Form 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.

2017
Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change Adopt America Network Doing business as 34-1396924 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 3100 W Central Avenue, Suite 225 Initial return 419-726-5100 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Toledo OH 43606 669,729 G Gross receipts\$ Amended return Name and address of principal officer: Application pending H(a) is this a group return for subordinates? X No Yes Wendy Spoerl 3100 W Central Avenue, Suite 225 H(b) Are all subordinates included? Toledo OH 43606 If "No," attach a list. (see instructions) X 501(c)(3) 501(c) () (insert no.) Tax-exempt status: www.adoptamericanetwork.org Website: H(c) Group exemption number X Corporation Form of organization: Trust Association Other ▶ Year of formation: 1983 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Placement of children from U.S. foster care into adoptive homes. Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ∞ 4 Number of independent voting members of the governing body (Part VI, line 1b) 17 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 11 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Current Year 8 Contributions and grants (Part VIII, line 1h) 439,634 541,041 9 Program service revenue (Part VIII, line 2g) 97,760 53,101 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,374 33,337 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 573,788 627,479 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 402,789 419,422 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,054 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 162,459 160,392 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 565,248 579,814 19 Revenue less expenses. Subtract line 18 from line 12 8,540 47,665 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 170,610 185,904 21 Total liabilities (Part X, line 26) 146,729 114,358 22 Net assets or fund balances. Subtract line 21 from line 20 23,881 71,546 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other/than officer) is based on all information of which preparer has any knowledge. Sign Here Wendy Spoerl President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Tyson L. Stuckey, CPA Tyson L. Stuckey, CPA 07/02/18 self-employed P00728628 Preparer Shultz Huber & Associates, Firm's EIN 34-1769212 Use Only 101 Clinton St., Suite 2000 Defiance, OH 43512-2172 419-782-2000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

1 Briefly de		am Service Accomplishments	34-1396924	Pa
1 Briefly de	Check if Schedule O	contains a response or note to any	line in this Part III	1
	scribe the organization's n	nission:	and it this Part III	
Placem	ent of childr	en from U.S. foster co	are into adoptive homes.	
			are into adoptive nomes.	

*********	*********************			***********
2 Did the or	manization undertake any	Sign iff and the		
prior Form	990 or 990-EZ?	significant program services during the year w	hich were not listed on the	
				Yes X
7 Did the em	THE WINDS THOSE THOM DOLATOR	on Schedule O.		
a Fig the ord	ganization cease conducting	ng, or make significant changes in how it con	ducts, any program	
301 1063:			***************************************	Yes X
if "Yes," de	escribe these changes on	Schedule O.		les V
4 Describe the second of th	he organization's program	service accomplishments for each of its three	e largest program services, on managed by	
	2400011 001(0)(0) dilu 301	(U/(4) Urganizations are required to report the	amount of grants and all and all	
the total ex	xpenses, and revenue, if a	ny, for each program service reported.	amount of grants and allocations to others,	
		y a see program outline reported,		
a (Code:) (Expenses \$	528 125		
The ord	Janization ni	528,125 including grants of \$) (Revenue \$ U.S. foster care into add	53,544
homes c	onducted 60 l	ced of Children from	U.S. foster care into add	ptive
help ad	iont (nyosposi	Tome scudies, 389 fami	U.S. foster care into add	e way to
childre		tve adoptive families	lles were assisted in som), and registered 149 new	
	idd •			
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	n services (Describe in Sci) (Revenue \$	

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1 A	+
	candidates for public office? If "Yes." complete Schedule C. Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	-	+
	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,	··	1	122
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			-
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	· - -	+	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	 	+
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	·		+
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	. -	 	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes" complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	· -	 	<u>^</u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 10		
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	4,000,000	\$25 (0) BE	
	complete Schedule D. Part VI	44-	x	1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		 -
	of its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VII	146	•	X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		
	of its total assets reported in Part X, line 162 if "Ves." complete School to D. Dard VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		
	reported in Part X, line 16? If "Yes." complete Schedule D. Part IX	1144		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Α	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	444		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
	Schedule D, Parts XI and XII	40-	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40.		***
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u> </u>
14a				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u>X</u>
	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			v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
	for any foreign premination? If "Var " annual to Out and the many in the contract of the contr			77
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
	assistance to or for foreign individuals? If "Voc." complete School I. Total III.	_ [3-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		ĺ	. .
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on	17		<u>X</u>
	Part VIII lines to and 902 if "Van" assentes Catalata O. D. A. II		_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
			1	
	If "Yes," complete Schedule G, Part III	19		(2017)

