orm 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For th	е 2016 с	alendar year, or tax year beginning	, and ending						
В	Check if a	applicable:	C Name of organization				D Employe	er identific	ation number	r
	Address o	change		rica Network						
	Name cha	ange	Doing business as				34-1			
	Initial retu	ırn	Number and street (or P.O. box if mail is not deliver 3100 W Central Avenue,	•	R	oom/suite	£ Telephor 4 1 9 -		5100	
:	Final retur		City or town, state or province, country, and ZIP or							
	terminated	đ	Toledo	ОН 43606			G Gross rec	eiots\$	60!	5,622
	Amended	return	F Name and address of principal officer:							
	Applicatio	on pending	Wendy Spoerl			H(a) Is this a grou	p return for s	ubordinates	s? Yes	X No
			3100 W Central Ave	nue, Suite 225		H(b) Are all subo	rdinates incl	uded?	Yes	No
			Toledo	OH 43606	****	if "No," a	attach a list.	(see instru	actions)	
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or	527					
J	Website	: • W	ww.adoptamericanetwo	rk.org		H(c) Group exem	ption numbe	er 🕨		
ĸ	Form of o	organization:	X Corporation Trust Association	Other ▶	L Year	of formation: 15	983	M State	of legal domici	ile: OH
P	art I	Su	mmary							
	1 E	Briefly de	scribe the organization's mission or most	significant activities:						
99		Plac	ement of children from U	S. foster care into	o adoptiv	e homes.				
auc										
Governance										
Š	2 (Check thi	s box 🕨 🧾 if the organization discontinu	ued its operations or disposed of n	nore than 25%	of its net asse	ets.			
<u>ن</u> مح	3 1	Number o	of voting members of the governing body	(Part VI, line 1a)			3	17		
	4 1	Number d	of independent voting members of the government	erning body (Part VI, line 1b)				17		
Activities	5 1	Total num	nber of individuals employed in calendar y	ear 2016 (Part V, line 2a)				12		
Act	6 7	Total num	nber of volunteers (estimate if necessary)				6	14		
-	7a 7	Total unre	elated business revenue from Part VIII, co			7a			0	
	bN	Net unrela	ated business taxable income from Form	990-T, line 34			7b		5	0
					 	Prior Year	,221		Current Year	,634
ē	1		ons and grants (Part VIII, line 1h)				,843			,760
Revenue	1	9 Program service revenue (Part VIII, line 2g)							31	20
Şe.	1		nt income (Part VIII, column (A), lines 3,			20	59 ,788		36	,374
			enue (Part VIII, column (A), lines 5, 6d, 8		· · · · · · · · · · · · · · · · · · ·		,911			,788
			enue - add lines 8 through 11 (must equa				,,,,,			0
			d similar amounts paid (Part IX, column					0		
			oaid to or for members (Part IX, column (other compensation, employee benefits (362	,232		402	,789
Expenses	Į.				,			0		
eu			nal fundraising fees (Part IX, column (A), Iraising expenses (Part IX, column (D), lii		3					
X			raising expenses (Part IX, column (D), henses (Part IX, column (A), lines 11a–11	*		169	,251	*************	162	,459
_	1		enses. Add lines 13~17 (must equal Part				,483			,248
	1	-	less expenses. Subtract line 18 from line				,428			,540
e c	13 '	Veneure	1633 Expenses. Odditact line 10 tto. The line		Ве	ginning of Curre			End of Year	
Net Assets or Fund Balances	20 1	Total asse	ets (Part X, line 16)				,217			<u>,610</u>
Ass	21 7		lities (Part X, line 26)				,876			<u>,729</u>
Fun	22 1	Vet asset	s or fund balances. Subtract line 21 from	line 20		15	<u>,341</u>		23	,881
P	art II		nature Block							
U	nder per	nalties of p	perjury, I declare that I have examined this retu	rn, including accompanying schedules	s and statements,	and to the bes	it of my kn	owledge	and belief, i	t is
tru	ue, corre	ect, and co	implete. Declaration of preparer (other than of	licer) is based on all information of whi	ich preparer nas	any knowledge				
		b -				······································	Date			
Sig	gn	Si	gnature of officer				Date			
He	re	_	Wendy Spoerl		Preside	11.0				
		<u> </u>	pe or print name and title	Preparer's signature		Date	Check	is	PTIN	
Pai	ч	1	preparer's name	1			17 self-em	_ □ "	P0072862	28
	u parer		L. Stuckey, CPA ne	Tyson L. Stuckey, CPA Associates, Inc			m's EIN ▶		-1769	
	only	Firm's nar		., Suite 2000	-					
	,	Figure	Da Elaman OII	43512-2172		Ph	one no.	419	-782-	2000
May	v the IR	Firm's add	s this return with the preparer shown abo						X Yes	No

4c (Code:) (Expenses \$ 4d Other program services (Describe i (Expenses \$	including grant in Schedule O.) including grants of \$ 512,358	s of \$) (Revenue) (Revenue \$	\$
		s of \$) (Revenue	\$
4c (Code:) (Expenses \$	including grant	s of \$) (Revenue	\$
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)/F	including great	s of \$) (Revenue	\$
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Code:) (Expenses \$	including grant	s of \$) (Revenue	\$
adopting families,	and registered 519	new children.	
a (Code:)(Expenses \$ The organization pl homes.conducted 55	512,358 including grant laced 71 children fr home studies, recru	s of \$\) (Revenue om U.S. foster care int ited 27 new families as	to adoptive
the total expenses, and revenue, if	any, for each program service reported.		
expenses. Section 501(c)(3) and 50)1(c)(4) organizations are required to rep	ort the amount of grants and allocations to oth	ers,
		s three largest program services, as measured	d by
If "Yes," describe these changes on	1 Schedule O.		
services?	mg, or make significant changes in now	(Conducto, Lity program	Yes X N
	ting, or make significant changes in how	it conducts, any program	
prior Form 990 or 990-EZ? If "Yes," describe these new service	oo on Schodula O		[] Tes [AL] N
-	significant program services during the y	year which were not listed on the	Yes X N
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ren from U.S. foster	care into adoptive hor	mes.
	HISSIOH.		
Briefly describe the organization's n		arry line are and are are	
Check if Schedule C Briefly describe the organization's n	contains a response or note to a		
Check if Schedule C Briefly describe the organization's n	ram Service Accomplishments) contains a response or note to a		Page

Part IV Checklist of Required Schedules

	ALLEGATION OF REQUIRED SCHEDULES		Tv	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	· · · · · · · · · · · · · · · · · · ·		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	····· '		
o	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ļ		
		6		x
-7	"Yes," complete Schedule D, Part I			-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	· · · · · · · · · · · · · · · · · · ·		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
	complete Schedule D, Part III			<u> </u>
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	9		х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	<u>9</u>		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		A
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.	08188563		039498
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44	x	
	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	44-		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.1	I	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.5
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		4.	
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			***
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			7,5
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			71
	If "Yes," complete Schedule G, Part III	19	m 990	<u> </u>

