

2025 Exempt Org. Return
prepared for:

ADAMS COUNTY COMMUNITY FOUNDATION, INC.
25 S 4TH ST
GETTYSBURG, PA 17325-2005

Boles Metzger Brosius & Walborn PC
3601 N. Front Street
Harrisburg, PA 17110

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

2025

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning, 2025, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C ADAMS COUNTY COMMUNITY FOUNDATION, INC. 25 S 4TH ST GETTYSBURG, PA 17325-2005. D Employer identification number 26-1404848. E Telephone number (717) 337-0060. F Name and address of principal officer: RALPH M. SERPE SAME AS C ABOVE. G Gross receipts \$ 18,882,112. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.ADAMSCOUNTYCF.ORG. K Form of organization: Corporation. L Year of formation: 2007. M State of legal domicile: PA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement. 2-7a. Governance and revenue metrics. 8-12. Revenue breakdown. 13-19. Expenses breakdown. 20-22. Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer RALPH M. SERPE, Date, Title PRESIDENT & CEO. Paid Preparer Use Only: Preparer's name LINDA K. HAINES, CPA, Signature, Date, Check self-employed, PTIN P00970952, Firm's name BOLES METZGER BROSIUS & WALBORN PC, Firm's address 3601 N. FRONT STREET HARRISBURG, PA 17110, Firm's EIN 23-2175024, Phone no. 717-238-0446.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

OUR PURPOSE IS TO PROMOTE AND FACILITATE CHARITABLE GIVING, AND TO BUILD A PERMANENT ENDOWMENT THAT WILL INVEST IN THE COMMUNITIES OF ADAMS COUNTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,995,022. including grants of \$ 2,995,022.) (Revenue \$)

GIVING SPREE - OUR ANNUAL DAY OF GIVING THAT CONNECTS DONORS TO GROUPS AND ORGANIZATIONS THAT MATCH THEIR CHARITABLE INTEREST.

4b (Code:) (Expenses \$ 2,061,471. including grants of \$ 2,061,471.) (Revenue \$)

DONOR ADVISED AND DESIGNATED GRANTS - DONOR ADVISED GRANTS ALLOW DONORS TO SUGGEST BENEFICIARY ORGANIZATIONS, TAKING ADVANTAGE OF GUIDANCE AND INFORMATION FROM THE COMMUNITY FOUNDATION. DESIGNATED GRANTS SUPPORT SPECIFIC NONPROFIT ORGANIZATIONS WITH AN ANNUAL GIFT CONTINUING FOR GENERATIONS.

4c (Code:) (Expenses \$ 466,188. including grants of \$ 229,000.) (Revenue \$)

UNRESTRICTED AND FIELD OF INTEREST FUNDS SUPPORT CRITICAL ISSUES THROUGH COMPETITIVE GRANT PROGRAMS OPEN TO ALL NONPROFIT ORGANIZATIONS IN THE REGION.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 199,485. including grants of \$ 199,485.) (Revenue \$)

4e Total program service expenses 5,722,166.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.....	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent.		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	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 reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	15a	X
b	Other officers or key employees of the organization.	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 RALPH SERPE 25 S 4TH ST GETTYSBURG PA 17325-2005 (717) 337-0060