Page 4 Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х 26 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 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b 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 X 28¢ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Part I X 31 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 X 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,

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

X

38

					Ye	s N
1a	- In not applicable	1a	9			3 1
b	The results of the results of the results and the results are results and results and results are results are results and results are resu	1b	0			
С	with backup with blooming fales for reportable payments to vendors and					
٥-	reportable gaming (gambling) winnings to prize winners?			10	X	
2a	Transmittal or wage and lax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	11			
b	and the digarization file all required tederal employment tax refu	ms?		2b	X	
٠.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	*******************	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	У			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fil account)?	nancial				١.,
b	If "Yes," enter the name of the foreign country: ▶	• • • • • • •		4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		,			
	(FBAR).	Account	S			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			1 (600)		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	tion?		5a		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	SHOTE		<u>5b</u>		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> 5c</u>	+	
	organization solicit any contributions that were not tax deductible as charitable contributions?					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			6a	-	X
	gifts were not tax deductible?	115 ()1				
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • • •	*****************	6b	0 (888465)	6.4 até.0/1900
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	an de				
	and services provided to the payor?	goods				4 300
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a	X	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	• • • • • • • • • • • • • • • • • • • •		7b	X	+
	required to file Form 8282?	٥		_]	٦,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c	0039255	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ntro et?				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	noto Nitratorii		7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 9900		7f	-	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion fla	as required?	. 7g		X
3	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	l by the	, , , ,	. 7h	10000000	X
	sponsoring organizations maintaining donor artificial forms at any time during the year?	i by the		100000000000000000000000000000000000000		
}	Sponsoring organizations maintaining donor advised funds.	• • • • • • • •		. 8	235022	Service .
а	Did the sponsoring organization make any taxable distributions under section 49662				4456	100,000
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a		ļ
)	Section 501(c)(7) organizations. Enter:			9b	00000	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts included on Form 900, Bort VIII time 42, 42, 42, 43, 44, 44, 44, 44, 44, 44, 44, 44, 44	10b				
l	Section 501(c)(12) organizations. Enter:	100			0.000	
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	110				
	against amounts due or recoived from them \	11b				
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412		43-		1551(16)
b	If "Yes" enter the amount of toy oxomet interest remains to	12b		12a	W495150	VERNER
,	Section 501(c)(29) qualified nonprofit health insurance issuers.	ILU I				
a I	s the organization licensed to issue qualified health plans in more than one state?			120	-00000	1974(195)
- 1	Note. See the instructions for additional information the organization must report on Schedule O.			13a	\$100x111	18898188833
)	Enter the amount of reserves the organization is required to maintain by the states in which					
į	he organization is licensed to issue qualified books along	13b				
	inter the amount of reserves on hand	12-		\dashv \blacksquare		
3 [Did the organization receive any payments for indoor tanning services during the tax year?			14a	****	X
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule (I THE		Δ

Form 990 (2017) Adopt America Network 34-1396924 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI 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 X Section A. Governing Body and Management Yes Nο 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. Enter the number of voting members included in line 1a, above, who are independent b 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 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? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Each committee with authority to act on behalf of the governing body? 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a X 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b 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 with a taxable entity during the year? 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 OH 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. 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: 20 Ben Bodi 3100 W. Central, Suite 225 Toldeo

419-726-5100

OH 43606

Form 990 (2017)

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.