Form 990 (2016) Adopt America Network Part IV: Checklist of Required Schedules (continued)

20-			Yes No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
	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		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		.
240	employees? If "Yes," complete Schedule J	23	X
44a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ł
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	.	
.	through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		İ
	to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1
	If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		
	Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
	conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	Î Î	
	Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		
	complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		
	or IV, and Part V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		
	Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		
		38	x

Form 990 (2016)

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 Νo Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d If "Yes," indicate the number of Forms 8282 filed during the year d 7е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 11a Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

34-1396924 Page 6 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 in 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 No 1a Enter the number of voting members of the governing body at the end of the tax year 17 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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 17 1b 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a х X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X q the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Х 14 Did the organization have a written document retention and destruction policy? 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 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Own website Another's website Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: > 3100 W. Central, Suite 225 Ben Bodi

419-726-5100

OH 43606

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Form 990 (2016)

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 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(B) (C) (D) (E)								(F)
Name and Title	Average hours per week			check		than c		Reportable compensation from	Reportable compensation from related	Estimated amount of
	(list any					ector/trustee) the organizations		other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Barbara Machin		1				-				
(i) Barbara Macilin	1.00									
Chair	0.00	X		х				o	0	0
(2) Nick Cherry	0.00	122	ļ		-				<u></u>	
(2) The one officery	1.00				ĺ					
Vice Chair	0.00	X		x				0	0	0
(3) Kevin Hofmann										<u> </u>
(0,212 1 22 20 20 20 20 20 20 20 20 20 20 20 20	1.00									
Secretary	0.00	X		Х			ĺ	o	0.	0
(4) Bill McGinnis										
, ,	1.00									
Treasurer	0.00	x		Х				0	0	0
(5) Mark Karchner										
a .	1.00									
Past Chair	0.00	X		X				o	0	0
(6) Matthew Armstron	g									
	1.00						ĺ			
Board Member	0.00	X]				0	0	0
(7)David Bruhl										
	1.00		Ì			'		_	_ [_
Board Member	0.00	X						0	0	<u>0</u>
(8)Bruce Davis										
	1.00									•
Board Member	0.00	X						0	0	0
(9) Beverly Didham								İ		
	1.00	7.						ام		0
Board Member	0.00	Х						0	0	<u> </u>
(10) Tony Geftos	1.00									
Board Member	0.00	x						o	o	0
(11) Sharon Gillespie		- 22								<u> </u>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
Board Member	0.00	x						ol	o	0

Part VII Section A. Officers	i, Directors, Iru	stee	s, K	ey E	mpi	oyee	s, a	ind Highest Compensated	Employees (continuea)	
(A) Name and title	(B) Average hours per week (list any	bo of	x, unio ficer a	Pos check ess pe	erson	than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Gary LaRoche	1.00									
Board Member	0.00	х						0	0	0
(13) Brendon Polla	1									
Board Member	1.00	x						0	o	0
(14) Philip Rudolp	h									
Board Member	1.00	x						o	0	0
(15) John Schinhar		^	 					<u> </u>	<u> </u>	
	1.00									0
Board Member (16) Dan Silvers	0.00	X	 -					0	0	<u> </u>
(10) Dan Dilverb	1.00								_	
Board Member	0.00	X		<u> </u>				0	0	0
(17) Becky William	ns 1.00							The second secon		
Board Member	0.00	X			_			0	0	0
(18) Wendy Spoerl	40.00									
President	0.00			х				·	0	0
1b Sub-total							>	١.		
c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII, S	secti	ion A	.			>			
Total number of individuals (in reportable compensation from	cluding but not I the organization	mite ►	d to 0	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes No
3 Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, l	(ey e	mpl	oyee, or highest compensa	ited	3 X
employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	e 1a. is the sum	of re	port	able	com	pens	atio	n and other compensation complete Schedule J for suc	from the ch	4 X
5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue (comp	ens	ation	fron	n an	y unrelated organization or for such person	individual	5 X
Section B. Independent Contracto	ors					<u> </u>				
Complete this table for your five compensation from the organians.	ve highest comp ization. Report co	ensa omp	ited i ensa	nder tion	oend for t	lent o	onti	dar year ending with or with	in the organization's tax ye	ear.
	(A) business address			,				Descrip	(B) tion of services	(C) Compensation
							ļ			
							+	······································		
				<u>"</u>		- 4 -	<u></u>			
2 Total number of independent received more than \$100,000	contractors (incli of compensation	uding 1 fro	g but	not e org	ıımıt Janiz	ed to	ŧno ▶	se listed above) who	0	Form 990 (2018)
B.4.4										Form 33U (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) Total revenue Unrelated business excluded from tax exempt function under sections revenue 512-514 Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts 15,554 1a Federated campaigns 1a 1b b Membership dues 68,802 1c c Fundraising events 3,235 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 352,043 1f g Noncash contributions included in lines 1a-1f: 439,634 h Total. Add lines 1a-1f Busn. Code 40,940 40,940 Contracted Program Rev 2a 37,111 37,111 b State Adoption Revenues 19,709 19,709 Counseling/Social Work f All other program service revenue 97,760 Total. Add lines 2a-2f Investment income (including dividends, interest, 20 20 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (ii) Personal (i) Real 6a Gross rents b Less: rental exps Rental inc. or (loss) > Net rental income or (loss) Gross amount from (ii) Other (i) Securities sales of assets other than inventor b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue 68,802 (not including \$ of contributions reported on line 1c). 67,350 See Part IV, line 18 31,834 b b Less: direct expenses 35,516 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 858 858 11a b All other revenue 858 Total. Add lines 11a-11d 20

98,618

573,788

Total revenue. See instructions

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 (D) (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 12,300 16,400 82,000 53,300 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,711 1,750 266,808 282,269 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 290 6,605 621 7,516 Other employee benefits 1,195 27,246 2,563 31,004 10 Payroll taxes Fees for services (non-employees): a Management Legal 13,810 13,810 Accounting ¢ Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 Office expenses 14 Information technology 15 Royalties 423 635 20,115 21,173 Occupancy 16 7,909 7,909 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 442 442 Conferences, conventions, and meetings 19 6,296 6,296 20 21 Payments to affiliates 2,740 2,740 Depreciation, depletion, and amortization 22 1,016 254 12,697 11,427 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 65,843 65,843 Homestudy Expense 399 7,572 7,971 Repairs and Maintenance 5,282 5,282 Dues and Subscriptions 534 3,489 82 4,105 Printing and Publications 277 440 13,474 14,191 e All other expenses 35,867 17,023 512,358 565,248 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) Form 990 (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 17,676 2,640 1 Cash--non-interest bearing 2 Savings and temporary cash investments 120,050 123,118 3 Pledges and grants receivable, net 3 15,611 5,072 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 1,866 2,086 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 91,583 other basis. Complete Part VI of Schedule D 10a 4,947 6,552 86,636 10c 10b b Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 20,999 20,210 15 Other assets. See Part IV, line 11 15 170,217 170,610 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 8,264 9,292 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 117,500 123,500 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 20,965 22,084 of Schedule D 146,729 154,876 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -94,179 -113,006 27 Unrestricted net assets 118,060 128,347 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 23,881

