021 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-TE		IRS e-file Signa	ture Authorization xempt Entity	F	OMB No. 1545-0047
	For calendar year 202		, 2021, and ending	20	0004
	i or calendar year 202		RS. Keep for your records.	_ , 20	2021
Department of the Treasury Internal Revenue Service		-	879TE for the latest information.		
Name of filer		jjjjj		EIN or SSN	
THE MO	RGAN ADAM	S FOUNDATION		20-01	65051
Name and title of officer or pe	rson subject to tax	JOAN SLAUGHTER	2	I	
		EXECUTIVE DIRE	ECTOR		
Part I Type of	Return and Re	turn Information			
Form 5330 filers may ente or 10a below, and the amo	r dollars and cents ount on that line fo	. For all other forms, enter wh r the return being filed with th	nd enter the applicable amount, if any, hole dollars only. If you check the box of is form was blank, then leave line 1b, 2 the return, then enter -0- on the applica	on line 1a, 2a, 3 2 b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🕨 🗶	b Total revenue, if any (F	orm 990, Part VIII, column (A), line 12)		њ 1,762,141.
2a Form 990-EZ che		b Total revenue, if any (F	orm 990-EZ, line 9)	;	2b
3a Form 1120-POL of	check here		OL, line 22)		
4a Form 990-PF che	ck here		ent income (Form 990-PF, Part V, line		4b
5a Form 8868 check			68, line 3c)		5b
6a Form 990-T checl		b Total tax (Form 990-T,	Part III, line 4)		6b
7a Form 4720 check		b Total tax (Form 4720, F	Part III, line 1)		7b
8a Form 5227 check			of tax year (Form 5227, Item D)		Bb
9a Form 5330 check		b Tax due (Form 5330, P	art II, line 19)		9b
10a Form 8038-CP ch	neck here 🕨 🗌	b Amount of credit payr	nent requested (Form 8038-CP, Part II		10b
Part II Declarat	tion and Signa	ture Authorization of (Officer or Person Subject to 7		
Under penalties of perjury	, I declare that 🛛 🗙	I am an officer of the above	entity or 🛄 I am a person subject to	o tax with respe	ect to (name
of entity)			, (EIN)a	nd that I have e	examined a copy of the
financial institution to debi later than 2 business days payment of taxes to receiv	it the entry to this a s prior to the paymove ve confidential info nber (PIN) as my s	account. To revoke a paymen ent (settlement) date. I also a mation necessary to answer	oftware for payment of the federal taxe t, I must contact the U.S. Treasury Fin uthorize the financial institutions involv inquiries and resolve issues related to urn and, if applicable, the consent to e	ancial Agent at ed in the proce the payment. I	1-888-353-4537 no ssing of the electronic have selected a
		& ASSOCIATES		to enter my PI	65051
		ERO firm nam		to enter my Fi	Enter five numbers, but
			5		do not enter all zeros
with a state age on the return's c As an officer or p return. If I have i	ncy(ies) regulating disclosure consent person subject to t indicated within thi	charities as part of the IRS F screen. ax with respect to the entity,	If I have indicated within this return tha ed/State program, I also authorize the I will enter my PIN as my signature on turn is being filed with a state agency(in posure consent screen.	aforementioned the tax year 20	ERO to enter my PIN 21 electronically filed
Signature of officer or person subje				Date	
	ation and Auth	entication		Dait	-
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by			8486291066 Do not enter all zero		
-			the 2021 electronically filed return indi Modernized e-File (MeF) Information fo		
ERO's signature 🕨			Date ▶10)/13/22	
			Form - See Instructions		
			e IRS Unless Requested To D	o So	
LHA For Privacy act and	Paperwork Redu	ction Act Notice, see instru	ctions.		Form 8879-TE (2021)
102521 01-11-22					

18061013 147904 MAFFDN

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	Eilo o	conorato	application	for oach	roturn
-	гие а	Sevarate	application	TOF Each	return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instru	uctions.		Taxpayer	identificatio	on number (TIN)
print THE MORGAN ADAMS FOUNDATIO	THE MORGAN ADAMS FOUNDATION				65051
File by the due date for filing your 5303 E EVANS AVENULE 202		tions.			
instructions. City, town or post office, state, and ZIP code. For a DENVER, CO 80222	-				
Enter the Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 1
Application	Return	Application			Return
Is For Code Is For					Code
Form 990 or Form 990-EZ	01	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
Form 990-T (corporation) THE ORGANIZATI	07				
 Telephone No. ▶ 303-758-2130 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit box ▶ If it is for part of the group, check this box ▶	: Group Exe and atta NOVE: ganization's , an check reas	emption Number (GEN) If ich a list with the names and TINs of MBER 15, 2022 , to file s return for: d ending on: Initial return F	this is for all memb	r the whole of ers the extension of organization 	group, check this
3a If this application is for Forms 990-PF, 990-T, 4720, or 606 any nonrefundable credits. See instructions.	9, enter the	e tentative tax, less	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9 enter an	v refundable credits and	54	Ψ	
estimated tax payments made. Include any prior year over	-	•	Зb	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your p				Ŧ	
using EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.
Caution: If you are going to make an electronic funds withdrawa instructions. LHA For Privacy Act and Paperwork Reduction Act Notice			453-TE ar		9-TE for payment 3868 (Rev. 1-2022)