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

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, box 6 of 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RALPH M. SERPE PRESIDENT & CEO	40 0	X		X			122,005.	0.	6,100.	
(2) ED PUHL DIRECTOR	1 0	X					0.	0.	0.	
(3) PETER BOVING DIRECTOR	1 0	X					0.	0.	0.	
(4) JIM DUNLOP TREASURER	2 0	X		X			0.	0.	0.	
(5) EMILY RICE-TOWNSEND DIRECTOR	1 0	X					0.	0.	0.	
(6) MATT BATTERSBY DIRECTOR	1 0	X					0.	0.	0.	
(7) BETH BECKER SECRETARY	2 0	X		X			0.	0.	0.	
(8) TOM WILSON DIRECTOR	1 0	X					0.	0.	0.	
(9) JULIE RAMSEY DIRECTOR	1 0	X					0.	0.	0.	
(10) NATHAN MARES DIRECTOR	1 0	X					0.	0.	0.	
(11) PATRICIA GREEN DIRECTOR	1 0	X					0.	0.	0.	
(12) SHARON MAGRAW DIRECTOR	1 0	X					0.	0.	0.	
(13) JANET MORGAN RIGGS VICE CHAIR	2 0	X		X			0.	0.	0.	
(14) TAUREEN "TORY" MOSES DIRECTOR	1 0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ED SZOKE DIRECTOR	1 0	X					0.	0.	0.	
(16) DANNY SEBRIGHT DIRECTOR	1 0	X					0.	0.	0.	
(17) CYNTHIA SALISBURY CHAIR	2 0	X		X			0.	0.	0.	
(18) LYLE R. PITNER DIRECTOR	1 0	X					0.	0.	0.	
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Subtotal	122,005.	0.	6,100.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	122,005.	0.	6,100.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,005,152.				
	g Noncash contributions included in lines 1a-1f	1g	577,490.				
	h Total. Add lines 1a-1f		7,005,152.				
Program Service Revenue	2a Business Code						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		504,394.			504,394.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	11096339.	276,227.		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	8,749,087.	287,957.		
	c Gain or (loss)	7c	2,347,252.	-11,730.			
	d Net gain or (loss)		2,335,522.			2,335,522.	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a Business Code						
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			9,845,068.	0.	0.	2,839,916.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....	5,285,496.	5,285,496.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....	199,485.	199,485.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	130,256.	40,483.	20,758.	69,015.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	157,457.	93,625.	63,832.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....	5,794.	2,701.	1,703.	1,390.
9 Other employee benefits.....	7,162.	3,338.	2,106.	1,718.
10 Payroll taxes.....	23,659.	11,028.	6,956.	5,675.
11 Fees for services (nonemployees):				
a Management.....				
b Legal.....				
c Accounting.....	15,157.		15,157.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17...				
f Investment management fees.....	13,457.		13,457.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)....	29,319.		29,319.	
12 Advertising and promotion.....	2,038.	2,038.		
13 Office expenses.....	10,609.	4,986.	4,986.	637.
14 Information technology.....	2,202.	1,718.	396.	88.
15 Royalties.....				
16 Occupancy.....	4,762.	2,381.	2,381.	
17 Travel.....	1,093.			1,093.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings....	3,679.		3,679.	
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization ...	9,486.	4,520.	3,994.	972.
23 Insurance.....	5,877.	4,525.	999.	353.
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 O.).....				
a <u>PROGRAM FUND DEVELOPMENT</u>	50,198.	50,198.		
b <u>REPAIRS AND MAINTENANCE</u>	13,642.	6,821.	6,821.	
c <u>DUES & SUBSCRIPTIONS</u>	7,968.	5,339.	2,629.	
d <u>MEALS & ENTERTAINMENT</u>	3,313.	1,657.	1,656.	
e All other expenses.....	5,039.	1,827.	1,366.	1,846.
25 Total functional expenses. Add lines 1 through 24e. ...	5,987,148.	5,722,166.	182,195.	82,787.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	189,041.	1	126,157.
	2 Savings and temporary cash investments	676,414.	2	1,039,630.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	7,340.	4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,814.	9	12,002.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 319,258.		
	b Less: accumulated depreciation	10b 120,726.	204,118.	10c 198,532.
	11 Investments – publicly traded securities	25,634,136.	11	28,728,079.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,528.	15	21,621.
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,735,391.	16	30,126,021.	
Liabilities	17 Accounts payable and accrued expenses	12,052.	17	16,647.
	18 Grants payable		18	6,225.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,865,178.	25	1,946,475.
	26 Total liabilities. Add lines 17 through 25	1,877,230.	26	1,969,347.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	24,858,161.	27	28,156,674.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	24,858,161.	32	28,156,674.	
33 Total liabilities and net assets/fund balances	26,735,391.	33	30,126,021.	

Part 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	9,845,068.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,987,148.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,857,920.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,858,161.
5	Net unrealized gains (losses) on investments	5	-560,500.
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) SEE SCHEDULE O	9	1,093.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,156,674.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 26-1404848
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,261,344.	4,045,396.	3,632,534.	5,539,485.	7,005,678.	24,484,437.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	4,261,344.	4,045,396.	3,632,534.	5,539,485.	7,005,678.	24,484,437.
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).						978,553.
6 Public support. Subtract line 5 from line 4.						23,505,884.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4.	4,261,344.	4,045,396.	3,632,534.	5,539,485.	7,005,678.	24,484,437.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	213,719.	282,204.	292,583.	480,141.	504,394.	1,773,041.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						26,257,478.
12 Gross receipts from related activities, etc. (see instructions)					12	23,538.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)).	14	89.52 %
15 Public support percentage from 2024 Schedule A, Part II, line 14.	15	87.42 %

16a **33-1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2025. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below. Sub-rows 3a, 3b, 3c.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

26-1404848

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

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).

Name of organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 26-1404848
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 513,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,149,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 270,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 287,957.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 26-1404848
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	PRECIOUS METALS ----- ----- -----	\$ 287,957.	11/03/25
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Name of organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 26-1404848
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ _____ *N/A*
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, 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 gift		
	Transferee's name, address, 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 gift		
	Transferee's name, address, 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 gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number, aggregate value of contributions, grants, and end of year values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,865,178.	1,599,967.	1,335,738.	1,423,195.	1,298,886.
b Contributions	2,589.	169,828.	113,580.	193,880.	43,360.
c Net investment earnings, gains, and losses	167,812.	172,779.	215,790.	-212,606.	181,596.
d Grants or scholarships	60,647.	50,020.	42,469.	48,502.	80,262.
e Other expenditures for facilities and programs				0.	134.
f Administrative expenses	28,457.	27,376.	22,672.	20,229.	20,251.
g End of year balance	1,946,475.	1,865,178.	1,599,967.	1,335,738.	1,423,195.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?		X
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

Part VI Land, Buildings, and Equipment
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,246.		38,246.
b Buildings		203,403.	50,109.	153,294.
c Leasehold improvements				
d Equipment		74,078.	67,695.	6,383.
e Other		3,531.	2,922.	609.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).)				198,532.

Part VII Investments – Other Securities N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))		

Part VIII Investments – Program Related N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))		

Part IX Other Assets N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B))	

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	
(2) FUNDS HELD FOR AGENCY ENDOWMENT	1,946,475.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	1,946,475.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1	9,272,204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-560,500.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	-12,364.
	e Add lines 2a through 2d	2e	-572,864.
3	Subtract line 2e from line 1	3	9,845,068.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,845,068.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1	5,973,691.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,973,691.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.) SEE PART XIII	4b	13,457.
	c Add lines 4a and 4b	4c	13,457.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,987,148.

Part XIII Supplemental Information

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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

AGENCY ENDOWMENTS HELD FOR OTHER ORGANIZATIONS.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY	\$	1,093.
INVESTMENT FEES		-13,457.
TOTAL	\$	-12,364.