15,341

170,217

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

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 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3	573,788 565,248 8,540 15,341
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3	565,248 8,540
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3	565,248 8,540
2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3	8,540
	15,341
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
5 Net unrealized gains (losses) on investments 5	
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 in Schedule O)	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
33, column (B))	23,881
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: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in	
Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
reviewed on a separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	2b X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
separate basis, consolidated basis, or both:	
X Separate basis Consolidated basis 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?	2c X
If the organization changed either its oversight process or selection process during the tax year, explain in	
Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	krossososososososos ar e. seres.
the Single Audit Act and OMB Circular A-133?	3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Adopt America Network

Employer identification number 34-1396924

ota	1							
(E)								
(D)								
(C)								
						 		
(B)			L		 			
(A)				Called Agents Ag				
					Yes	No		
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				he supported organization(s).		·····		T
	f		lly integrated, or Type III no nber of supported organizat	n-functionally integrated suppor ions	ang orgar	nzauvn.		
	е	Check th	is box if the organization red	ceived a written determination fr	om the IR	S that it is		
				e organization generally must s must complete Part IV, Sectio				ess
	d	Type III r	non-functionally integrate	d. A supporting organization op	erated in c	connection	with its supported organization	on(s)
	С	Type III f its suppo	unctionally integrated. A street organization(s) (see ins	supporting organization operate structions). You must complete	d in conne Part IV,	ection with, Sections A	and functionally integrated w A, D, and E.	/ItΩ,
		organizat	ion(s). You must complete	Part IV, Sections A and C.				
	b	Type II. A	A supporting organization so	upervised or controlled in conne rting organization vested in the	ction with same pers	its support	ed organization(s), by having ontrol or manage the support	l led
		supportin	g organization. You must o	complete Part IV, Sections A a	ınd B.			
	а			erated, supervised, or controlle- wer to regularly appoint or elect				ing
		Check the bo	x in lines 12a through 12d t	hat describes the type of suppo	rting orga	nization an	d complete lines 12e, 12f, an	d 12g.
12	li	•	• .	exclusively for the benefit of, to zations described in section 50	•			
11	(martin)	An organizati	ion organized and operated	exclusively to test for public sat	ety. See s	section 509	9(a)(4).	
				nd unrelated business taxable i 30, 1975. See <mark>section 509(a)(2</mark>)				
	<u>J</u>	receipts from	activities related to its exer	mpt functions—subject to certai	n exceptio	ns, and (2)	no more than 33 1/3% of its	
10		university:	ion that normally receives:	1) more than 33 1/3% of its sup	nort from	contribution	ns membershin fees and gr	
J	<u></u>			of agriculture (see instructions).				, 3 ~
8 9	H	•		170(b)(1)(A)(vi). (Complete Par scribed in section 170(b)(1)(A) (•	ed in confu	inction with a land-grant colle	ege.
	577	described in	section 170(b)(1)(A)(vi). (0	Complete Part II.)	•			
6 7	X		•	governmental unit described in a substantial part of its support fi				c
c	7		(b)(1)(A)(iv). (Complete Par	•		70/21/41/41	(. A)	
5		•		of a college or university owner	or operat	ted by a go	vernmental unit described in	
4		city, and stat	· · · · · · · · · · · · · · · · · · ·	su ai conjunction with a nospital	Geschiner	i ili secuor	Tryph Mwhii, Eilei (ie i	nospitai s Hairie,
3 4	1			rice organization described in se ed in conjunction with a hospital				hosnital's name
2				(A)(ii). (Attach Schedule E (For			***	
1		A church, co	nvention of churches, or as	sociation of churches described	l in sectio	n 170(b)(1)(A)(i).	
				se it is. (For lines 1 tillough 12,	0.,000.	,,	,	

Schedule A (Form 990 or 990-EZ) 2016 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.)

Sect	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	457,081	411,278	454,715	433,221	439,634	2,195,929
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	457,081	411,278	454,715	433,221	439,634	2,195,929
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)						42,170
6	Public support. Subtract line 5 from line 4.						2,153,759
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	457,081	411,278	454,715	433,221	439,634	2,195,929
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39	28	55	59	20	201
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						2 406 120
11	Total support. Add lines 7 through 10						2,196,130
12	Gross receipts from related activities, etc.	(see instructions)				12	165,968
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax ye:	ar as a section 501	(c)(3)	▶ [
	organization, check this box and stop her	'e	<u> </u>			<u> </u>	
Sec	tion C. Computation of Public S	upport Percent	tage			14	98.07%
14	Public support percentage for 2016 (line 6	s, column (f) divided	d by line 11, colum	n (f))		15	97.06%
15	Public support percentage from 2015 Sch	edule A, Part II, lin	e 14	40 line 14 in 1		Luinell	
16a	33 1/3% support test—2016. If the organ	ization did not che	ck the box on line	13, and line 14 is			▶ [X
	box and stop here. The organization qua	lifies as a publicly s	upported organiza	HIOTI	15 ie 33 1/3% or m	ore check	Lu-
b	33 1/3% support test—2015. If the organ	nization did not che	ck a pox on line 13	nization			▶ [
	this box and stop here. The organization	qualifies as a publi	ion did not check a	hov on line 13 1	Sa or 16b and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	16. If the organizati	roumetances" test	check this hox at	nd stop here. Expi	ain in	
	Part VI how the organization meets the "f	acts-and-circumsta	nces" test. The or	ganization qualifie	s as a publicly sup	ported	▶ [
b	organization 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization methods in Part VI how the organization methods.	15. If the organizate meets the "facts-and eets the "facts-and	ion did not check a and-circumstances -circumstances" te	a box on line 13, 1 s" test, check this l est. The organizati	oox and stop here on qualifies as a p	ublicly	>
18	supported organization Private foundation. If the organization d instructions	id not check a box	on line 13, 16a, 16	8b, 17a, or 17b, ch	eck this box and s	ee	> [