Check this box if neither the org	ganization nor a	ny re	elated	org	aniza	ation	com	pensated any current offic	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	b	do not ox, unil filicer a institutional trustee	Po: check ess pe	erson direct	is both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MiSC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Barbara Machin		+	 		_				
Chair	0.00	x		x				0	0	0
(2) Nick Cherry	0.00									
Vice Chair	0.00	x		x						_
(3) Kevin Hofmann	0.00	1	 	1				0	0	0
<u></u>	0.00									
Secretary (4) Bill McGinnis	0.00	X	ļ	X				0	0	0
(4) BIII MCGIIIIIS	0.00									***************************************
Treasurer	0.00	x		x				o	o	0
(5) Mark Karchner										0
Past Chair	0.00	x		x				0	0	0
(6) Matthew Armstron	_									
Board Member	0.00	x		l						
(7) David Bruhl	0.00	^				\dashv	_	0	0	0
	0.00			ı		- 1	ĺ			
Board Member	0.00	X						0	0	0
(8) Bruce Davis	0.00			-						
Board Member	0.00	x						o		_
(9) Beverly Didham				_	\dashv			<u> </u>	0	0
Board Member	0.00	x								
(10) Tony Geftos	0.00	^	_	+		\dashv		0	0	0
	0.00		İ							
Board Member	0.00	X						0	o	0
(11) Sharon Gillespie	0 00						T			
Board Member	0.00	x						0		_
DAA								<u> </u>	0	0

Part VII Section A. Office	rs, Directors, T	ruste	es.	Kev	Emr	love	es.	and Highest Compensate	od Employees (see the see	Page l
(A) Name and title	(B) Average hours per			Po	(C) sition	than		(D) Reportable	(E) Reportable	(F) Estimated
	week (list any hours for	Ь	ox, un	less pand a	erson direct	is both or/trus	h an tee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	related organizations below dotted	or director	nstitutional	Officer	Key employee	fighest co employee	Former	(W-2/1099-MISC)	(W D 1035-NAIGC)	from the organization and related organizations
	line)	rostee	trustee		yee	Highest compensated employee				
(12) Gary LaRoche	1									
Board Member	0.00	x						0	o	o
(13) Brendon Poll	ard 0.00									
Board Member (14) Philip Rudol	0.00	X	_					0	О	o
	0.00									
Board Member (15) John Schinhar	0.00	X						0	0	0
	0.00									
Board Member (16) Dan Silvers	0.00	X				_	_	0	0	0
* *************************************	0.00									
Board Member (17) Becky William	0.00	Х				_		0	0	0
-	0.00									
Board Member (18) Wendy Spoerl	0.00	Х			\dashv	-	_	0	0	0
-	40.00									
President	0.00		_	X	\dashv	\dashv	\dashv		0	0
1b Sub-total				,	,	,)				
d Total (add lines 1b and 1c)							•			
2 Total number of individuals (increportable compensation from the compensation from	luding but not lir the organization	nited ▶ (to th	ose	liste	d abo	ove)	who received more than \$	100,000 of	
3 Did the organization list any for				usto	, ka					Yes No
employee on line 1a? If "Yes," (For any individual listed on line	complete Schedi	ue J	tor s	uch	indiv	idual	1			3 X
organization and related organi;	zations greater t	han S	\$150	ഹവവ	? If "	Yee'	" ~~r	nnieta Schadula I for auch		
individual 5 Did any person listed on line 1a										4 X
for services rendered to the org section B. Independent Contractors	anization? If "Ye	s," c	ompl	ete S	Sche	dule	J for	r such person		5 X
Complete this table for your five compensation from the organiza	highest comper	nsate	d inc	depe	nden	t con	itrac	tors that received more that	an \$100,000 of	
Name and bi	A) usiness address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000	, 101	410	Calci	luai	year ending with or within (E Description	the organization's tax year 3) of services	r. (C) Compensation
									2. 03.1000	Correponsation
						+				
				—	·	+				
		·								
		•				1				
2 Total number of independent cor	ntractors (includir	ng bu	it no	t limi	ted t	o tha	se l	isted above) who		
received more than \$100,000 of	compensation fi	om t	he o	rgan	izatio	n 🕨		44419, 4110	0	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or (C) Unrelated exempt function business excluded from tax under sections revenue 512-514 1a Federated campaigns 1a 11,576 **b** Membership dues 1b c Fundraising events 1c 53,346 d Related organizations 1d 2,911 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 473,208 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f. 541,041 Revenue Busn. Code 2a Contracted Program Rev 35,366 35,366 State Adoption Revenues 15,000 Service 15,000 Counseling/Social Work 2,735 2,735 f All other program service revenue g Total. Add lines 2a-2f. 53,101 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ 53,346 of contributions reported on line 1c). See Part IV, line 18 48,250 b Less: direct expenses 31,650 c Net income or (loss) from fundraising events 16,600 9a Gross income from garning activities. See Part IV, line 19 14,400 b Less: direct expenses b 10,600 c Net income or (loss) from gaming activities 3,800 3,800 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a Gain on Life Insurace Claim 12,494 12,494 Miscellaneous Income b d All other revenue Total. Add lines 11a-11d 12,937 Total revenue. See instructions. 627,479 69,838

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 an illinoism this Public Columns.