Part XIII Supplemental Information *(continued)*

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

INVESTMENT MANAGEMENT.....	\$	13,457.
TOTAL	\$	<u>13,457.</u>

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

Part I General Information on Grants and Assistance

Employer identification number

26-1404848

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY PROGRESS COUNCIL 226 EAST COLLEGE AVENUE YORK, PA 17403	23-1653135		10,000.	0.			DONOR ADVISED/DESIGNATED FUND GRANT
(2) GETTYSBURG COMMUNITY SOUP KIT PO BOX 3445 GETTYSBURG, PA 17325	23-2795936		82,222.	0.			SEE STATEMENT
(3) HEALTHY ADAMS COUNTY 424 S. WASHINGTON STREET GETTYSBURG, PA 17325	23-1673727		5,304.	0.			GIVING SPREE GRANT
(4) NEIGHBORS IN CHRIST PO BOX 71 NEWVILLE, PA 17241	25-1553021		15,000.	0.			DONOR ADVISED/DESIGNATED FUND GRANT
(5) SOUTH CENTRAL COMMUNITY ACTION 153 NORTH STRATTON STREET GETTYSBURG, PA 17325	23-2020123		312,361.	0.			SEE STATEMENT
(6) ADAMS COUNTY ARTS COUNCIL 125 SOUTH WASHINGTON STREET GETTYSBURG, PA 17325	23-2735477		53,044.	0.			SEE STATEMENT
(7) MAIN STREET GETTYSBURG, INC. 59 E HIGH STREET, #3 GETTYSBURG, PA 17325	23-2595192		32,381.	0.			SEE STATEMENT
(8) MANOS UNIDAS HISPANICS-AMERIC 19 WEST HIGH STREET GETTYSBURG, PA 17325	76-0833583		13,951.	0.			GIVING SPREE GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							81
3 Enter total number of other organizations listed in the line 1 table							23

TEEA3901L 11/13/24

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

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	100	199,485.		FMV	
2					
3					
4					
5					
6					
7					

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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE COMMUNITY FOUNDATION REQUIRES GRANT RECIPIENTS TO SIGN A GRANT AGREEMENT AND

SUBMIT A FINAL REPORT THAT DOCUMENTS THE USE OF THE GRANT FUNDS.

SCHOLARSHIP FUNDS ARE REMITTED DIRECTLY TO EDUCATIONAL INSTITUTIONS TO BE APPLIED TO

THE STUDENTS' ACCOUNT.

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization		Employer identification number					
ADAMS COUNTY COMMUNITY FOUNDATION, INC.		26-1404848					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(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
-- ADAMS COUNTY HISTORICAL SOCIE -- 625 BIGLERVILLE ROAD -- GETTYSBURG, PA 17325	23-7258494		499,921.				SEE STATEMENT
-- ADAMS COUNTY LIBRARY SYSTEM -- 140 BALTIMORE STREET -- GETTYSBURG, PA 17325	23-1352002		134,368.				SEE STATEMENT
-- ADAMS COUNTY SPCA -- 11 GOLDEVILLE ROAD -- GETTYSBURG, PA 17325	23-2044352		63,400.				SEE STATEMENT
-- ADAMS RESCUE MISSION (ARM) -- 2515 YORK ROAD -- GETTYSBURG, PA 17325	23-1978755		131,394.				SEE STATEMENT
-- GETTYSBURG COMMUNITY THEATRE -- 49 YORK STREET -- GETTYSBURG, PA 17325	26-3739889		77,062.				SEE STATEMENT
-- PROJECT GETTYSBURG-LEON, INC. -- 300 N WASHINGTON ST., BOX 2456 -- GETTYSBURG, PA 17325	23-2525509		18,049.				GIVING SPREE GRANT
-- SHINING STARS THERAPEUTIC RID -- 3175 OLD HARRISBURG ROAD -- GETTYSBURG, PA 17325	11-3771828		297,008.				SEE STATEMENT
-- UNITED WAY OF ADAMS COUNTY -- PO BOX 3545 -- GETTYSBURG, PA 17325	23-1663379		47,634.				SEE STATEMENT
-- UPPER ADAMS SCHOOL DISTRICT -- 161 NORTH MAIN STREET -- BIGLERVILLE, PA 17307	23-1404723		1,222,354.				SEE STATEMENT
-- ADAMS REGIONAL EMERGENCY MEDI -- 13 NORTH BOLTON STREET -- NEW OXFORD, PA 17350	47-3549116		11,406.				SEE STATEMENT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization
ADAMS COUNTY COMMUNITY FOUNDATION, INC.
 Employer identification number
26-1404848

(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
GETTYSBURG C.A.R.E.S., INC. PO BOX 3814 GETTYSBURG, PA 17325	46-2294523		94,585.				SEE STATEMENT
GETTYSBURG CHAMBER ORCHESTRA 172 EARLY AVENUE GETTYSBURG, PA 17325	23-2956239		23,561.				GIVING SPREE GRANT
GETTYSBURG COLLEGE 300 NORTH WASHINGTON STREET GETTYSBURG, PA 17325	23-1352641		20,000.				SEE STATEMENT
HOLIDAY FAMILY OUTREACH, INC. PO BOX 4013 GETTYSBURG, PA 17325	71-0887507		34,195.				SEE STATEMENT
LAND CONSERVANCY OF ADAMS COUNTY PO BOX 4584 GETTYSBURG, PA 17325	23-2827874		133,904.				SEE STATEMENT
STRAWBERRY HILL FOUNDATION IN 1537 MOUNT HOPE ROAD FAIRFIELD, PA 17320	52-1489833		34,666.				GIVING SPREE GRANT
TOTEM POLE PLAYHOUSE 9555 GOLF COURSE ROAD FAYETTEVILLE, PA 17222	25-1718350		24,090.				SEE STATEMENT
ADAMS COUNTY OFFICE FOR AGING 318 WEST MIDDLE STREET GETTYSBURG, PA 17325	23-2010598		23,295.				SEE STATEMENT
GETTYSBURG AREA RECREATION AUTHORITY 545 LONG LANE, SUITE 1 GETTYSBURG, PA 17325	46-3440246		9,766.				GIVING SPREE GRANT
GETTYSBURG HOSPITAL FOUNDATION 455 S. WASHINGTON ST., STE 11 GETTYSBURG, PA 17325	23-2251358		22,822.				SEE STATEMENT