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sec	tion A. Public Support				•			
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(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							Water 1
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				:			
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support	1	I	· · · · · · · · · · · · · · · · · · ·	1,0045	(-) 204C		(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							untin
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.) First five years. If the Form 990 is for the	organization's firs	t second third fo	urth or fifth tax ve	ar as a section 501	(c)(3)		
14	organization, check this box and stop her							<u> </u>
Sec	tion C. Computation of Public S		tage					
15	Public support percentage for 2016 (line 8			nn (f))			15	%_
16	Public support percentage from 2015 Sch	edule A, Part III, li	ne 15				16	<u>%</u>
Sec	tion D. Computation of Investme	ent Income Pe	rcentage	····			4-1	0/
17	Investment income percentage for 2016 (17	<u>%</u> %
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			ا المحالات	18	70
19a	33 1/3% support tests—2016. If the orga	anization did not ch	eck the box on line	e 14, and line 15 is	s more than 33 1/3	%, and line		▶ ["]
	17 is not more than 33 1/3%, check this b	oox and stop here.	The organization	qualities as a publi	iciy supported orga	mization	nd	
b	33 1/3% support tests—2015. If the orga	anization did not ch	eck a box on line	14 or line 19a, and	line to is more the	an 33 1/370, 6 organization	iilu	▶ □
	line 18 is not more than 33 1/3%, check t	his box and stop h	ere. The organiza	tion qualifies as a j	publicly supported by and see instruct	ions		
20	Private foundation. If the organization d	ig not check a box	on line 14, 19a, or	TSD, CHECK THIS DO				

Schedule A (Form 990 or 990-EZ) 2016 Adop Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Vaa	No
1000000000	Yes	No
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	10000000000000000	200000000000000000000000000000000000000
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9a 9b 9c		

Page 4

Schedule A (Form 990 or 990-EZ) 2016

Par	t IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
u		11a
	below, the governing body of a supported organization?	
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	ion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
		2
<u> </u>	supervised, or controlled the supporting organization.	
Secti	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
		1
~	the supported organization(s).	
Secti	on D. All Type III Supporting Organizations	Vos. No.
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
2		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2
	the organization maintained a close and continuous working relationship with the supported organization(s).	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Sacti	on E. Type III Functionally-Integrated Supporting Organizations	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons).
1		
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	4. 4
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions).
		
2 A	Activities Test. Answer (a) and (b) below.	Yes No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	the supported organization(s) to which the organization was responsed to first a country and purposes	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	20
	that these activities constituted substantially all of its activities.	2a
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
_		
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a
	trustees of each of the supported organizations? Provide details in Part VI.	
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedule A (Form 990 or 990-EZ) 2016

Page 6

			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov. 20,	1970 (explain in Part VI).S	ee
instructions. All other Type III non-functionally integrated supporting organizations mu	ıst com	plete 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)
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):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization (see
instructions).			

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	itions (continued)	
Sect	ion D - Distributions	Current Year		
11	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets		·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ition is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	*	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	·		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
-	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				**************************************
b				
С	From 2013			
d	From 2014			
	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
			Schedule /	(Form 990 or 990-EZ) 2016

DAA

Schedule A (For	n 990 or 990-EZ) 2016	Adopt	America	Network		34-1396924	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; Pa 3a and 3b; Part V,	Section A, I Section A, I art IV, Section line 1; Part	rovide the ex ines 1, 2, 3b, on C, line 1; P V, Section B,	planations requ 3c, 4b, 4c, 5a, art IV, Section line 1e; Part V,	6, 9a, 9b, 9c, 11a, 11 D, lines 2 and 3; Part	; Part II, line 17a or 17b b, and 11c; Part IV, Sec IV, Section E, lines 1c, and 8; and Part V, Sect	; Part tion 2a, 2b,
							. ,
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Schedule A (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Name of the organization 34-1396924 Adopt America Network Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pŧ	art III — Organizations Maintainir	ng Collections of	Art, Historical	Treasures,	or Othe	r Simila	r Assets	(contir	ued)	
3	Using the organization's acquisition, acces collection items (check all that apply):									
а	Public exhibition	ď	Loan or exchange	programs						
b	Scholarly research	e	Other	_						
c	Preservation for future generations									
4	Provide a description of the organization's	collections and explain	n how they further th	ne organization	's exempt ;	purpose in	Part			
	XIII.	•	•	•		,				
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other	similar					
	assets to be sold to raise funds rather than							Y	es 🗔	No
Pa	art IV Escrow and Custodial Ar						111111111			
	Complete if the organization 990, Part X, line 21.		on Form 990,	Part IV, line	9, or rep	orted an	amount	on Forr	n	
1a	Is the organization an agent, trustee, custo	dian or other intermed	iary for contribution	s or other asse	ets not					
	included on Ferma 000 Bart VO							Y	es	No
b	If "Yes," explain the arrangement in Part XI						• · · · · · · · · · · · ·		·	
		'	J					Amour	t	
c	Beginning balance						С			
	Additions during the year						d			
	Distributions during the year						e			
							f			
	Ending balance Did the organization include an amount on							Y.	es	No
	If "Yes," explain the arrangement in Part XII									
******	ert V Endowment Funds.	1. Offeck field if the ex	chanacon nas beer	r provided on r	arr Am				··	
- enjugger	Complete if the organizatio	n aneworad "Vac"	on Form 990 I	Part IV line	10					
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two ye		(d) Three	years back	(e) Foi	r years t	ack
		(a) Current year	(D) Filor year	(0) 1 100 10	DIS DECK	(d) mice	, cars basis	(0)100	, , , , , , , ,	
	Beginning of year balance							-		
	Contributions	,								
С	Net investment earnings, gains, and									
	losses									
	Grants or scholarships							 		
е	Other expenditures for facilities and									
	programs					····				
f	Administrative expenses									
g				<u> </u>				<u> </u>		
2	Provide the estimated percentage of the cu		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss-	ession of the organiza	tion that are held a	nd administere	d for the					
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organiz	zations listed as requi	red on Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.							
Pa	rt VI Land, Buildings, and Equ	ipment.								
figure 1904	Complete if the organizatio	n answered "Yes"	on Form 990, I	Part IV, line	11a. See	Form 99	0, Part)	, line 1	0.	
	Description of property	(a) Cost or other b		or other basis		ccumulated		(d) Book		
		(investment)	(other)	de	preciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	1		91,583		86,6	36		4,	947
	Other				<u> </u>					
	I. Add lines 1a through 1e. (Column (d) must		X, column (B), line	10c.)			>		4,	<u>947</u>

Schedule D (F	orm 990) 2016 Adopt America Networl	ĸ	34-1396924	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial o	derivatives		0000010110011900111011	
•	dd nauity interents			
(2) Other				<u>,,</u>
(A)		,		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			. C 40
	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
Programme State Communication	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X	., line 15.
	(a) Description			(b) Book value
(1)	Cash Value - Life Insu	rance		20,999
(2)	CONTRACTOR OF THE PROPERTY OF	· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)	The same of the sa			
(6)				
(7)				
(8)	LINETE			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	20,999
Part X	Other Liabilities.			
70 - 14 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	e 11e or 11f. See Form 990,	Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) Payab	le to AAN Endowment Corp	9,720		
	ed Payroll and Withheld Taxes	9,245		
	Current Liability	2,000		
(5)				
(6) (7)				
(8)				
			 La companya de la companya del companya del companya de la companya	, _M . Nest Notacia de acada de actuação (1900/1900).