Check if Schedule O contains a respo	nse or note to any line in	n this Part IX	impiete column (A).	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D)
		expenses	general expenses	Fundraising expenses
to domestic organizations				
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic				
and date: decidation to dolllestic				
individuals. See Part IV, line 22 3 Grants and other assistance to foreign				
and the decidence to relegif				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members 5 Compensation of current officers directors				
- The state of the control of the colors,	22 22			
trustees, and key employees	82,000	49,200	16,800	16,000
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	295,343	284,892	10,451	
8 Pension plan accruais and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,863	8,734	712	417
10 Payroll taxes	32,216	28,524	2,326	1,366
The rees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,781	7,781		
d Lobbying				
Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list fine 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	21,201	20,141	636	424
17 Iravel	10,056	10,056		1 A I
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	854	854		
20 Interest	6,995	6,995		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,537	2,537		
23 Insurance	10,264	9,238	821	205
24 Other expenses. Itemize expenses not covered				
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.)				
a Homestudy Expense	67,358	67,358		
b Repairs and Maintenance	5,511	5,235	276	
c Dues and Subscriptions	5,000	5,000	270	
d Miscellaneous	4,386	4,386		
e All other expenses	18,449	17,194	613	612
5 Total functional expenses. Add lines 1 through 24e	579,814	528,125	32,635	19,054
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)			22,000	19,034
A				Form 990 (2047)

	990 (2017) Adopt America Network	34	4-1396924		Page 1
ra	rt X Balance Sheet				
	Check if Schedule O contains a response or note to any line in this	Part X			
··· T			(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing	***********	17,676	5 1	39,88
	2 Savings and temporary cash investments			2	
	r leages and grants receivable, net		120,050		
	A Accounts receivable, flet		5,072		2,454
	b Loans and other receivables from current and former officers, directors,				
	trustees, key employees, and highest compensated employees.				
	Complete Part II of Schedule L			5	100000000000000000000000000000000000000
	6 Loans and other receivables from other disqualified persons (as defined u				
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing e	mployers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' benefit	ciary			
왕 	organizations (see instructions). Complete Part II of Schedule L			6	
29	Notes and loans receivable, net			7	
1	a myorkories for sale of use			8	
	Trepaid expenses and deletted charges	**********	1,866	9	1,880
1	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D 10a	93,859			
- _	b Less: accumulated depreciation 10b	89,174	4,947	10c	4,685
	1 Investments—publicly traded securities	*******		11	
	2 investments—other securities. See Part IV, line 11			12	
1	s investments—program-related. See Part IV, line 11			13	
	4 Intangible assets			14	
11			20,999		
11	o Total assets. And lines I through 15 (must equal line 34)		170,610		185,904
11	Payant Payant and docuded expenses		8,264	17	6,698
19	Projection in the contract of			18	
20				19	
2	- The state of the			20	
12	or state and advantagement. Complete Fait IV of Screenie D			21	
5	trustees, key employees, highest compensated employees, and				
44	disqualified persons. Complete Part II of Schedule L				
23			117 500	22	
24	Unsecured notes and loans payable to unrelated third parties		117,500	23	87,600
25		• • • • • • • • • • • • • • • • • • • •		24	
	parties, and other liabilities not included on lines 17-24). Complete Part X				
	of Schedule D		20 965		20.060
26	Total liabilities. Add lines 17 through 25		20,965 146,729	25	20,060
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	3	190,723	26	114,358
	complete lines 27 through 29, and lines 33 and 34.				
27			-94,179	27	-92,608
28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	118,060	28	164,154
27 28 29	remanently restricted fiet assets			29	401/401
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	and			
	complete lines 30 through 34.				
30 31	- The state of the part of the carrent lands			30	The first transfer of the second seco
	Paid-in or capital surplus, or land, building, or equipment fund	•		31	
32	35, State Million & Countries of Other fallos			32	
33	lotal net assets or fund balances]	23,881	33	71,546
34	Total liabilities and net assets/fund balances		170,610	34	185,904