123841 01-12-22

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Form	J	J	U

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



Department of the Treasury Internal Revenue Service

ΑF	or the	e 2021 calendar year, or tax year beginning an	d ending		
B c a	heck if pplicable	e: C Name of organization		D Employer identified	cation number
	Addres				F 4
	Name chang Initial			20-01650	51
	_return Final	Number and street (or P.O. box if mail is not delivered to street address) 5303 E EVANS AVENUE	Room/suite	E Telephone numbe	
	⊥return/ termin ated			G Gross receipts \$	2,009,759.
	Ameno			H(a) Is this a group re	
	_lreturn]Applic _tion			for subordinates	
·	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	- av.ev	empt status: $X = 501(c)(3) = 501(c)() \ (insert no.) = 4947(a)(1)$) or 52		list. See instructions
		e: ► WWW • MORGANADAMSFOUNDATION • ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	I Yea		State of legal domicile: CO
		Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: TO PEDIATRIC ONCOLOGY RESEARCH	FUND C	RITICALLY NE	EDED
ern		Check this box $ig > igsqcup$ if the organization discontinued its operations or disp			
Š		Number of voting members of the governing body (Part VI, line 1a)			8
		Number of independent voting members of the governing body (Part VI, line 1b			8
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a) \dots			12
Activities &		Total number of volunteers (estimate if necessary)			150
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		1,470,873.	1,744,947.
Revenue		Program service revenue (Part VIII, line 2g)		0.	328.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,683.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		• •	16,866.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,480,556. 701,840.	1,762,141. 939,296.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		/01,840.	939,290.
		Benefits paid to or for members (Part IX, column (A), line 4)		482,435.	411,630.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		402,435.	411,030.
)en	168	Professional fundraising fees (Part IX, column (A), line 11e)	165	0.	0.
Ĕ		Total fundraising expenses (Part IX, column (D), line 25)	<u></u>	175,362.	175,168.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,359,637.	1,526,094.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	120,919.	236,047.
-La	19	Revenue less expenses. Subtract line 16 from line 12		Beginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		313,982.	End of Year 599,169.
Asse Bali	20			33,163.	68,556.
Net , und	21 22	Net assets or fund balances. Subtract line 21 from line 20		280,819.	530,613.
Pa	art II	Signature Block		200,019.	550,015.
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	lles and state	ments, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of			

Sign Here	Signature of officer JOAN SLAUGHTER, EXECUT Type or print name and title	IVE DIRECTOR	Date						
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	LAURA M. PUCA	10/	13/22 ^{tf} P01067688						
Preparer	Firm's name 🕨 CRADY, PUCA & AS		Firm's EIN 27-1433452						
Use Only	Firm's address 6140 S GUN CLUB	RD STE K6-281							
AURORA, CO 80016 Phone no.720-727-1698									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

1 E	III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: CO FUND CRITICALLY NEEDED PEDIATRIC ONCOLOGY RESEARCH		[
	riefly describe the organization's mission:		L
-			
_			
	id the organization undertake any significant program services during the year which were not listed on the	_	
	rior Form 990 or 990-EZ?	Yes	X
	"Yes," describe these new services on Schedule O.	? Yes	v
	bid the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes	Δ
	"Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a	as massured by expenses	
	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otl		
	evenue, if any, for each program service reported.		
	Code:) (Expenses \$ 939, 296 • including grants of \$ 939, 296 •) (Reve	enue \$	
	THROUGH CAREFUL CONSIDERATION AND PLACEMENT OF OUR FUNI	DIN <mark>G, WE</mark>	
	ENCOURAGED AND SUPPORTED RESEARCH INTENDED TO IMPROVE		
	EFFECTIVENESS, IMPROVE TREATMENT OUTCOMES, AND IMPROVE	THE QUALITY (OF
Ī	JIFE FOR CHILDREN BATTLING CANCER.		
_			
-			
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_			
1b (Code:) (Expenses \$ 249,712. including grants of \$) (Reve	enue \$ 16,8	866
	THE MORGAN ADAMS FOUNDATION IS AN ONGOING RESOURCE FOR		
	CHILDHOOD, ADOLESCENT AND YOUNG ADULT CANCERS, THEIR CU		
Ī	AND THE NEED FOR ONGOING NEW TREATMENT DEVELOPMENT. TH	IROUGH OUR	
	NGOING EFFORTS, MAF BUILDS COMMUNITY AWARENESS OF THE		
	CHILDHOOD CANCER RESEARCH, AS WELL AS OF THE NEED TO EN		E
	CHILDREN AFFECTED BY THIS DISEASE HAVE THE BEST POSSIBI		
	OPTIONS MADE AVAILABLE TO THEM. MAF HOSTS EDUCATIONAL	EVENTS FOR T	HE
-	PUBLIC THROUGHOUT THE YEAR.		
-			
-			
-			
1c (Code:) (Expenses \$) (Reve	enue \$	
- (*	
-			
_			
-			
-			
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-			
-			
-			
-			
-			
1d (ther program services (Describe on Schedulo O.)		
,	ther program services (Describe on Schedule O.) Expenses \$ including grants of \$) (Revenue \$	١	
	Expenses \$ including grants of \$) (Revenue \$ otal program service expenses > 1,189,008.)	
		Form 9	90 (2
2002	12-09-21		(2

Form	990	(2021)