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 20,965 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 FIN 48 (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 F	Revenue per Ref	lurn.	
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line	12a.		
1 Tota	revenue, gains, and other support per audited financial statements			1	605,622
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:				
	unrealized gains (losses) on investments				
b Dona	ated services and use of facilities	2b			
c Reco	overies of prior year grants	2c			
d Othe	r (Describe in Part XIII.)	2d	31,834		
e Add	lines 2a through 2d			2e	31,834
	ract line 2e from line 1			3	573,788
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:				
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b Othe	r (Describe in Part XIII.)	4b			
	lines 4a and 4b			4c	
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	573 , 788
Part XI	Reconciliation of Expenses per Audited Financia			leturn	l.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 1	12a.		
1 Total	expenses and losses per audited financial statements			1	597,082
	unts included on line 1 but not on Form 990, Part IX, line 25:	1 1		0.00000	
a Dona	ated services and use of facilities				
b Prior	year adjustments	<u>2b</u>			
c Othe				(1000 000) (1000 000)	
d Othe	r (Describe in Part XIII.)	2d	31,834		24 224
e Add	lines 2a through 2d			2e	31,834
	ract line 2e from line 1			3	565,248
4 Amor	unts included on Form 990, Part IX, line 25, but not on line 1:				
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other	r (Describe in Part XIII.)	4b			
c Add I	ines 4a and 4b			4c	565,248
	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	<u></u>	5	303,240
Part XI	Supplemental Information.				
	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			art X, Ili	те
; Part XI, I	ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	o provide any additional	information.	0+ ha	~~
Part	XI, Line 2d - Revenue Amounts Inc.	raged in Find	anciais -	Octre	
) w . J. Luina Managaga		\$		31,834
Dire	ct Fundraising Expenses				
	TITE The Od Browner Amounts Inc	aladed in Fi	nanciale -	O+1	ner
Part	XII, Line 2d - Expense Amounts Inc	ruded in Fi	HallCrars -		
5	Bundweising Errongog		¢		31,834
pire	ct Fundraising Expenses				
					
. 					.,

Schedule D (F	Form 990) 2016	Adopt	America	Network		34-1396924	Page 5
Part XIII	Suppleme	ntal inform	nation (contin	Network nued)			

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Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2016

Employer identification number Name of the organization 34-1396924 Adopt America Network Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iti) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (iv) Gross receipts (or retained by) (or retained by) (i) Name and address of individual custody or (ii) Activity fundraiser listed in organization from activity or entity (fundraiser) control of col. (i) contributions? Yes No 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Adopt America Network 34-1396924 Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Dinner Auction None (add col. (a) through col. (c)) (event type) (total number) (event type) 136,152 136,152 1 Gross receipts 68,802 68,802 2 Less: Contributions 3 Gross income (line 1 minus 67,350 67,350 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 14,836 14,836 7 Food and beverages 1,726 1,726 8 Entertainment 15,272 15,272 9 Other direct expenses 31,834 10 Direct expense summary. Add lines 4 through 9 in column (d) 35,516 11 Net income summary. Subtract line 10 from line 3, column (d) . Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) Revenue bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor Nο 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

chedule G (Form 990 or 990-EZ) 2016 Adopt America Network	34-1396924	Page 3
Does the organization conduct gaming activities with nonmembers?		Yes No
2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
formed to administer charitable gaming?		Yes No
3 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%_
4 Enter the name and address of the person who prepares the organization's gaming/special events books and		
records:		
Name >		
Address ►		
5a Does the organization have a contract with a third party from whom the organization receives gaming	_	Yes No
revenue?	L] 163 <u>[</u>] 110
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
amount of gaming revenue retained by the third party ▶ \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Addraga		
Address ▶		
6 Gaming manager information:		
b Garring manages information.		
Name ►		
Gaming manager compensation ▶ \$		
Description of services provided ▶		
room)		
Director/officer Employee Independent contractor		
7 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) and (v); a	nd
Part IV Supplemental Information. Provide the explanations required by Fart I, line 25, Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	dditional information.	
See instructions		
OCC III OCC II		

	, ,	
	Schedule G (Form 990 c	r 990-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Adopt America Network	34-1396924
Form 990, Part VI, Line 11b - Organization's Proc	ess to Review Form 990
The Form 990 is sent to all board members before	it is filed to give them
the opportunity to review the form, ask questions	and propose changes.
Form 990, Part VI, Line 12c - Enforcement of Conf	licts Policy
Every officer and board member is required to rep	ort any potential conflict
of interest. The conflict of interest policy is g	iven to the Officers and
Board Members when they join Adopt America Networ	k and their signature is
required indicating that they received a copy of	the policy.
Form 990, Part VI, Line 15a - Compensation Proces	s for Top Official
Compensation for the President is determined by t	he Board of Directors
after an employee evaluation. The salary survey o	f the Agency Directors
Association is used as a guideline.	
Form 990, Part VI, Line 19 - Governing Documents	Disclosure Explanation
Governing documents, the Conflict of Interest Pol	
statements are all available upon request. The an	
available on Adopt America Network's website and	through the Better
Business Bureau.	
Form 990, Part XI, Line 9 - Other Changes in Net	Assets Explanation
Direct Fundraising Expenses	\$ 31,834
Direct Fundraising Expenses	\$ -31,834

Form 4562

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

ment 17

Identifying number Name(s) shown on return 34-1396924 Adopt America Network Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,010,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 13 Carryover of disallowed deduction to 2017. 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 2,745 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property.) (See instructions.) Part III Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (e) Convention (f) Method /business/investment use placed in (a) Classification of property period only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental MM S/L 27.5 yrs. property MM S/L 39 yrs. Nonresidential real MM S/L property Section C-Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. b 12-year S/L MM 40 yrs c 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 2,745 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Form 4562 (2016)

23

72147 Adopt America Network / 34-1396924

FYE: 12/31/2016

Federal Statements

8/21/2017 11:45 AM

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US
Amount Business Code Code Code 6/30/75 Obs (\$ or %)