	1990 (2017) Adopt America Network	34-1396924			Page 1	2
Pa	rt XI Reconciliation of Net Assets			·	rage r	=
	Check if Schedule O contains a response or note to any li	ne in this Part XI				
1	rotal revense (must equal Part Viii, column (A), line 12)		1 4 !	62	7,479	-
2	Total expenses (must equal Part IX, column (A), line 25)		2		9,814	
3	revenue less expenses. Subtract line 2 from line 1		121		7,665	-
4	Net assets or fund balances at beginning of year (must equal Part X. line 3:	3. column (A))	A .		3,881	
5	Net unrealized gains (losses) on investments		5		5,001	<u>-</u>
6	Donated services and use of facilities	***************************************	6			
7	Investment expenses Prior period adjustments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7			-
8	Prior period adjustments Other changes in net assets or find belonges (cyclein in Schodule O)		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 (mus	t equal Part X. line				
	33. column (B))		10	7	1,546	
Pa	rt XII Financial Statements and Reporting	 			+, 5=0	-
	Check if Schedule O contains a response or note to any lir	e in this Part XII				
	If the organization changed its method of accounting from a prior year or choschedule O.			-	res No	**************************************
2a	Were the organization's financial statements compiled or reviewed by an inc	lependent accountant?		2a	x	
b	If "Yes," check a box below to indicate whether the financial statements for treviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated a Were the organization's financial statements audited by an independent according to the consolidated by the co	and separate basis				Anna March State Control
	If "Yes," check a box below to indicate whether the financial statements for the	ountails		2b .	X	•
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated a If "Yes" to line 2a or 2b, does the organization have a committee that assum	nd separate basis es responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection	of an independent accountant?		2c	X	
٥	If the organization changed either its oversight process or selection process of Schedule O.					
	As a result of a federal award, was the organization required to undergo an a the Single Audit Act and OMB Circular A-133?			3a	x	
þ	If "Yes," did the organization undergo the required audit or audits? If the orga	nization did not undergo the			···	
	required audit or audits, explain why in Schedule O and describe any steps to	aken to undergo such audits.		3b	- 1	

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number Adopt America Network 34-1396924 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1--10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) No (A) (B) (C) (D) (E)

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.)

	ction A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	411,278	454,715	433,221	439,634		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			7331661	439,034	541,041	2,279,889
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	411,278	454,715	433,221	439,634	E41 041	2 272 222
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)					541,041	2,279,889
6	Public support. Subtract line 5 from line 4.						37,689
	tion B. Total Support	investione in the second second					2,242,200
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(=) 2047	/o = /
7	Amounts from line 4	411,278	454,715			(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28	454,715	433,221 59	439,634	541,041	2,279,889
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10						2,280,051
2	Gross receipts from related activities, etc.	(see instructions)				12	128,688
3	First five years. If the Form 990 is for the	organization's first,	second, third, four	rth, or fifth tax yea	r as a section 501(c)(3)	
· i	organization, check this box and stop here						▶ □
ect	ion C. Computation of Public Su	ipport Percent	age				
4	Public support percentage for 2017 (line 6,	column (f) divided	by line 11, column	(f))		14	98.34%
J	Lange and hour being its also sold 2019 2006	dule A, Part II, line	14			45	98.07%
6a	33 1/3% support test—2017. If the organization have and star have Theorem in the organization and the star have the star of the organization and the star of the organization and	zation did not check	the box on line 1	3, and line 14 is 3	3 1/3% or more, ch	eck this	
b	box and stop here. The organization qualit	ies as a publicly s	pported organizati	ion			▶ X
	33 1/3% support test—2016. If the organization a	zation did not check	ca box on line 13	or 16a, and line 1	5 is 33 1/3% or mor	e, check	-
7a	this box and stop here. The organization of 10%-facts-and-circumstances test—201	7. If the organization	n did not check a b	oox on line 13, 16a	a, or 16b, and line 1	4 is	▶ ∐
	10% or more, and if the organization meets	s the "facts-and-circ	zumstances" test, o	check this box and	i stop here. Explair	ı in	
	Part VI how the organization meets the "fa	cts-and-circumstand	ces" test. The orga	inization qualifies	as a publicly suppo	rted	
	organization				***************		▶ □
b	10%-facts-and-circumstances test—2016	i. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, or 17a, and l	line	_
	15 is 10% or more, and if the organization	meets the "facts-ar	id-circumstances" i	test, check this bo	x and stop here.		
	Explain in Part VI how the organization me						
	supported organization				· · · · · · · · · · · · · · · · · · ·		▶ 🔲
	Private foundation. If the organization did nstructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, ched	k this box and see		
							······· 💆 📥