Part IV Checklist of Required Schedules

THE MORGAN ADAMS FOUNDATION

1 Is the organization described in sectors 501(c)(d) or 4047(q)(1) (other than a private foundation)? 1 X 2 Is the organization enguge in direct or index policial campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 3 Section 501(c)(d) organization. Dd the organization engage in tobbying activities, or have a section 501(h) election in effect of during the tax year II 'Yes,' complete Schedule C, Part I 4 X 5 Is the organization machina and yoon or dived funds or any smill runds or accounts for which donors have the right to privide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to for body constration machina any donor advised time or any smill runds or accounts for which donors have the right to for accounts for which donors have the right to for accounts for which donors have the right to for accounts for which donors have the right to for accounts for which donors have the right to for accounts for which donors have the right to for accounts for which donors have the right to for accounts for which donors have the right to for accounts for donor and the for accounts for donor and to for a smillion accounts for which donors have the right for accounts for donors and the formation constration accounts for which donors have the right for a mount in Part X, line 11, for ensure or actical inserver, or approximation for a mount in Part X, line 12, for ensure or account liability, larve as a custorias for a mount in Part X, line 12, for ensure or account liability activity for accounts for which donors for the account for addon macount in Part X, line 12, for ensure or account liability				Yes	No
2 Is the organization required to complete Schedule 0, Schedule 0, Contribution See instructions 2 X 3 Dot the organization regige in indice to indice organization angage in lobbying activities, or have a section 501(fy) election in offect direct provides Schedule 0, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization in angage in lobbying activities, or have a section 501(fy) election in offect direct the two partication angage in lobbying activities, or have a section 501(fy) election in offect direct the regarization martain any doner advised funds or any similar funds or accounts IP resk. Indones have the right to provide activities as defined in Park Pice. Complete Schedule 0, Part II 6 X 6 Dit the organization martain any doner advised funds or any similar funds or accounts IP resk. Indones have the right to provide activities on the distribution or invostment of threas - accounts IP resk. To explete Schedule 0, Part II 6 X 7 Dit the organization martain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule 0, Part II 7 X 8 Dit the organization answer to any of the following questions is "Yes," then complete Schedule 0, Parts VI, VII, VIII, VI, V, X, as a sphicible. 8 X 9 Did the organization report an anount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule 0, Parts VII 11 X 10	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization regrage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, 'complete Schedule C, Part II 3 X 4 Section SOI(c)8) organizations. Did this organization rangage in lobbying activities, or have a saction SOI(t)9 election in officet during the tax year II Yes, 'complete Schedule C, Part II 4 X 5 Is the organization markina and yound avided finds or any similar finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts on such assets? If Yes, 'complete Schedule D, Part II 7 X 9 Did the organization markina and anotaction of volks of art. historical treasures, or other similar assets? If Yes, 'complete Schedule D, Part II 7 X 9 Did the organization and an anount for lead granization, hold assets in donor-restricted endowments or in quasi endowments? If Yes, 'complete Schedule D, Part V 10 X 10 It to organization regort an anount for lead granization, hold assets in donor-restricted endowments or in quasi endowments? If Yes, 'complete Schedule D, Part V 10 X 11 It or			1		
public office // 'Yes, 'complete Schedule C, Part / 3 X 4 Section 501(b) election in effect 4 X 5 Is the organization as eaction 501(c)(b), 501(c)(b), 501(c)(b) organization that receives membership dues, assessments, or similar amounts as otherion (in Nev. Proc. 98 197 /' Yes, 'complete Schedule C, Part II 6 X 6 Did the organization maintain any dono advised funds or any similar funds or accounts for which donos have the right to provide advise on the distribution or investment of amounts in such thanks or accounts for which donos have the right to provide advise on the distribution or investment of amounts in such thanks or accounts for which donos have the right to provide advise on the distribution or investment of amounts in such thanks or accounts for which donos have the right to provide advised on the distribution or investment of amounts in such thanks or accounts for which donos have the right to provide advised. Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secretor or custodial account liability, serve as a custodiant for amounts no listed in Part X, or provide codit consensing, diabit management, credit repair, or debt negotiation service? 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 hf 'Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other socurities in Part X, line 107 hf 'Yes, 'complete Schedule D, Part V 111	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(d), 501(c)(d), or 501(c)(d) complete Schedule C, Part II 5 X 6 DOt the organization material may doner adviced funds or any similar funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dones have the right of the environment, historic land areas, or historic attractures? If "Yes," complete Schedule D, Part II 6 X 9 Dot the organization material collectors of works of at, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 9 Dot the organization and collectors of works of at, historical treasures, or other similar asset? II "Yes," complete Schedule D, Part II 7 X 10 Dot the organization and collectors of works of at, historical treasures, or other similar asset? II "Yes," complete Schedule D, Part II 10 X 10 Dot the organization services? 9 X 10 X 11 The organization services? 9 X 10 X 12 Dot the organization amount for investments - other assets in Part X, line 12	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year /# Yes," complete Schedule Q, Part II 4 X 6 Is the organization a section SOI(4), SOI(6), SOI and SO		public office? If "Yes," complete Schedule C, Part I	3		X
6 Is the organization acciton 501(c)(d), or 501(c)(d) or	4				
similar amounts as defined in Rev. Proc. 98:197 // "Ves," complete Schedule D, Part III. 5 X 6 Det the organization maintain any done advised funds or any source of the donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 0r which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 10r which donors have the right donard areas, or historic struttures 10r "key," complete Schedule D, Part II. 6 X 7 Z X X X X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets 10r "key," complete Schedule D, Part II. 7 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments 7 X 10 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 11 If the organization report an amount for investments - order simulation, hold assets in donor restricted endowments 10 X 12 Id the organization report an amount for investments - order schedule D, Part VI. 11 X 13 X Did the organization report an amount for investments - order schedule D, Part XI. 10 X 14 X Did the organization report an amount for investments - order schedule D, Part XI. 111 X 14		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of <i>W</i> ¹ Yes," complete Schedule D, Part II 6 X 7 X 20 Did the organization receives or hold a conservation essement", including essements to pressive open space, the environment, historical trasures, or other similar assets? <i>W</i> ¹ Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>W</i> ¹ Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount in Part X, Ine 21, for secrow or custodial account liability, serve as a custodian for the organization simular value of the tollowing questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for law buildings, and equipment in Part X, line 10? <i>W</i> ¹ Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for live stimular sections in "Yes," than to 7% the site of the schedule D, Part V 11a X 13 Did the organization report an amount for live stimular sections in Part X, line 12, hint 13, hint 15, hint 15, with 15, wi	5				
provide advice on the distribution or investment of amounts in such funds or accounts // "ves," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures // "ves," complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Ves," complete Schedule D, Part // 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a helated organization, hold assets in donor-restricted endowments? 10 X 11 If the organization report an amount for levels the schedule D, Part V 10 X 11 If the organization report an amount for levels threes." tomplete Schedule D, Part V 11a X 12 Did the organization report an amount for levels threes." tomplete Schedule D, Part V 11a X 13 X Intervision amount for levels threes." tomplete Schedule D, Part X 11a X 14 V the organization report an amount for levels threes." tomplete Schedule D, P		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic fand areas, or historic structures? If "kes," complete Schedule D, Part II 7 X 8 Did the organization marinal collection of works of art, historical treasures, or profers simular asset? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization collection of works of art, historical treasures, or profers simular asset? If "Yes," complete Schedule D, Part IV 8 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - or program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets rep	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			∠∪D		<u> </u>
	21		21	x	
	132003				(2021)

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Form 990 (2021)	THE	MORGAN	ADAMS	FOUNDATION
Part IV	Checklist of	Require	d Schedul	es (continue	ed)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
Ь	any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~ ~		x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		- 23
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
132004	(gambing) withings to prize withers:		990	L (2021)
	5			、_ ·)

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2021)	THE	MORGAN	ADAMS	FOUNDATION	
Statements R	egard	ing Other I	RS Filing	s and Tax Compliance (continued	1)

Form 990 (2021) Part V

			_		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		12			
	filed for the calendar year ending with or within the year covered by this return	2a		-	x	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					x
				3a		_ <u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt) ?	4a		
	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		_ <u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					x
	any contributions that were not tax deductible as charitable contributions?			6a		
	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
			-	8		
	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:			0.5		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
	Section 501(c)(12) organizations. Enter:			-		
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114		-		
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		۱ ۲	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	: 	IZd		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			104		
	Enter the amount of reserves the organization is required to maintain by the states in which the	106	I			
		13b				
	•					
с	Enter the amount of reserves on hand	13c		44-		v
c la	Enter the amount of reserves on hand	13c		14a		X
c la b	Enter the amount of reserves on hand	13c Ile O		14a 14b		X
c la b	Enter the amount of reserves on hand	13c Ile O eration	or	14b		
c a b	Enter the amount of reserves on hand	13c Ile O eration	or			X X
c la b 5	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13c Ile O eration	or	14b 15		x
c ta b 5	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13c Ile O eration	or	14b		
c ła b 5	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	13c Ile O eration	or	14b 15		x
с 4а b 5 6	Enter the amount of reserves on hand	13c ule O eration nt inco	or me?	14b 15 16		x
c la b	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	13c ule O eration nt inco	or me?	14b 15		x