1

\$ <u>20</u> \$ 20

Total

<u></u>		
8/21/2017 11:45 AM	Fund Raising \$ 70 60 65 63 19 19	
	## Management & General	
itements	Program Service \$ 3,263 2,852 1,941 1,431 1,133 879 797 \$ 13,474	
Federal Statements	Form 990, Part IX, Line 24e - All Other Expenses Total Expenses \$ 3,508 \$ 3,263 \$ 2,852 \$ 1,941 \$ 1,941 \$ 1,133 \$ 10,02 \$ 1,133 \$ 1,1	
72147 Adopt America Network 34-1396924 FYE: 12/31/2016	Description Telephone Equipment Rental and Main Recruitment Miscellaneous Internet Postage and Shipping Supplies Service Charges Total	

8/21/2017 11:45 AM		Amount	\$ 3,235 38,502	22,000	210,000	17,500	18,800	532	15,554	35,000	60,70	68,802 \$ 439,634		Amount	\$ 20 -1,000 \$ -980	
Federal Statements	Schedule A, Part II, Line 1(e)	Description			ç	:	ארסשפת ב הפתרה המנינים		allayellelic				Schedule A, Part II, Line 9(e)	Description		
72147 Adopt America Network 34-1396924 FYE: 12/31/2016			Related Organizations	Royal Arch Foundation Cash Contribution Dave Thomas Foundation	Cash Contribution	Cash Contribution	Cash Contribution	Cash Contribution	Contri	Marathon brow trassic Cash Contribution	Cash Contribution	Cash Contribution			Less: Deductions Total	

72147 Adopt America Network

34-1396924 FYE: 12/31/2016

Federal Statements

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Dinner Auction

Other Direct Fundraising or Gaming Expenses

Description	-	Amount
Other Auction Expenses	\$	15,272
Total	\$	15,272

72147 Adopt America Network

34-1396924

102 Epson Projector103 EZ Match Software Programming

Federal Asset Report Form 990. Page 1

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FY	E: 12/31/2016	Form 990, Page 1						
Asset	Description	Date In Service	Cost	Bus Sec E % 179Bonus for	Basis r Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
1 2	Chair Chair-4	1/01/96 1/01/96	200 244		200 244	7 MO S/L 7 MO S/L	200 244	0
9	IBM Typewriter	1/01/96	1,025		1.025	7 MO S/L	1,025	ő
10	Desk-Directors	1/01/96	101		101	7 MO S/L	101	0
11	Table & Chairs	1/01/96	716 434		716 434	7 MO S/L 7 MO S/L	716 434	0
14 24	2 File Cab Chair & Table Phones	1/01/96 1/01/97	282		282	7 MO S/L 7 MO S/L	282	ŏ
$\overline{25}$	Fax Machine	1/01/99	500		500	5 MO S/L	500	0
26	Binder	1/01/97	150 622		150 622	7 MO S/L 5 MO S/L	150 622	0
28 29	Overhead Projector Desk Hutches Shelves	9/22/99 12/15/99	3,020		3,020	7 MO S/L	3,020	ŏ
30	Desk & Hutch	12/29/99	550		550	7 MO S/L	550	0
31	Desk File & Credenza	12/15/00	1,277		1,277 887	7 MO S/L 3 MO S/L	1,277 887	0
36 39	Computer Upgrade Adoption Program	12/05/02 9/01/03	887 22,445		22,445	5 MO S/L	22,445	ŏ
40	Labor Chg set up Server	9/23/03	3,638		3,638	5 MO S/L	3,638	0
41	57hrs@15hr Program Comp	11/05/03	855		855 855	5 MO S/L 5 MO S/L	855 855	0 0
42 43	57hrs@15hr Program Comp 49hrs@15hr Program Comp	11/07/03 11/20/03	855 735		73 <i>5</i>	5 MO S/L	735	ŏ
44	49hrs@15hr Program Comp	12/04/03	735		735	5 MO S/L	735	0
46	Room Dividers	11/16/04	727		727 960	7 MO S/L 3 MO S/L	727 960	0 0
47 50	Acer Laptop Office Furniture	12/03/04 12/28/04	960 1,385		1,385	7 MO S/L	1,385	ŏ
53	EZ Match Software 90hr@\$15hr	3/04/05	1,350		1,350	3 MO S/L	1,350	0
54	Laptop-Robin	3/15/05	965		965	5 MO S/L 3 MO S/L	965 536	0 0
57 58	MS Office Professional EZ Match Software 18.1hr@\$15hr	4/30/05 6/30/05	536 272		536 272	3 MO S/L 3 MO S/L	272	ő
60	EZ Match Software 19.2hr@\$15hr	7/19/05	288		288	3 MO S/L	288	0
61	EZ Match Software 19hr@\$15hr	8/06/05	285		285 440	3 MO S/L 3 MO S/L	285 440	0 0
	EZ Match Software 22hr@\$20hr EZ Match Software 44.75hr@\$15hr	8/16/05 9/22/05	440 671		671	3 MO S/L 3 MO S/L	671	ő
	EZ Match Software 14.5hr@\$15hr	9/30/05	218		218	3 MO S/L	218	0
66	EZ Match Software 13.1hr@\$15hr	10/31/05	197		197 1,643	3 MO S/L 3 MO S/L	197 1,643	0 0
67 68	EZ Match Software 109.5hr@\$15hr EZ Match Software 86hr@\$15hr	12/07/05 12/21/05	1,643 1,290		1,043	3 MO S/L	1,043	ő
69	Quickbooks	12/31/05	410		410	3 MO S/L	410	0
70	2 Hard Drives	12/18/06	290		290 2,276	3 MO S/L 3 MO S/L	290 2,276	0 0
71 72	EZ-Match Software	5/19/06 1/04/07	2,276 594		2,276 594	3 MO S/L 3 MO S/L	594	ŏ
73	Crystal Reports Software HP Computer dc5750	1/04/07	948		948	3 MO S/L	948	0
74	Raiser's Edge Software	1/10/07	2,383		2,383	3 MO S/L	2,383 263	0
75	2-320GB Hard Drives EZ Match Software Programming Hours	2/05/07 10/31/07	263 619		263 619	3 MO S/L 3 MO S/L	619	ŏ
76 77	Laptop	3/05/08	724		724	5 MO200DB	724	0
79	Telephone System Install	2/26/08	1,200		1,200	7 MO200DB	1,200 2,983	0
80 81	Computer Install Additional Phone and Wiring	2/26/08 7/29/08	2,983 3,236		2,983 3,236	5 MO200DB 7 MO200DB	3,236	ő
82	6 Lenovo ThinkCentre Towers	6/16/09	3,390		3,390	5 MO S/L	3,390	0
83	Lenovo Think Centre Computer	6/16/09	750		750 910	5 MO S/L 7 MO S/L	750 845	0 65
84	7 Lenovo Hannspree HB Monitors Lenovo ThinkPad Laptop	6/16/09 6/16/09	910 925		910	7 MO S/L 5 MO S/L	925	0
	Lenovo Think Pad SL500	9/01/09	699		699	5 MO S/L	699	0
87	EZ Match Software Programming	12/21/09	683		683	5 MO S/L 5 MO S/L	683 596	0
	EZ Match Software Programming Enson EX31 Projector	12/09/09 3/25/10	596 490		596 490	5 MO S/L 7 MO S/L	402	70
90 91	Epson EX31 Projector EZ Match Software Programming	6/15/10	34		34	5 MO S/L	34	0
92	EZ Match Software Programming	12/17/10	495		495	5 MO S/L	495 364	0 49
	EZ Match Software Programming	7/31/11 12/12/11	413 698		413 698	5 MO S/L 5 MO S/L	570	128
94 95	EZ Match Software Programming Lenovo Thinkpad Laptop	9/05/12	682		682	5 MO S/L	454	137
96	Lenovo Thinkpad Laptop	9/05/12	682		682 682	5 MO S/L 5 MO S/L	454 454	137 137
97 98	Lenovo Thinkpad Laptop EZ Match Software Programming	9/05/12 11/13/12	682 555		555	5 MO S/L 5 MO S/L	352	111
98	EZ MAtch Software Programming	12/18/12	473		473	5 MO S/L	284	94
100	NB Acer Laptop	2/05/12	530		530 2,000	5 MO200DB 7 MO200DB	498 1,649	30 100
101	Desk & Credenza	12/27/12	2,000		500	5 MO S/L	233	100