Schedule A (Form 990 or 990-EZ) 2017

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.)

Se	ction A. Public Support		the tests listed	below, picase i	complete Fait	11. /	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(D T-1-1
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(5) 2011	(6) 2010	(d) 2010	(e) 2017	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(-) 0045	410 0040		
9	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						**************************************
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)						
1-7	First five years. If the Form 990 is for the organization, check this box and stop here						ļ
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 12 column	· (A)			
16	Public support percentage from 2016 Sche	dule A Part III lin	o by line to, column a 15	(1))		15	%
	tion D. Computation of Investmen	nt Income Per	centage			16	%
17	Investment income percentage for 2017 (lin	ne 10c column (f)	divided by line 13	column (f)		4-	
18	Investment income percentage from 2016	Schedule A. Part I	II lino 17			1 1	<u>%</u>
19a	33 1/3% support tests—2017. If the organ	ization did not che	eck the box on line	14 and line 15 is n	nore than 22 1/20/	18	<u>%</u>
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization of	lalifies as a nublic	note that 33 1/3%	, and line ization	. [
b	33 1/3% support tests—2016. If the organ	ization did not che	ck a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3% and	
	line 18 is not more than 33 1/3%, check this	s box and stop he	re. The organization	n qualifies as a pu	blicty supported o	manization	▶ □
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instructio	ns	•

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

(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.
- 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.
- 5a 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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.
- c 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.
- 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.)

	Yes	No
1		
2 3a		
3b		
3c		
4a 4b		
4c 5a		
5a 5b		
5c		
6		
8		
9a		
9b		
9c 10a		

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Pa	rt IV Supporting Organizations (continued)			
11	Has the organization acconted a gift or contribution from any of the City		Yes	No
a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?	11a	1	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	<u>11b</u>		-
Sect	tion B. Type I Supporting Organizations	<u>//. 11c</u>	.I	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			A November
	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		1000000	
	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,			
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2	<u> </u>	<u></u>
	on o. Type ii oupporting organizations		Τ	1
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	The state of the s	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		10 (3) (6)	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations		I	<u></u>
			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	ax		
	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]		An everyegene
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,	60,000,000	2000000
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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			
Section	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	o instructions)		· · · · · · · · · · · · · · · · · · ·
а	The organization satisfied the Activities Test. Complete line 2 below.	e mstructions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	ntity (see instructions).		
		_		
	ctivities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
b	that these activities constituted substantially all of its activities.	2a	400000000000000	
~	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 expended to the organization of the organizati			
	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.			
	Parent of Supported Organizations. Answer (a) and (b) below.	2b	ika ukawane	ere Stagleren e
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.			
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	500000500000000000000000000000000000000	50.039/04/04/04
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1 1		
^	the organization in this regard.	3b	- 1	