Form 990	(2021)
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Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Enter the second construction according to the second second second second second second second second second s		8	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	0		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		8		
	Enter the number of voting members included on line 1a, above, who are independent		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				X
~	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the				x
	of officers, directors, trustees, or key employees to a management company or other person?				X
	Did the organization make any significant changes to its governing documents since the prior Form				X
	Did the organization become aware during the year of a significant diversion of the organization's a				X
6 70	Did the organization have members or stockholders?		0		23
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a		Σ
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10 b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form	? 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12 a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12 b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '		10-	x	
~	on Schedule O how this was done			X	-
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?		14		
5	Did the process for determining compensation of the following persons include a review and appro	•			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?	15a	x	
	The organization's CEO, Executive Director, or top management official			X	
D	Other officers or key employees of the organization		15b		
6 -	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang		40-		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		16a		- 23
b					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		166		
	exempt status with respect to such arrangements?		16 b		
	tion C. Disclosure				
		and 000 T (a satism E01(.)	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (section 501(c)(3)s onig	/) avaii	able
	for public inspection. Indicate how you made these available. Check all that apply.	in an Onkarlula O			
~		in on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	contract of interest policy	, and fina	ncial	
~	statements available to the public during the tax year.	and a second			
0	State the name, address, and telephone number of the person who possesses the organization's the THE ORGANIZATION - $303-758-2130$	books and records ▶			
	5303 E EVANS AVENUE, 202, DENVER, CO 80222				

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	tors			

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable compensation from related	Estimated
	hours per week		, unle cer ar					compensation from		amount of other
	(list any	ector						the	organizations	compensation
	hours for	or din	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	trustee	al trust		yee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) JOAN SLAUGHTER	40.00			37				04 000	0	0
EXEC DIRECTOR & CO-FOUNDER	2.00	X		X				94,232.	0.	0.
(2) BARI DEJAYNES	2.00	x						0.	0.	0.
DIRECTOR (3) JOHN DUDASCH	3.00	^						0.	0.	0.
CHAIR	5.00	x		x				0.	0.	0.
(4) JESSE RUSSELL	2.00									
DIRECTOR		x						0.	0.	0.
(5) DAN KELLY	3.00									
VICE CHAIR		х		X				0.	0.	0.
(6) ARTHUR LIU, MD	3.00									
DIRECTOR, MEDICAL ADVISOR		Х						0.	0.	0.
(7) JIM CROCKER	1.00									
DIRECTOR, SCIENCE ADVISOR		х						0.	0.	0.
(8) JEFF MCPHERSON	3.00								0	0
TREASURER		X		X				0.	0.	0.
				-		-				
		-					-			
132007 12-00-21				-		-				Form 990 (2021)

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	990 (2021) THE MORGA	AN ADAMS	5 I	FOU	JNI	DA'	ΓIC)N		20-01	L65	051	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee;				than o is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compensati from the organizatio and related organization		
											_			
1h	Subtotal								94,232.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n								-	,000 of reportabl	-			0
	compensation from the organization												Yes	No No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>							-				3	100	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	ompe	ensa	atior	n and	d otl	her compensation from	the organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-						5		x
	tion B. Independent Contractors									<u> </u>				
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								pensa			
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	C	(C) ompen		1
								_						
								-						
. <u> </u>														
2	Total number of independent contractors (in	-	iot lii	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(0					Form 9	990 (2	2021)

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Ра	rt V	/111						
			Check if Schedule O contains a response or no	ote to any line		(2)		
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					lotal revenue	function revenue		
								sections 512 - 514
Its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ΩĔ				4,563.				
ifts ir A								
nia Dila				2,443.				
Sin				2,445.				
ē		t	All other contributions, gifts, grants, and	7 0 4 1				
ēĐ				7,941.				
1 Q		-	5	1,805.				
<u>a Ö</u>		h	Total. Add lines 1a-1f	🕨 🏻	.,744,947.			
			Bus	siness Code				
ø	2	а						
ž		b						
Sei		c						
Ξş		d						
Be								
Program Service Revenue		e						
-			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest, a		200			
			other similar amounts)	► L	328.			328.
	4		Income from investment of tax-exempt bond proce	eeds 🕨 📘				
	5		Royalties	►				
) Personal				
	6	а	Gross rents					
			Less: rental expenses 6b 5,280.					
			Rental income or (loss) 6c 0.					
					0.			
	-		` 'r	(ii) Other	0.			
	1	а						
			assets other than inventory 7a					
		b	Less: cost or other basis					
Revenue			and sales expenses 7b					
Vel		С	Gain or (loss)					
Re		d	Net gain or (loss)	►				
Jer	8		Gross income from fundraising events (not					
đ			including \$ 854,563. of					
			contributions reported on line 1c). See					
				0,752.				
				0,752.				
					0.			
			Net income or (loss) from fundraising events	····· 🕨	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a 1	8,452.				
		b	Less: cost of goods sold 10b	1,586.				
			Net income or (loss) from sales of inventory	· •	16,866.	16,866.		
		-		siness Code	.,	,		
sno	44	~						
nec	11							
/en		b						
Miscellaneous Revenue		С						
Ϊ			All other revenue					
		е	Total. Add lines 11a-11d	🕨		10.000		
	12		Total revenue. See instructions	🕨 🏻	1,762,141.	16,866.	0.	
13200	9 12	-09-	.21					Form 990 (202