8/21/13 12/20/13

500 218

2,000

7 MO200DB 5 MO S/L 5 MO S/L

44

1,649 233 87

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72147 Adopt America Network 34-1396924

FYE: 12/31/2016

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
104 105 106 107 109 110 111	EZ Match Software Programming Server Improvements Website Server Improvements Refurbished Laptop Computer WWK 6835.1 Laptop Computer WWK Recruiter 6835.3 Laptop Computers Dell Latitude 14 3000 - Wendy	12/20/13 8/21/13 7/29/13 7/20/13 4/21/14 6/21/14 9/29/15 4/24/16	645 609 3,000 452 324 661 1,257 568			645 609 3,000 452 324 661 1,257 568	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L	258 284 1,450 218 108 198 63	129 122 600 91 65 133 251 76 76
113	Dell Latitude 14 3000 - Rachel Total Other Depreciation	4/24/16	90,913		-	568 90,913		83,221	2,745
	Total ACRS and Other Deprec	iation	90,913			90,913		83,221	2,745
	tization: EZ Match Software Programming	12/31/08	675 675		-	675 675		675 675	0
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	rs	91,588 0 0 91,588		-	91,588 0 0 91,588		83,896 0 0 83,896	2,745 0 0 2,745

72147 Adopt America Network 34-1396924

FYE: 12/31/2016

AMT Asset Report Form 990, Page 1

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		Doto		Duo	Coo	Dania			
Asset	Description	Date In Service	Cost	%	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation: Chair	1/01/96	0			0	0 HY	0	0
3	Chair-4	1/01/96	ő			ő		0	0
9	IBM Typewriter	1/01/96	0			0		0	0
10	Desk-Directors Table & Chairs	1/01/96 1/01/96	0			0		0	0
11 14	2 File Cab Chair & Table	1/01/96	0			0		0	ő
24	Phones	1/01/97	ŏ			Ö		0	Ô
25	Fax Machine	1/01/99	0			0		0	0
26	Binder	1/01/97	0			0		0	0
28 29	Overhead Projector Desk Hutches Shelves	9/22/99 12/15/99	0			0		0	0
30	Desk & Hutch	12/29/99	ő			Ő		Ŏ	Ō
	Desk File & Credenza	12/15/00	0			0		0	0
	Computer Upgrade	12/05/02	0			0		0	0
39 40	Adoption Program Labor Chg set up Server	9/01/03 9/23/03	0			0		0	ŏ
41	57hrs@15hr Program Comp	11/05/03	ŏ			Ŏ	0 HY	0	0
42	57hrs@15hr Program Comp	11/07/03	0			0		0	0
	49hrs@15hr Program Comp	11/20/03	0 0			0		0	0 0
	49hrs@15hr Program Comp Room Dividers	12/04/03 11/16/04	0			0		ŏ	ŏ
47	Acer Laptop	12/03/04	Ö			Õ	0 HY	0	0
50	Office Furniture	12/28/04	0			0		0	0
	EZ Match Software 90hr@\$15hr	3/04/05	0			0		0	0
	Laptop-Robin MS Office Professional	3/15/05 4/30/05	0			0		ő	ŏ
	EZ Match Software 18.1hr@\$15hr	6/30/05	ő			ő	0 HY	0	0
60	EZ Match Software 19.2hr@\$15hr	7/19/05	0			0		0	0
61	EZ Match Software 19hr@\$15hr	8/06/05	0			0		0	0
62 64	EZ Match Software 22hr@\$20hr EZ Match Software 44.75hr@\$15hr	8/16/05 9/22/05	0			0		ő	0
65	EZ Match Software 14.5hr@\$15hr	9/30/05	ŏ			0		0	0
66	EZ Match Software 13.1hr@\$15hr	10/31/05	0			0		0	0
	EZ Match Software 109.5hr@\$15hr	12/07/05 12/21/05	0			0		0	ő
68 69	EZ Match Software 86hr@\$15hr Ouickbooks	12/31/05	0			0		Ö	0
70	2 Hard Drives	12/18/06	0			0		0	0
	EZ-Match Software	5/19/06	0			0		0	0
72 73	Crystal Reports Software	1/04/0 7 1/04/0 7	0			0		0	ő
73 74	HP Computer dc5750 Raiser's Edge Software	1/10/07	0			ő		0	0
75	2-320GB Hard Drives	2/05/07	0			0		0	0
	EZ Match Software Programming Hours	10/31/07	0			0		0	0
77	Laptop Talanhana Sustam Install	3/05/08 2/26/08	0			0		ŏ	ŏ
79 80	Telephone System Install Computer Install	2/26/08	ő			0	0 HY	0	0
81	Additional Phone and Wiring	7/29/08	0			0		0	0
82	6 Lenovo ThinkCentre Towers	6/16/09 6/16/09	0			0		0	ő
83 84	Lenovo Think Centre Computer 7 Lenovo Hannspree HB Monitors	6/16/09	0			ŏ		Ö	0
	Lenovo ThinkPad Laptop	6/16/09	0			0		0	0
86	Lenovo Think Pad SL500	9/01/09	0			0		0	0 0
87	EZ Match Software Programming	12/21/09 12/09/09	0			0		0	ő
88 90	EZ Match Software Programming Epson EX31 Projector	3/25/10	ő			ŏ	0 HY	Ō	0
91	EZ Match Software Programming	6/15/10	0			0		0	0 0
92	EZ Match Software Programming	12/17/10	0			0		0	ŏ
	EZ Match Software Programming EZ Match Software Programming	7/31/11 12/12/11	0			ő	0 HY	Ō	0
95	Lenovo Thinkpad Laptop	9/05/12	0			0		0	0
	Lenovo Thinkpad Laptop	9/05/12	0			0		0	0
97 98	Lenovo Thinkpad Laptop EZ Match Software Programming	9/05/12 11/13/12	0			0	0 HY	0	0
99	EZ MAtch Software Programming	12/18/12	0			0		0	0
100	NB Acer Laptop	2/05/12	0			0	-	0	0
101	Desk & Credenza	12/27/12 8/21/13	0			0		0	ő
	Epson Projector EZ Match Software Programming	12/20/13	0			Ö		0	0
. 0,5									