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.		Employer identification number 26-1404848
--	--	---

(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
<u>HISTORIC GETTYSBURG ADAMS COU</u> <u>PO BOX 4611</u> <u>GETTYSBURG, PA 17325</u>	23-1974727		16,299.				SEE STATEMENT
<u>MISSION OF MERCY</u> <u>22 SOUTH MARKET STREET #6D</u> <u>FREDERICK, MD 21701</u>	86-0704883		20,034.				GIVING SPREE GRANT
<u>RUTH'S HARVEST GETTYSBURG</u> <u>PO BOX 4771</u> <u>GETTYSBURG, PA 17325</u>	35-2540225		59,248.				SEE STATEMENT
<u>UNITED HOOK & LADDER COMPANY</u> <u>21 N. BOLTON STREET</u> <u>NEW OXFORD, PA 17350</u>	23-2550141		21,000.				COMMUNITY IMPACT GRANT
<u>ADAMS COUNTY CHILDREN'S ADVOC</u> <u>450 WEST MIDDLE STREET</u> <u>GETTYSBURG, PA 17325</u>	20-3372800		48,521.				SEE STATEMENT
<u>DWIGHT D. EISENHOWER SOCIETY</u> <u>PO BOX 4772</u> <u>GETTYSBURG, PA 17325</u>	23-7321872		26,410.				SEE STATEMENT
<u>NEW HOPE MINISTRIES</u> <u>99 W. CHURCH STREET</u> <u>DILLSBURG, PA 17019</u>	23-2223120		174,975.				SEE STATEMENT
<u>TENDER CARE PREGNANCY CENTERS</u> <u>1844 YORK ROAD</u> <u>GETTYSBURG, PA 17325</u>	23-2473531		13,329.				GIVING SPREE GRANT
<u>TRUENORTH WELLNESS SERVICES</u> <u>625 WEST ELM AVENUE</u> <u>HANOVER, PA 17331</u>	23-2007907		8,352.				SEE STATEMENT
<u>CANNER EDUCATIONAL FUNDS</u> <u>161 NORTH MAIN STREET</u> <u>BIGLERVILLE, PA 17307</u>	26-1404848		27,751.				GIVING SPREE GRANT

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 26-1404848
--	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)		(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(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
COLLABORATING FOR YOUTH/CENTE 233 WEST HIGH STREET GETTYSBURG, PA 17325	64-0952164		5,213.				GIVING SPREE GRANT
GETTYSBURG AREA DOLLARS FOR S PO BOX 4339 GETTYSBURG, PA 17325	46-4995210		30,044.				GIVING SPREE GRANT
GETTYSBURG GARDEN CLUB PO BOX 3041 GETTYSBURG, PA 17325	23-1317686		26,835.				SEE STATEMENT
HEALTHY ADAMS BICYCLE/ PEDEST 85 BITTERN DR GETTYSBURG, PA 17325	14-1951798		11,848.				GIVING SPREE GRANT
SPECIAL OLYMPICS TEAM ADAMS PO BOX 3188 GETTYSBURG, PA 17325	23-2078543		15,926.				GIVING SPREE GRANT
ST FRANCIS XAVIER CATHOLIC S 465 TABLEROCK ROAD GETTYSBURG, PA 17325	23-1494791		40,190.				SEE STATEMENT
UPPER ADAMS CHRISTIANS TOGETH PO BOX 593 ARENDSVILLE, PA 17303	47-5663262		25,258.				SEE STATEMENT
ADAMS COUNTY HABITAT FOR HUMA P.O. BOX 3561 GETTYSBURG, PA 17325	91-1914868		40,406.				SEE STATEMENT
COMMUNITY MEDIA OF SOUTH CENT 128 N. PETERS STREET NEW OXFORD, PA 17350	23-2511634		10,522.				SEE STATEMENT
FOREVER LOVE RESCUE 39 QUEEN STREET GETTYSBURG, PA 17325	46-2042251		48,933.				SEE STATEMENT

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization
ADAMS COUNTY COMMUNITY FOUNDATION, INC.
 Employer identification number
26-1404848