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Form 990 (2021)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	910,371.	910,371.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,925.	3,925.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	25,000.	25,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	94,232.	61,251.	14,135.	18,846
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	272,503.	105,299.	78,557.	88,647
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,065.	7,850.	4,266.	4,949
10	Payroll taxes	27,830.	12,802.	6,957.	8,071
11	Fees for services (nonemployees):				
а	Management				
	Legal	14 505		14 505	
	Accounting	14,595.		14,595.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	18 660	0 1 1 0	4 204	F 00C
	column (A), amount, list line 11g expenses on Sch 0.)	17,668.	8,178.	4,394.	5,096
12	Advertising and promotion	3,300.	1,518.	825.	957
13	Office expenses	33,974.	15,235.	6,533.	12,206
14	Information technology	1,892.	202.	81.	1,609
15	Royalties	25 004	11 000	1 0 0 0	10 246
16	Occupancy	25,094.	11,680.	1,068.	12,346
17	Travel	2,201.	689.	224.	1,288
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	E 206	2 102	1,349.	1 565
22	Depreciation, depletion, and amortization	5,396. 12,131.	2,482. 5,580.	3,033.	1,565 3,518
23		14,131.	5,500.	5,055.	3,318
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	NEWSLETTER, PRINTING &	34,828.	14,859.	3,435.	16,534
b		9,799.	,		9,799
c	MISCELLANEOUS	9,334.	52.	9,210.	72
d		4,956.	2,035.	959.	1,962
	All other expenses				,
25	Total functional expenses. Add lines 1 through 24e	1,526,094.	1,189,008.	149,621.	187,465
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021)

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101,860.

280,819.

313,982.

28

29

30

31

32

33

			•		
Notes and loans receivable, net			7		
Inventories for sale or use				8	
Prepaid expenses and deferred charges			2,767.	9	
Land, buildings, and equipment: cost or other					
basis. Complete Part VI of Schedule D	s. Complete Part VI of Schedule D 10a 105,075.				
Less: accumulated depreciation	10b	80,404.	9,990.	10c	
Investments - publicly traded securities	106,713.	11			
Investments - other securities. See Part IV, line	11		41,134.	12	
Investments - program-related. See Part IV, line	11			13	
Intangible assets				14	
Other assets. See Part IV, line 11		15			
Total assets. Add lines 1 through 15 (must equ	313,982.	16			
Accounts payable and accrued expenses	27,255.	17			
Grants payable		18			
Deferred revenue		19			
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete	Part IV of	f Schedule D		21	
Loans and other payables to any current or form	ner office	r, director,			
trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
controlled entity or family member of any of thes	se persor	าร		22	
Secured mortgages and notes payable to unrela	ated thirc	l parties		23	
Unsecured notes and loans payable to unrelate	d third pa	arties		24	
Other liabilities (including federal income tax, pa	yables to	o related third			
parties, and other liabilities not included on lines	s 1 7-24).	Complete Part X			
of Schedule D			5,908.	25	
Total liabilities. Add lines 17 through 25	33,163.	26			
Organizations that follow FASB ASC 958, che					
and complete lines 27, 28, 32, and 33.					
Net assets without donor restrictions	178,959.	27			

ADAMS FOUNDATION

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that do not follow FASB ASC 958, check here

Loans and other receivables from any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35%

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

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1

2

3

4

5

6

(B)

End of year

270,413.

58,303.

16,946.

4,393.

1,750.

24,671.

65,701.

156,992.

599,169.

25,857.

25,000.

13,700.

3,999. 68,556.

397,631.

132,982.

(A)

Beginning of year

116,895

36,483.

Form 990 (2021)

530,613.

599,169.

Form 990 (MORGAN	ADAMS	FOUNDATION
Part X	Balance Sheet	-			
	Check if Schedule	O conta	ins a response	e or note to a	ny line in this Part X

1

2

3

4

5

6

7

8

9 10a

b

11

16

17

18

23 24 25

26

27

28

29

30 31

32

33

Liabilities

Net Assets or Fund Balances

Assets

Form	1 990 (2021) THE MORGAN ADAMS FOUNDATION	20-01	65051	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,762		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,526		
3	Revenue less expenses. Subtract line 2 from line 1	3			47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			19.
5	Net unrealized gains (losses) on investments	5	13	3 <u>,</u> 7	47.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	530),6	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ ((0004)

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

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
	2021
	Open to Public Inspection
Employer	identification number

Name of the	organization
-------------	--------------

			THE	MORGAN ADA	MS FOUNDATIO	N			2	0-0165051
Pa	rt	I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The 1 2 3 4	org		zation is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or associatic ion 170(b)(1)(A)(ii). (/ hospital service orga	on of churches described Attach Schedule E (Forn anization described in se	d in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	ii).	(iii). Enter	the hospital's name,
5 6 7			An organization operated for section 170(b)(1)(A)(iv). (C A federal, state, or local go An organization that normal section 170(b)(1)(A)(vi). (C	Complete Part II.) vernment or governn Illy receives a substa	nental unit described in a	section 17	70(b)(1)(A)	(v).		
8 9			A community trust describe An agricultural research or or university or a non-land- university:	ganization described grant college of agric	in section 170(b)(1)(A)(ulture (see instructions).	ix) operate Enter the	name, city	/, and state of	the colleg	le or
10			An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Col	npt functions, subjec ness taxable income	ct to certain exceptions;	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment
11 12 a			An organization organized a An organization organized a more publicly supported or lines 12a through 12d that Type I. A supporting orgative the supported organization	and operated exclusi and operated exclusi ganizations describe describes the type o anization operated, s	ively for the benefit of, to ed in section 509(a)(1) o of supporting organizatio supervised, or controlled	o perform t or section s on and com by its sup	the function 509(a)(2). Aplete lines ported org	ons of, or to ca See section 5 s 12e, 12f, and ganization(s), t	6 09(a)(3). (d 12g. ypically by	heck the box on
b	[organization. You must of Type II. A supporting org control or management of organization(s). You must	complete Part IV, Se anization supervised of the supporting orga	ections A and B. I or controlled in connec anization vested in the s	tion with it	s support	ed organizatio	n(s), by ha	aving
С			J Type III functionally interits supported organizatio						ly integrat	ed with,
d e	Г		Type III non-functionally that is not functionally int requirement (see instruct Check this box if the orga	egrated. The organizions). You must con	zation generally must sain nplete Part IV, Sections	tisfy a dist s A and D,	ribution re and Part	quirement and V.	d an attent	iveness
	_		functionally integrated, o	r Type III non-functio						
			r the number of supported of	•						
g	P	rov (i	ride the following information) Name of supported organization	about the supporte (ii) EIN	ed organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
Tota	al									