72147 Adopt America Network

34-1396924 FYE: 12/31/2016

AMT Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
104	EZ Match Software Programming	12/20/13	0			0	0 HY	0	0
105	Server Improvements	8/21/13	0			0	0 HY	0	0
106	Website	7/29/13	0			0	0 HY	0	0
107	Server Improvements	7/20/13	0			0	0 HY	0	0
109	Refurbished Laptop Computer	4/21/14	0			0	0 HY	0	0
110	WWK 6835.1 Laptop Computer	6/21/14	0			0	0 HY	0	0
111	WWK Recruiter 6835.3 Laptop Computers	9/29/15	0			0	0 HY	0	0
112	Dell Latitude 14 3000 - Wendy	4/24/16	0			0	0 HY	0	0
113	Dell Latitude 14 3000 - Rachel	4/24/16	0		_	0	0 HY	0	0
	Total Other Depreciation	_	0		-	0		0	0
	Total ACRS and Other Deprec	iation =	0		=	0		0	0
	Grand Totals Less: Dispositions and Transfe	rs	0			0		0 0	0
	Net Grand Totals		0			0		0	0

72147 Adopt America Network

34-1396924

Depreciation Adjustment Report

Tax

08/21/2017 11:45 AM

AMT

FYE: 12/31/2016 All Business Activities

AMT Adjustments/ Preferences

Form Unit Asset Description T

There are no assets that meet the criteria of this report

08/21/2017 11:45 AM 72147 Adopt America Network 08/ 34-1396924 Future Depreciation Report FYE: 12/31/17

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
Other I	Depreciation:					
0ther I 1 3 9 10 11 14 24 25 26 28 29 30 31 36 39 40 41 42 43 44 46 47 50 53 54 57 58 60 61 62 64 65 66 67 68 69 70 71 72 73 74 75 76 77 79 80 81 82 83 84 85 88 90 91 92 93 94 95 96 97 98 99 100 1012	Chair Chair-4 IBM Typewriter Desk-Directors Table & Chairs 2 File Cab Chair & Table Phones Fax Machine Binder Overhead Projector Desk Hutches Shelves Desk & Hutch Desk File & Credenza Computer Upgrade Adoption Program Labor Chg set up Server 57hrs@15hr Program Comp 57hrs@15hr Program Comp 49hrs@15hr Program Comp 49hrs@15hr Program Comp 49hrs@15hr Program Comp MS Office Professional EZ Match Software 90hr@\$15hr EZ Match Software 18.1hr@\$15hr EZ Match Software 19.2hr@\$15hr EZ Match Software 19.2hr@\$15hr EZ Match Software 14.5hr@\$15hr EZ Match Software 14.5hr@\$15hr EZ Match Software 14.5hr@\$15hr EZ Match Software 109.5hr@\$15hr EZ Match Software 109.5hr@\$15hr EZ Match Software 109.5hr@\$15hr EZ Match Software 17.5hr EZ Match Software 109.5hr@\$15hr EZ Match Software 17.5hr EZ Match Software 109.5hr@\$15hr EZ Match Software Pogramming Hours Laptop Telephone System Install Computer Install Additional Phone and Wiring 6 Lenovo Think Centre Computer 7 Lenovo Hannspree HB Monitors Lenovo Think Pad SL500 EZ Match Software Programming EZ Match Software P	1/01/96 1/01/96 1/01/96 1/01/96 1/01/96 1/01/96 1/01/97 1/01/97 1/01/97 1/01/97 1/01/99 12/15/09 12/15/09 12/15/00 12/05/02 9/01/03 9/23/03 11/05/03 11/05/03 11/05/03 11/16/04 12/03/04 12/28/04 3/04/05 3/15/05 4/30/05 6/30/05 6/30/05 7/19/05 8/16/05 9/22/05 9/30/05 10/31/05 12/07/05 12/21/05 12/18/06 6/16/09 6/16/10 12/17/10 7/31/11 12/12/11 9/05/12 9/05/12 11/13/12 12/18/12 2/05/12 12/27/12 8/21/13	200 244 1,025 101 716 434 282 500 150 622 3,020 550 1,277 887 22,445 3,638 855 855 735 735 727 960 1,385 1,350 965 536 272 288 285 440 671 218 197 1,643 1,290 410 290 2,276 594 948 2,383 263 619 724 1,200 2,983 3,236 3,390 750 910 925 699 683 596 490 34 495 413 698 682 682 655 473 530 2,000 500	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

08/21/2017 11:45 AM FYE: 12/31/17

FYE: 12/31/2016

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34-1396924 Future Depreciation Report

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Asset	Description	Date In Service	Cost	Tax	AMT
103	EZ Match Software Programming	12/20/13	218	43	0
104	EZ Match Software Programming	12/20/13	645	129	0
105	Server Improvements	8/21/13	609	122	0
106	Website	7/29/13	3,000	600	0
107	Server Improvements	7/20/13	452	90	0
109	Refurbished Laptop Computer	4/21/14	324	65	0
110	WWK 6835.1 Laptop Computer	6/21/14	661	132	0
111	WWK Recruiter 6835.3 Laptop Computers	9/29/15	1,257	252	0
112	Dell Latitude 14 3000 - Wendy	4/24/16	568	113	0
113	Dell Latitude 14 3000 - Rachel	4/24/16	568	113	0
	Total Other Depreciation		90,913	2,323	0
	Total ACRS and Other Depreciation		90,913	2,323	0
Amortiz	zation:				
78	EZ Match Software Programming	12/31/08	675	0	0
			675	0	0
	Grand Totals		91,588	2,323	0