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
GETTYSBURG BRASS BAND FESTIVAL P.O. BOX 3491 GETTYSBURG, PA 17325	81-1214543		19,858.				GIVING SPREE GRANT
GETTYSBURG CIVIC CHORUS, INC. PO BOX 3784 GETTYSBURG, PA 17325	04-3606600		11,902.				SEE STATEMENT
GETTYSBURG GREEN GATHERING 3060 FAIRFIELD ROAD GETTYSBURG, PA 17325	46-2495869		14,199.				SEE STATEMENT
HOFFMAN HOMES, INC. 815 ORPHANAGE ROAD LITTLESTOWN, PA 17340	23-2732296		18,611.				SEE STATEMENT
INTERFAITH CENTER FOR PEACE A P.O. BOX 3134 GETTYSBURG, PA 17325	23-2386224		9,459.				GIVING SPREE GRANT
WALDO'S & COMPANY 17 LINCOLN SQ (BASEMENT) GETTYSBURG, PA 17325	47-4248819		39,834.				SEE STATEMENT
ADAMS CHRISTIAN PRISON MINIST PO BOX 4122 GETTYSBURG, PA 17325	82-2236003		21,655.				GIVING SPREE GRANT
ADAMS COUNTY CHRISTIAN ACADEM 1865 BIGLERVILLE ROAD GETTYSBURG, PA 17325	25-1501365		23,018.				GIVING SPREE GRANT
ADAMS COUNTY FARMERS MARKET PO BOX 3224 GETTYSBURG, PA 17325	26-2199758		69,682.				SEE STATEMENT
LINCOLN INTERMEDIATE UNIT 12 65 BILLERBECK STREET NEW OXFORD, PA 17350	23-1743636		6,681.				GIVING SPREE GRANT

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Continuation Sheet for Schedule I (Form 990)

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ADAMS COUNTY COMMUNITY FOUNDATION, INC.		26-1404848					
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(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
-- MUSIC, GETTYSBURG! AT UNITED -- -- 61 SEMINARY RIDGE -- GETTYSBURG, PA 17325	23-1365169		17,324.				GIVING SPREE GRANT
-- SALVATION ARMY -- GETTYSBURG S -- -- PO BOX 3572 -- GETTYSBURG, PA 17325	13-5562351		25,523.				SEE STATEMENT
-- SEMINARY RIDGE HISTORIC PRESE -- -- 61 SEMINARY RIDGE -- GETTYSBURG, PA 17325	23-3011270		18,678.				SEE STATEMENT
-- UPPER ADAMS FOOD PANTRY -- -- 99 N. MAIN STREET -- BIGLERVILLE, PA 17307	45-2250376		20,778.				GIVING SPREE GRANT
-- ST ALOYSIUS ROMAN CATHOLIC CH -- -- 29 S. QUEEN ST. -- LITTLESTOWN, PA 17340	23-1494791		12,922.				SEE STATEMENT
-- CHRISTIAN MOTORSPORTS INTERNA -- -- 1303 S. LONGMORE, STE 7 -- -- MESA, AZ 85202 --	95-3912415		8,352.				DONOR ADVISED/DESIGNATED FUND GRANT
-- GETTYSBURG PRIDE, INC -- -- 49 YORK STREET -- GETTYSBURG, PA 17325	83-4644876		9,553.				GIVING SPREE GRANT
-- ROOTS FOR BOOTS -- -- PO BOX 213 -- NEW OXFORD, PA 17350	81-2172094		19,118.				SEE STATEMENT
-- RUTH'S HARVEST -- LITTLESTOWN -- -- 121 KENSINGTON DRIVE -- LITTLESTOWN, PA 17340	47-5245302		20,751.				SEE STATEMENT
-- YWCA HANOVER SAFE HOME -- -- 23 W. CHESTNUT ST -- HANOVER, PA 17331	23-1352608		36,114.				SEE STATEMENT

Continuation Sheet for Schedule I (Form 990)

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ADAMS COUNTY COMMUNITY FOUNDATION, INC.		26-1404848					
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(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
THUNDERBOLT FOUNDATION 162 NEWARK ST LITTLESTOWN, PA 17340	82-5068066		25,391.				SEE STATEMENT
WATERSHED ALLIANCE OF ADAMS C PO BOX 4329 GETTYSBURG, PA 17325	31-1686482		11,574.				SEE STATEMENT
GETTYSBURG CHORAL SOCIETY, IN 13 LOOKOUT COURT GETTYSBURG, PA 17325	87-2655847		5,728.				GIVING SPREE GRANT
HANOVER ADAMS REHABILITATION 450 EAST GOLDEN LANE NEW OXFORD, PA 17350	23-1707483		35,151.				GIVING SPREE GRANT
LITTLESTOWN AREA HISTORICAL S 50 EAST KING STREET LITTLESTOWN, PA 17340	20-8603665		8,509.				SEE STATEMENT
SERVANTS, INC. 100 REDCO AVENUE, SUITE C-0 RED LION, PA 17356	23-3042387		7,907.				SEE STATEMENT
ST. PAUL'S LUTHERAN CHURCH 53 W. KING STREET LITTLESTOWN, PA 17340	23-2012157		7,711.				DONOR ADVISED/DESIGNATED FUND GRANT
VICKIE'S ANGEL FOUNDATION PO BOX 174 NEW CUMBERLAND, PA 17070	20-8755452		20,000.				DONOR ADVISED/DESIGNATED FUND GRANT
MIDPENN LEGAL SERVICES 213A NORTH FRONT STREET HARRISBURG, PA 17101	23-7101191		18,200.				AGENCY ENDOWMENT GRANT
ADAMS COUNTY CHILDREN'S EDUCA PO BOX 3757 GETTYSBURG, PA 17325	23-2208686		13,769.				SEE STATEMENT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.		Employer identification number 26-1404848
--	--	---