Schedule A	(Earm		202
Schedule A		990)	202

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1220441.	1363821.	1379084.	1470873.	1744947.	7179166.
2	Tax revenues levied for the organ-						
	ization'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	1000111	100001	4	1 1 5 0 5 5 0		
4	Total. Add lines 1 through 3	1220441.	1363821.	1379084.	1470873.	1744947.	7179166.
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)						32,013.
	Public support. Subtract line 5 from line 4.						7147153.
	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1220441.	1363821.	1379084.	1470873.	1744947.	7179166.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		4 9 4 5				<i>c</i>
	and income from similar sources \dots	372.	1,247.	2,698.	2,286.	328.	6,931.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						810008
	Total support. Add lines 7 through 10						7186097.
	Gross receipts from related activities,		,			12	18,452.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	. —
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publ		-				99.46 %
	Public support percentage for 2021 (•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14	
	Public support percentage from 2020					15	,
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		0	
	meets the facts-and-circumstances te					17a and lina 15 ia	
b	10% -facts-and-circumstances tes						IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circ			• •			
18	Private foundation. If the organization	on dia not check a	box on line 13, 16	a, 160, 17a, or 17t	b, check this box a		
						Schedule A	(Form 990) 2021

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.)

Section A. Public Support			·			
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	fourth, or fifth tax	vear as a section	- 501(c)(3) orgar	ization,
	-					
Section C. Computation of Publ						
15 Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	21 (line 10c, colur	nn (f), divided by	line 13, column (f)))	17	%
18 Investment income percentage from 2		- · · · · · · · · · ·			18	%
19a 33 1/3% support tests - 2021. If the	organization did r					ine 17 is not
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organizat	ion ►
20 Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check	this box and see in	structions	
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			16			-

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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.*
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **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.
- **c** 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.*
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and ElN 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** 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.)

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Schedule A (Form 990) 2021 THE MORGAN ADAMS FOUNDATION

1

2

No

No

Yes

Pa	t IV Supporting Organizations (continued)		
		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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		

	directors, or trustees at all times during the 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 officers, 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
	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,

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

			Yes	Ι
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			I
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			I
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 on line 2, above, 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			
	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.	3		

Section 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 duri	ng the	vea(see instructions)	
-----	--	--------	-----------------------	--

- 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 g	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-------------------	---------------------	---------------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- 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*.
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3b | Schedule A (Form 990) 2021

2a

2b

За

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Jar 1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	0		, -
Secti	on 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		
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
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)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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-function	ally integrate	d Type III supporting or	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Part VI	(Form 990) 2021		RGAN ADAMS			=	20-01650	
	Part IV, Section A, I line 1; Part IV, Secti	Information. Provines 1, 2, 3b, 3c, 4b, ion D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lin	, 11a, 11b, and es 1c, 2a, 2b, 3	d 11c; Part IV, S 3a, and 3b; Par	Section B, lines 1 t V, line 1; Part \	and 2; Part IV, Se /, Section B, line 1	ection C,
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V,	Section E, lines 2, 5,	and 6. Also co	omplete this pai	t for any additio	nal information.	
2028 01-04-2	22			21			Schedule A (Fo	rm 990)
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

20-01650	51
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CHE	MORGAN	ADAMS	FOUNDATION	
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organization type (check of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

20-0165051

THE MORGAN ADAMS FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 95,497. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll X 30,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

23

2021.04014 THE MORGAN ADAMS FOUNDATION MAFFDN_1

18061013 147904 MAFFDN

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	PROMISE TO GIVE AT YEAR END		
		\$30,000.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-1	1-21	\$	Schedule B (Form 990) (2021)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

20-0165051

Т

Page 3

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Schedule	B (Form 990) (2021)		Page 4
Name of o	organization		Employer identification number
THE M	ORGAN ADAMS FOUNDATION		20-0165051
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	a) through (e) and the following line er , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.)
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gi	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4	Relationship of transferor to transferee
123454 11-1	1-21	25	Schedule B (Form 990) (2021)

18061013 147904 MAFFDN

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SCHEDULE D

Department of the Treasury Internal Revenue Service

18061013 147904 MAFFDN

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 Ĺ Open to Public Inspection

Employer identification number

20-0165051

rganization

THE MORGAN ADAMS FOUNDATION

Par			or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(1) =	
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring	
Der				
Par		-	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			important land area
	Protection of natural habitat	Preservation of a	a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form c	of a conservation	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organizatior	n during the tax
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervation eas	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easemer	nts during the year
•				
8	Does each conservation easement reported on line 2(d) abor	• • •		
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	•		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's infancial stateme	ents that des	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	ther Simil	ar Assets
	Complete if the organization answered "Yes" on Form			
19	If the organization elected, as permitted under FASB ASC 95		nd halance s	sheet works
ia	of art, historical treasures, or other similar assets held for pu	-		
	service, provide in Part XIII the text of the footnote to its fina			public
h	If the organization elected, as permitted under FASB ASC 95			t works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:		crance of pe	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				Ψ \$
2	If the organization received or held works of art, historical tre			φ
2	the following amounts required to be reported under FASB A		gain, provid	0
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			♥ \$
	For Paperwork Reduction Act Notice, see the Instruction			$\frac{1}{2}$ Schedule D (Form 990) 202 ⁻
	10-28-21			
		26		

Sche		AN ADAMS					20-01			age 2	
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical	Treasures, o	or Othe	er Simi	lar Asse	ts (cont	inued)		
3	Using the organization's acquisition, accessio	n, and other record	s, check any of t	ne following tha	at make s	significan	t use of its				
	collection items (check all that apply):										
а	Public exhibition	d	Loan or e	xchange progra	am						
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the organiza	tion answered '	"Yes" on	Form 99	0, Part IV,	line 9, c	or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contribut	ions or other as	sets not	included		_		_	
	on Form 990, Part X?						X	Yes		No	
b	If "Yes," explain the arrangement in Part XIII a										
								Amou			
с	Beginning balance					1c				78.	
	Additions during the year								5	25.	
	Distributions during the year										
f	Ending balance								1,3	03.	
2a	Did the organization include an amount on Fo							Yes	X	No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has be	en provided on	Part XIII	l					
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on	Form 990, Part	t IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	ır years	back	
1a	Beginning of year balance	48,166.	39,85	4. 3!	5,528.		34,764.		33	,814.	
	Contributions				25.		764.			950.	
	Net investment earnings, gains, and losses	5.	8,31	2.	4,301.						
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance	48,171.	48,16	6. 39	9,854.		35,528.		34	,764.	
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, columr	n (a)) held as:							
а	Board designated or guasi-endowment	,	%	())							
	Permanent endowment > 74.0000	%									
	Term endowment ► 26.0000 %										
	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	•	ation that are held	and administe	ered for t	he organ	ization				
	by:	5				5			Yes	No	
	(i) Unrelated organizations							3a(i)		Х	
	(ii) Related organizations									Х	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule I	٦?				3b			
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered), Part IV, line 11a	. See Form 990), Part X,	, line 10.					
	Description of property	(a) Cost or of	ther (b) Co	ost or other	(c) A	ccumula	ted	(d) Bo	ok valu	e	
		basis (investm	• •	is (other)	• •	preciatio		(,		-	
1a	Land			. ,							
	Buildings										
	Leasehold improvements			16,086.		15,0	11.		1,0	75.	
	Equipment			27,550.		19,1			$\frac{1}{8,4}$		
	Other			61,439.		46,2		1	5,1		
-	Add lines 1a through 1e. (Column (d) must eq		X. column (R) lin			- / -			4,6		
1010							Schedule		-		
							Serieaule	- (1 01		, _~~	