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

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Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

	ule A (Form 990 or 990-EZ) 2017 Adopt America Net tV Type III Non-Functionally Integrated 509(a)(3)	work Supporting Organiz	34-1396	5 924 Page
Sect	ion D - Distributions	oupporting Organia	actoria (continuca)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		Culterit Teal
2	Amounts paid to perform activity that directly furthers exempt purpose		**************************************	
	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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
а				
	From 2013			
	From 2014			
	From 2015			
е	From 2016			
f	Total of lines 3a through e	The state of the s		
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2017. Subtract lines 3h			•
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015 Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (For	n 990 or 990-EZ) 2017	Adopt	America	Network		34-1396924 Page	8
Part VI	Supplemental III, line 12; Part IB, lines 1 and 2; 3a and 3b; Part	Information. F V, Section A, Part IV, Secti V, line 1; Part	Provide the ex lines 1, 2, 3b, on C, line 1; F V, Section B,	planations requ 3c, 4b, 4c, 5a, Part IV, Section line 1e; Part V	6, 9a, 9b, 9c, 11a, 11l D, lines 2 and 3; Part	Part II, line 17a or 17b; Part D, and 11c; Part IV, Section IV, Section E, lines 1c, 2a, 2b, and 8; and Part V, Section E,	_
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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.

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

OMB No. 1545-0047
2017
Open to Public

Inspection

Name of the organization Employer identification number Adopt America Network 34-1396924 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) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? Part II Conservation Easements. 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 land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, 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 tax year ▶ 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 7 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 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

3	edule D (Form 990) 2017 Adopt A	merica Netwo	ork		34-13	3969	24		Pa
3	art III Organizations Maintain	ing Collections of	Art, Historical	Treasures	or Other	Simi	lar Asse	s (contin	red)
	Using the organization's acquisition, accessollection items (check all that apply):	ession, and other records	, check any of the	following tha	t are a signific	ant use	of its	is toomin	<i>Jeu)</i>
æ	Public exhibition	ا ا							
Ł		<u>"</u>	Loan or exchange p	orograms					
0		e	Other						
4									
~	Provide a description of the organization'	s collections and explain	how they further th	e organizatio	on's exempt pa	urpose	in Part		
_	AIII.								
5	During the year, did the organization solid	at or receive donations of	of art, historical trea	sures, or oth	er similar				
_	assets to be sold to raise funds rather that	in to be maintained as p	art of the organizat	ion's collection	on?			Ye:	, П
P,	recion and castodial	Arrangements.					""		
	Complete if the organizat	on answered "Yes"	on Form 990, F	Part IV. line	9. or reno	rted a	n amount	on Form	
_	990, Part X, line 21.		,		o, or repu	ilou a	ii aiiiouri	OH FORM	
1a	Is the organization an agent, trustee, cust	odian or other intermedia	ary for contributions	or other age					*
									