(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
ADAMS COUNTY TROUT UNLIMITED 601 HANOVER STREET NEW OXFORD, PA 17350	23-2222233		7,266.				GIVING SPREE GRANT
ALPHA FIRE COMPANY #1 40 E KING ST LITTLESTOWN, PA 17340	23-6298503		13,642.				SEE STATEMENT
LEG UP FARM, INC. 4880 NORTH SHERMAN STREET MOUNT WOLF, PA 17347	23-2931834		5,568.				DONOR ADVISED/DESIGNATED FUND GRANT
ST. JAMES LUTHERAN CHURCH PO BOX 4596 GETTYSBURG, PA 17325	23-1409685		10,537.				SEE STATEMENT
WORLD WAR II AMERICAN EXPERIENCE PO BOX 3062 GETTYSBURG, PA 17325	81-4859453		14,180.				GIVING SPREE GRANT
BERMUDIAN SPRINGS SCHOOL DIST 7335 CARLISLE PIKE YORK SPRINGS, PA 17372	23-1976498		125,077.				DONOR ADVISED/DESIGNATED FUND GRANT
EVERGREEN CEMETERY ASSOCIATION 799 BALTIMORE STREET GETTYSBURG, PA 17325	23-0564787		47,526.				DONOR ADVISED/DESIGNATED FUND GRANT
FIND TOBY IN PA PO BOX 53 NEW CUMBERLAND, PA 17070	47-4836270		6,189.				GIVING SPREE GRANT
LOMAS CENTER MUSEUM 50 MAYOR ALLEY GETTYSBURG, PA 17325	85-3879534		6,497.				GIVING SPREE GRANT
NATIONAL RIDING STABLES 815 TANEYTOWN ROAD GETTYSBURG, PA 17325	83-0980823		10,966.				GIVING SPREE GRANT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization		Employer identification number					
ADAMS COUNTY COMMUNITY FOUNDATION, INC.		26-1404848					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(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
THADDEUS STEVENS SOCIETY 46 CHAMBERSBURG STREET GETTYSBURG, PA 17325	23-3046970		6,328.				SEE STATEMENT
VISITING NURSE ASSOC. HANOVER 440 N. MADISON STREET HANOVER, PA 17331	23-2347658		5,476.				GIVING SPREE GRANT
YORK SPRINGS FIRE CO. NO. 1 PO BOX 315 YORK SPRINGS, PA 17372	23-1985896		20,000.				DONOR ADVISED/DESIGNATED FUND GRANT
4-H CLUBS OF ADAMS COUNTY, IN 670 OLD HARRISBURG ROAD, SUIT GETTYSBURG, PA 17325	23-7168410		6,911.				SEE STATEMENT
BOY SCOUT TROOP 107 26 N. 3RD STREET MCHERRYSTOWN, PA 17344	23-1365194		5,233.				DONOR ADVISED/DESIGNATED FUND GRANT
GETTYSBURG FILM COMMISSION PO BOX 3742 GETTYSBURG, PA 17325	99-2561224		9,010.				GIVING SPREE GRANT
GETTYSBURG NATURE ALLIANCE 297 STEINWEHR AVENUE GETTYSBURG, PA 17325	82-1529196		12,230.				GIVING SPREE GRANT
HANOVER AREA YMCA 500 GEORGE STREET HANOVER, PA 17331	23-7172265		26,000.				DONOR ADVISED/DESIGNATED FUND GRANT
HANOVER AREA YMCA/GETTYSBURG 909 FAIRFIELD ROAD GETTYSBURG, PA 17325	23-7172265		66,970.				SEE STATEMENT
INNOVATE ADAMS 1300 PROLINE PLACE GETTYSBURG, PA 17325	99-4419902		12,600.				DONOR ADVISED/DESIGNATED FUND GRANT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization
ADAMS COUNTY COMMUNITY FOUNDATION, INC.
 Employer identification number
26-1404848

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(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
LINCOLN CEMETERY PROJECT ASSO 2170 BIGLERVILLE ROAD GETTYSBURG, PA 17325	23-3004288		46,083.				SEE STATEMENT
LINCOLN FELLOWSHIP OF PENNSYL PO BOX 3372 GETTYSBURG, PA 17325	46-1212526		7,018.				GIVING SPREE GRANT
LUTHERAN CAMPING CORP OF CENT PO BOX 459 ARENDSVILLE, PA 17303	23-2025493		6,937.				GIVING SPREE GRANT
NEIGHBORHOOD EMERGENCY AID RE PO BOX 4193 GETTYSBURG, PA 17325	88-4077323		10,979.				GIVING SPREE GRANT
THE ARC OF YORK & ADAMS COUNT 14 DEATRICK DRIVE GETTYSBURG, PA 17325	23-2799907		8,235.				GIVING SPREE GRANT
VIDA CHARTER SCHOOL 120 E. BROADWAY GETTYSBURG, PA 17325	74-3226244		7,434.				SEE STATEMENT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

2025

Attach to Form 990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization ADAMS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 26-1404848
--	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	21	289,533.	FAIR MARKET
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PRECIOUS METALS)	X	1	287,957.	APPRAISAL
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29
---	----

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

26-1404848

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EXPENSES	INCLUDING GRANTS	REVENUE
199,485.	199,485.	
SCHOLARSHIP AWARDS SUPPORT EDUCATIONAL OPPORTUNITIES FOR STUDENTS.		