Schedule D (Form 990) 2021 THE MORGAN Part VII Investments - Other Securities. Complete if the organization answered "Yes"	ADAMS FOUNDAT		0-0165051 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1) Financial derivatives			, ,
(2) Closely held equity interests			
(3) Other			
(A) 370 SHARES OF APPLE STOCE	65,701.	END-OF-YEAR MARKE	T VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	65,701.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	on Form 000 Port IV line	11d See Form 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	TTd. See Form 990, Part A, line 15.	(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line	25.
1. (a) Description of liability	,,,,	······································	(b) Book value
(1) Federal income taxes			
(1) FOR THE LEASE OBLIGATION			3,999.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		3,999.
2. Liability for uncertain tax positions. In Part XIII, provid			
organization's liability for uncertain tax positions unde		•	· · ·

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 THE MORGAN ADAMS FOUNDATIC	20-0165051 Page			
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,782,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	13,747.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	6,866.		
е	Add lines 2a through 2d			2e	20,613.
3	Subtract line 2e from line 1			3	1,762,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,762,141.		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With		Retu	
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With a.	n Expenses per		irn.
Pa 1	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With a.	n Expenses per	Retu	
	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With	n Expenses per		irn.
1	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With	n Expenses per		irn.
1 2	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	n Expenses per		irn.
1 2 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	n Expenses per		irn.
1 2 a b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	n Expenses per		rn. 1,532,960.
1 2 a b c	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	6,866.	1 2e	rn. <u>1,532,960.</u> 6,866.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	6,866.	1	rn. 1,532,960.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	6,866.	1 2e	rn. <u>1,532,960.</u> 6,866.
1 2 3 4 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	6,866.	1 2e	rn. <u>1,532,960.</u> 6,866.
1 2 3 4 3 4 b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	6,866.	1 2e	rn. <u>1,532,960.</u> 6,866.
1 2 3 4 3 4 b	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	6,866.	1 2e 3 4c	rn. <u>1,532,960.</u> <u>6,866.</u> <u>1,526,094.</u> 0.
1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	6 , 866 .	1 2e 3	rn. <u>1,532,960.</u> 6,866.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1B:

THE FIDUCIARY AGENT FOR THE COLORADO KIDS CANCER ASSOCIATION (CKCA), THE
COLORADO CANCER COALITION, PLANNED TO DISSOLVE AND RELINQUISH ITS 501C3
STATUS. THE FOUNDATION IS A CHARTER MEMBER OF CKCA AND AGREED TO RECEIVE
AND HOLD THE CKCA FUNDS UNTIL THE CKCA BOARD COULD DEVELOP A LONG-TERM
SOLUTION.
PART V, LINE 4:

THE ENDOWMENT FUND WAS CREATED AT THE END OF 2013 THROUGH DONATION IN MEMORY OF THE FOUNDATION'S CO-FOUNDER, STEVEN ADAMS. ONCE THE ENDOWMENT

CORPUS REACHES \$1,000,000, THE FUND WILL PROVIDE A CONSISTENT FUNDING

SOURCE FOR THE OPERATING AND CAPITAL EXPENSES OF THE FOUNDATION.

132054 10-28-21

Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME	5,280.
COST OF SALES	1,586.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,866.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES ALLOCATED TO SUBLEASE INCOME	5,280.
COST OF SALES	1,586.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,866.
OTHER EVENT EXPENSES	

Schedule D (Form 990) 2021

132055 10-28-21

Department of the Treasury						Open to Public			
	al Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspec	tion	
Nam	e of the organization					Employer	identific	ation number	
TH	E MORGAN AD					20-01			
Pa			ctivities Ou	tside the United States. Comple	te if the organ	nization ansv	vered "Ye	es" on	
1		art IV, line 14b.	maintain recor	ds to substantiate the amount of its gra	onts and other	assistance			
•				the selection criteria used to award the				res 🛛 No	
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.								
3				an be duplicated if additional space is r					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the rec	e, De	(f) Total expenditures for and investments in the region	
3 a	Subtotal	0	(0.	
	Total from continua sheets to Part I	tion	C					0.	
с	Totals (add lines 3a and 3b)	1	(0.	

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132071 12-20-21

SCHEDULE F

(Form 990)

18061013 147904 MAFFDN

Schedule F (Form 990) 2021

OMB No. 1545-0047

20-0165051

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
			SPONSORSHIP FOR 2022					
		· ·	EDUCATIONAL	05 000				
		BRUNEI, BURMA,	CONFERENCE	25,000.	WIRE TRANSFER	0.		
		<u> </u>	· _ · ·		 			
			recognized as charities by the or counsel has provided a sec					
3 Enter total number of			or couriser has provided a sec			····· ►		1

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

THE	MORGAN	ADAMS	FOUNDATION
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20-0165051

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

		MORGAN	ADAMS	FOUNDATION	
Part IV Foreign Forms	3				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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SCHEDULE G		ntal Information Regarding						OMB No. 1545-0047
(Form 990)	Complete if the	, or if the	2021					
Department of the Treasury Internal Revenue Service	organization entered more than \$15,000 on Form 990-EZ, line 6a. LULI Attach to Form 990 or Form 990-EZ. Open to Public Inspection Inspection							
Name of the organizatio		to www.irs.gov/Form990 for instr	ruction	s and	the latest informat	ion.		ntification number
		GAN ADAMS FOUNDATI					20-0165	
	complete this par	Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E2	' filers are not
 a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees list 	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra I (inclue profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whor licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	ution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedule	e G (Form 990) 2021