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 PREPARED BY THE ACCOUNTING FIRM IS REVIEWED BY THE CEO AND THE AUDIT COMMITTEE. A FINAL COPY OF THE 990 WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR ITS REVIEW AND ACCEPTANCE AT A BOARD MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OFFICER, DIRECTORS DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE COMMUNITY FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES A REVIEW BY THE INVESTMENT AND FINANCE COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS, USING COMPARATIVE DATA FROM THE COUNCIL ON FOUNDATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE 990, FINANCIAL STATEMENT, 1023 AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE TO THE PUBLIC AT THE COMMUNITY FOUNDATION'S OFFICE.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY.....	\$ 1,093.
TOTAL	<u>\$ 1,093.</u>

**Depreciation and Amortization
(Including Information on Listed Property)**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

Identifying number

26-1404848

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	9,487.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h 50-year property			50 yrs	MM	S/L	
i Residential rental property			27.5 yrs	MM	S/L	
j Nonresidential real property			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	
e 50-year			50 yrs	MM	S/L	

Part IV Summary (See instructions.)	
21 Listed property. Enter amount from line 28.....	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions.....	22 9,487.
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f). .	23a
b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f).....	23b

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?..... **Yes** **No**

b If "Yes," is the evidence written?..... **Yes** **No**

c Do you own, lease, or charter an aircraft? Check all that apply. See instructions..... **Own** **Lease** **Charter**

	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.....							25	
26	Property used more than 50% in a qualified business use:								
27	Property used 50% or less in a qualified business use:								
28	Add amounts in column (h), lines 25 through 27. Enter here and on line 21.....							28	
29	Add amounts in column (i), line 26. Enter here and on line 7.....								29

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles).....												
31 Total commuting miles driven during the year.....												
32 Total other personal (noncommuting) miles driven.....												
33 Total miles driven during the year. Add lines 30 through 32.....												
34 Was the vehicle available for personal use during off-duty hours?.....												
35 Was the vehicle used primarily by a more than 5% owner or related person?.....												
36 Is another vehicle available for personal use?.....												

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) *(continued)*

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
39 Do you treat all use of vehicles by employees as personal use?.....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.....		
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2025 tax year (see instructions):					
43 Amortization of costs that began before your 2025 tax year.....				43	
44 Total. Add amounts in column (f). See the instructions for where to report.....				44	

CLIENT 0084

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
GETTYSBURG COMMUNITY SOUP KIT

GIVING SPREE GRANT.....	\$	78,822.
AGENCY ENDOWMENT GRANT.....		1,070.
DONOR ADVISED/DESIGNATED FUND GRANT.....		2,330.
TOTAL	\$	<u>82,222.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
SOUTH CENTRAL COMMUNITY ACTIO

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	157,030.
GIVING SPREE GRANT.....		146,671.
AGENCY ENDOWMENT GRANT.....		8,660.
TOTAL	\$	<u>312,361.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY ARTS COUNCIL

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	19,920.
GIVING SPREE GRANT.....		30,854.
AGENCY ENDOWMENT GRANT.....		2,270.
TOTAL	\$	<u>53,044.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
MAIN STREET GETTYSBURG, INC.

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	10,200.
GIVING SPREE GRANT.....		22,181.
TOTAL	\$	<u>32,381.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY HISTORICAL SOCIE

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	22,225.
GIVING SPREE GRANT.....		475,316.
AGENCY ENDOWMENT GRANT.....		2,380.
TOTAL	\$	<u>499,921.</u>

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ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY LIBRARY SYSTEM

GIVING SPREE GRANT.....	\$	100,268.
DONOR ADVISED/DESIGNATED FUND GRANT.....		31,060.
AGENCY ENDOWMENT GRANT.....		3,040.
TOTAL	\$	<u>134,368.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY SPCA

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	2,920.
GIVING SPREE GRANT.....		60,480.
AGENCY ENDOWMENT GRANT.....		0.
TOTAL	\$	<u>63,400.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS RESCUE MISSION (ARM)

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	14,000.
GIVING SPREE GRANT.....		117,394.
TOTAL	\$	<u>131,394.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
GETTYSBURG COMMUNITY THEATRE

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	8,680.
GIVING SPREE GRANT.....		68,382.
TOTAL	\$	<u>77,062.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
SHINING STARS THERAPEUTIC RID

GIVING SPREE GRANT.....	\$	297,008.
TOTAL	\$	<u>297,008.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
UNITED WAY OF ADAMS COUNTY

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	10,025.
GIVING SPREE GRANT.....		35,109.
AGENCY ENDOWMENT GRANT.....		2,500.
TOTAL	\$	<u>47,634.</u>

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ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
UPPER ADAMS SCHOOL DISTRICT

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	1,218,994.
AGENCY ENDOWMENT GRANT.....		3,360.
TOTAL	\$	<u>1,222,354.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
YWCA OF GETTYSBURG AND ADAMS

GIVING SPREE GRANT.....	\$	0.
DONOR ADVISED/DESIGNATED FUND GRANT.....		0.
AGENCY ENDOWMENT GRANT.....		0.
TOTAL	\$	<u>0.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS REGIONAL EMERGENCY MEDI

GIVING SPREE GRANT.....	\$	10,946.
DONOR ADVISED/DESIGNATED FUND GRANT.....		460.
TOTAL	\$	<u>11,406.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
CHILDREN'S AID SOCIETY

GIVING SPREE GRANT.....	\$	0.
COMPETITIVE GRANT.....		0.
TOTAL	\$	<u>0.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
GETTYSBURG C.A.R.E.S., INC.

GIVING SPREE GRANT.....	\$	92,585.
DONOR ADVISED/DESIGNATED FUND GRANT.....		2,000.
TOTAL	\$	<u>94,585.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
HOLIDAY FAMILY OUTREACH, INC.