132081 10-21-21

THE MORGAN ADAMS FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
					_	(add col. (a) through			
				RMVR	3	col. (c))			
Ð			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	735,252.	213,503.	146,560.	1,095,315.			
	2	Less: Contributions	535,040.	200,994.	118,529.	854,563.			
	3	Gross income (line 1 minus line 2)	200,212.	12,509.	28,031.	240,752.			
	4	Cash prizes							
(0	5	Noncash prizes	4,989.	3,439.	8,370.	16,798.			
penses	6	Rent/facility costs	58,602.	1,778.	10,046.	70,426.			
Direct Expenses	7	Food and beverages	42,581.	4,296.	1,579.	48,456.			
ē	8	Entertainment	34,608.			34,608.			
	9	Other direct expenses	59,432.	2,996.	8,036.	70,464.			
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	240,752.			
	11 Net income summary. Subtract line 10 from line 3, column (d)								
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Reve	1	Gross revenue							

	1	Gross revenue						
ses	2	Cash prizes						
zpen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		· Ves	; L	

b If "No," explain:

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Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	THE MORGAN	ADAMS	FOUNDATION	20-	016505	1 Page 3
	Does the organization conduct g Is the organization a grantor, ben	aming activities with no eficiary or trustee of a	onmembers? trust, or a m	ember of a partnership or	other entity formed	Yes	No
13	to administer charitable gaming? Indicate the percentage of gamin					Yes	└── No
	The organization's facility					13a	%
k	An outside facility						%
14	Enter the name and address of the	ne person who prepare	s the organiz	zation's gaming/special ev	rents books and records:		
	Name 🕨						
	Address ►						
15a	Does the organization have a cor	ntract with a third party	from whom	the organization receives	gaming revenue?	Yes	🗌 No
k	If "Yes," enter the amount of gan				and the amount		
	of gaming revenue retained by th						
C	: If "Yes," enter name and address	s of the third party:					
	Name						
	Address 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	▶ \$					
		•					
	Description of services provided	P					
	Director/officer	Employee		ndependent contractor			
17	Mandatory distributions:						
á	Is the organization required unde	r state law to make ch	aritable distri	butions from the gaming p	proceeds to		
	retain the state gaming license?					🗀 Yes	└── No
k	 Enter the amount of distributions organization's own exempt activity 	•		ributed to other exempt or	rganizations or spent in the		
Pa	rt IV Supplemental Info	rmation. Provide the	explanation	s required by Part I, line 2t ional information. See inst	o, columns (iii) and (v); and F tructions.	Part III, lines S	9, 9b, 10b,
1320	83 10-21-21			20	Sche	dule G (Forn	n 990) 2021
				38			

Part IV Supplemental Information	n (continued)
2084 11-18-21	Schedule G (Form 9
	39 2021.04014 THE MORGAN ADAMS FOUNDATION MAFFDN_
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SCHEDULE I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	•		Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization THE MORGA	N ADAMS H	OUNDATION	-				Employer identification number $20 - 0165051$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's provided in the organization of the orga	stance? ocedures for mon	itoring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 E 16TH AVE - AURORA, CO 80045	84-0166760	501(C)(3)	797,500.	0.			TO FURTHER CANCER RESEARCH – 26 SEPARATE RESEARCH PROJECTS
ANN AND ROBERT LURIE CHILDREN'S HOSPITAL - 225 E CHICAGO AVE BOX 205 - CHICAGO, IL 60611	36-2170833	501(C)(3)	7,000.	0.			TO FURTHER CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	50,000.	0.			TO FURTHER CANCER RESEARCH
RILEY CHILDREN'S HOSPITAL 30 S MERIDIAN ST, STE 200 INDIANAPOLIS, IN 46204	82-4499607	501(C)(3)	15,000.	0.			TO FURTHER CANCER RESEARCH
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			he line 1 table			I	↓ <u>4.</u> 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION RECEIVES A STATUS REPORT ON EACH PROJECT IT FUNDS. WHEN THE

PROJECT IS COMPLETE AND A FORMAL PAPER IS PRODUCED, THE FOUNDATION RECEIVES

A COPY FOR ITS FILES.

Department of the Treasury

Transactions With Interested Persons (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

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	Open To Public Inspection

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OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number	r
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Par	t I Excess Benefit Tran	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.								
1 (a) Name of disqualified person		(b) Relationship between disqualified	(a) Decemination of two position	(d) Corrected					
		person and organization	(c) Description of transaction	Vos	No				

	(a) Name of disqualmed person	person and organization	(c) Description of transaction	Yes	No		
2	Enter the amount of tax incurred by	/ the organization managers or disqualifi	ed persons during the year under				
	section 4958		• *				
3	3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization						

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total					▶ \$							

Part III

Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

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MARY	PERIMAN	NIECE OF EXECUTIVE	76 000	HIRED AS AN	Yes No X
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part V	Supplemental Information. Provide additional information for respo	onses to questions on Schedule L (se	ee instructions).		
				Schedule L (Form 990) 2021
132132 11-0	02-21	43			
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SCHEDULE	O
(Form 990)	

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. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

THE MORGAN ADAMS FOUNDATION

Inspection Employer identification number 20-0165051

OMB No. 1545-0047

Open to Public

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR, VICE PRESIDENT, AND/OR TREASURER RECEIVE THE

INITIAL DRAFT OF THE 990 FOR DISCUSSION AND REVIEW. THE FULL BOARD OF

DIRECTORS THEN RECEIVES THE DRAFT FOR APPROVAL PRIOR TO FILING, WHICH IS

DONE EITHER ELECTRONICALLY OR AT A BOARD MEETING AND DOCUMENTED IN THE

MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND

ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

FORM 990, PART VI, SECTION B, LINE 15:

SALARY COMPARISONS ARE PULLED FROM THE STATE'S ASSOCIATION OF NPO'S AND

OTHER SIMILARLY SIZED ORGANIZATIONS AND REVIEWED BY THE BOARD IN

CONJUNCTION WITH STARTING SALARIES AS WELL AS MATERIAL INCREASES IN SALARY

FOR THE ED. SALARY DISCUSSIONS AND APPROVALS ARE DOCUMENTED IN THE

MINUTES.

FORM 990, PART VI, SECTION C, LINE 18:

THE FOUNDATION WILL PROVIDE COPIES UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS AND ANNUAL

FINANCIAL STATEMENTS UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

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Schedule O (Form 990) 202

Name of the organization

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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