GIVING SPREE GRANT.....	\$	33,945.
DONOR ADVISED/DESIGNATED FUND GRANT.....		250.
TOTAL	\$	<u>34,195.</u>

CLIENT 0084

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
LAND CONSERVANCY OF ADAMS COU

GIVING SPREE GRANT.....	\$	133,154.
DONOR ADVISED/DESIGNATED FUND GRANT.....		750.
TOTAL	\$	<u>133,904.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
TOTEM POLE PLAYHOUSE

GIVING SPREE GRANT.....	\$	24,090.
TOTAL	\$	<u>24,090.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY OFFICE FOR AGING

GIVING SPREE GRANT.....	\$	23,295.
TOTAL	\$	<u>23,295.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
GETTYSBURG HOSPITAL FOUNDATIO

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	1,266.
GIVING SPREE GRANT.....		21,556.
TOTAL	\$	<u>22,822.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
HISTORIC GETTYSBURG ADAMS COU

GIVING SPREE GRANT.....	\$	15,579.
DONOR ADVISED/DESIGNATED FUND GRANT.....		720.
TOTAL	\$	<u>16,299.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
RUTH'S HARVEST GETTYSBURG

GIVING SPREE GRANT.....	\$	50,748.
DONOR ADVISED/DESIGNATED FUND GRANT.....		8,500.
TOTAL	\$	<u>59,248.</u>

CLIENT 0084

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY CHILDREN'S ADVOC

GIVING SPREE GRANT.....	\$	42,271.
COMPETITIVE GRANT.....		0.
DONOR ADVISED/DESIGNATED FUND GRANT.....		6,250.
TOTAL	\$	<u>48,521.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
DWIGHT D. EISENHOWER SOCIETY

GIVING SPREE GRANT.....	\$	23,110.
AGENCY ENDOWMENT GRANT.....		3,300.
TOTAL	\$	<u>26,410.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
NEW HOPE MINISTRIES

GIVING SPREE GRANT.....	\$	24,725.
DONOR ADVISED/DESIGNATED FUND GRANT.....		150,250.
TOTAL	\$	<u>174,975.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
TRUENORTH WELLNESS SERVICES

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	8,352.
TOTAL	\$	<u>8,352.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
GETTYSBURG GARDEN CLUB

GIVING SPREE GRANT.....	\$	26,835.
TOTAL	\$	<u>26,835.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ST. FRANCIS XAVIER CATHOLIC S

GIVING SPREE GRANT.....	\$	40,190.
TOTAL	\$	<u>40,190.</u>

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ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
UPPER ADAMS CHRISTIANS TOGETH

GIVING SPREE GRANT.....	\$	20,258.
DONOR ADVISED/DESIGNATED FUND GRANT.....		5,000.
TOTAL	\$	<u>25,258.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY HABITAT FOR HUMA

GIVING SPREE GRANT.....	\$	29,406.
DONOR ADVISED/DESIGNATED FUND GRANT.....		11,000.
TOTAL	\$	<u>40,406.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
FOREVER LOVE RESCUE

GIVING SPREE GRANT.....	\$	46,333.
DONOR ADVISED/DESIGNATED FUND GRANT.....		2,600.
TOTAL	\$	<u>48,933.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
GETTYSBURG CIVIC CHORUS, INC.

GIVING SPREE GRANT.....	\$	11,902.
TOTAL	\$	<u>11,902.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
GETTYSBURG GREEN GATHERING

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	5,000.
GIVING SPREE GRANT.....		9,199.
TOTAL	\$	<u>14,199.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
WALDO'S & COMPANY

GIVING SPREE GRANT.....	\$	34,834.
DONOR ADVISED/DESIGNATED FUND GRANT.....		5,000.
TOTAL	\$	<u>39,834.</u>

CLIENT 0084

ADAMS COUNTY COMMUNITY FOUNDATION, INC.

26-1404848

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY FARMERS MARKET

GIVING SPREE GRANT.....	\$	41,932.
DONOR ADVISED/DESIGNATED FUND GRANT.....		27,750.
TOTAL	\$	<u>69,682.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
SALVATION ARMY - GETTYSBURG S

GIVING SPREE GRANT.....	\$	25,523.
TOTAL	\$	<u>25,523.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
SEMINARY RIDGE HISTORIC PRESE

GIVING SPREE GRANT.....	\$	18,678.
TOTAL	\$	<u>18,678.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ST ALOYSIUS ROMAN CATHOLIC CH

DONOR ADVISED/DESIGNATED FUND GRANT.....	\$	12,922.
TOTAL	\$	<u>12,922.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ROOTS FOR BOOTS

GIVING SPREE GRANT.....	\$	19,118.
DONOR ADVISED/DESIGNATED FUND GRANT.....		0.
TOTAL	\$	<u>19,118.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
RUTH'S HARVEST - LITTLESTOWN

GIVING SPREE GRANT.....	\$	9,501.
DONOR ADVISED/DESIGNATED FUND GRANT.....		11,250.
TOTAL	\$	<u>20,751.</u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
YWCA HANOVER SAFE HOME

GIVING SPREE GRANT.....	\$	33,344.
DONOR ADVISED/DESIGNATED FUND GRANT.....		<u>2,770.</u>
TOTAL	\$	<u><u>36,114.</u></u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
ADAMS COUNTY TECHNICAL INSTIT

COMPETITIVE GRANT.....	\$	0.
DONOR ADVISED/DESIGNATED FUND GRANT.....		<u>0.</u>
TOTAL	\$	<u><u>0.</u></u>

GRANTS AND ALLOCATIONS BUS (990, SCH I)
AMOUNT OF CASH GRANT
LITTLESTOWN AREA HISTORICAL S

GIVING SPREE GRANT.....	\$	7,509.
DONOR ADVISED/DESIGNATED FUND GRANT.....		<u>1,000.</u>
TOTAL	\$	<u><u>8,509.</u></u>