b	If "Yes," explain the arrangement in Part	(III) and complete the fell	arring total					Yes	
	, and an arrangement in a day	and complete the foll	owing table:			_			
c	Beginning balance					L		Amount	
					*******	L	1c		
u	ricalization a during tile year						1d		
e -	- item desire defining and year					1	1e		
•	Ending balance						1f		
а	and organization thousand all allibuilt of	ronn 990, Part X. ine	 for escrow or or 	istodial acco	unt liability?			T v	
b	If "Yes," explain the arrangement in Part X	III. Check here if the ext	planation has been	provided on	Dort VIII		• • • • • • • • • • • • • • • • • • • •	. Yes	Н
8	rt V Endowment Funds.		TIGHT THE DOCK	provided oir	rait Alli				
	Complete if the organization	on answered "Yes"	on Form 900 D	ort IV/ line	10				
		(a) Current year							
	Beginning of year balance		(b) Prior year	(c) Two y	ears back	(d) Three	e years back	(e) Four y	ears ba
	Contributions			 					
•	Contributions								
2	Net investment earnings, gains, and			1			· · · · · · · · · · · · · · · · · · ·	"	
	losses			_[[
1	Grants or scholarships							<u> </u>	
9	Other expenditures for facilities and				~~~~				
	programs							1	
	Administrative expenses			-					
ı	End of year balance			+		··········			
	Provide the estimated percentage of the cu	Foot woon and help /	P d	<u> </u>				<u> </u>	
	Poored designated as asset and	nem year end balance (line 1g, column (a))	held as:					
		³ / ₀							
	Board designated or quasi-endowment								
ı	Permanent endowment ▶ %								
,	Permanent endowment ► % Temporarily restricted endowment ►	%							
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c sł	%							
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss	%	n that are held and	administere	d for the				
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by:	% would equal 100%. ession of the organization						ان	 T
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by:	% would equal 100%. ession of the organization						Ye	s N
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations	% lould equal 100%. ession of the organizatio	• • • • • • • • • • • • • • • • • • • •		•••••			3a(i)	es N
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations	% lould equal 100%. ession of the organizatio	• • • • • • • • • • • • • • • • • • • •		•••••			3a(i)	es N
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organi	% lould equal 100%. ession of the organization zations listed as required	on Schedule R?		•••••			3a(i)	s N
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organications Describe in Part XIII the intended uses of the	% lould equal 100%. lession of the organization zations listed as required the organization's endown	on Schedule R?		•••••			3a(i)	es N
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organications Describe in Part XIII the intended uses of the state of the	% nould equal 100%. ession of the organization zations listed as required the organization's endown lipment.	on Schedule R?					3a(i) 3a(ii) 3b	s N
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	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organications Describe in Part XIII the intended uses of the	% sould equal 100%. ession of the organization zations listed as required the organization's endown sipment. answered "Yes" or (a) Cost or other basis	on Schedule R? nent funds. n Form 990, Pal	t IV, line 1		orm 99		3a(i) 3a(ii) 3b	
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) Land, are the related organization of property Land, Buildings, and Equation of property	% sould equal 100%. ession of the organization zations listed as required the organization's endown sipment. n answered "Yes" or	on Schedule R? nent funds. n Form 990, Par	rt IV, line 1	1a. See Fo	orm 99		3a(i) 3a(ii) 3b	
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) Land, are the related organication on Part XIII the intended uses of the complete if the organization of property Description of property Land, Buildings, and Equation of property Land	% sould equal 100%. ession of the organization zations listed as required the organization's endown tipment. answered "Yes" or (a) Cost or other basis (investment)	nent funds. 1 Form 990, Par	rt IV, line 1	1a. See Fo	orm 99		3a(i) 3a(ii) 3b	
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c si Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organicescribe in Part XIII the intended uses of the tyles and Equal Complete if the organization Description of property Land, Buildings, and Equal Complete if the organization Description of property Land Buildings	% nould equal 100%. ession of the organization zations listed as required ne organization's endowr tipment. n answered "Yes" or (a) Cost or other basis (investment)	nent funds. 1 Form 990, Par	rt IV, line 1	1a. See Fo	orm 99		3a(i) 3a(ii) 3b	
ar	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c si Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organicescribe in Part XIII the intended uses of the tyles and Equal Complete if the organization Description of property Land, Buildings, and Equal Complete if the organization Description of property Land Buildings	% nould equal 100%. ession of the organization zations listed as required ne organization's endowr tipment. n answered "Yes" or (a) Cost or other basis (investment)	nent funds. 1 Form 990, Par	rt IV, line 1	1a. See Fo	orm 99		3a(i) 3a(ii) 3b	
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c si Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equal Complete if the organization Description of property Land Buildings Land Buildings Land Buildings Land Buildings Land	% sould equal 100%. ession of the organization tations listed as required the organization's endown tipment. The answered "Yes" or (a) Cost or other basis (investment)	nent funds. 1 Form 990, Par (b) Cost or or (other	rt IV, line 1	1a. See Fo (c) Accun deprecia	orm 99 nulated ation	90, Part >	3a(i) 3a(ii) 3b 3b 4, line 10. (d) Book valu	9
	Permanent endowment ▶ % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c si Are there endowment funds not in the possorganization by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organicescribe in Part XIII the intended uses of the tyles and Equal Complete if the organization Description of property Land, Buildings, and Equal Complete if the organization Description of property Land Buildings	% nould equal 100%. ession of the organization zations listed as required ne organization's endown tipment. n answered "Yes" or (a) Cost or other basis (investment)	nent funds. 1 Form 990, Par (b) Cost or or (other	rt IV, line 1	1a. See Fo (c) Accun deprecia	orm 99	90, Part >	3a(i) 3a(ii) 3b 3b 4, line 10. (d) Book valu	

Financial den Closely-held (Other	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 value
2) Closely-held (3) Other	ivativae		Cost or and of waar market value
2) Closely-held (3) Other	ivativoe	 	Cost or end-or-year marker value
3) Other	***************************************		
• • • • • • • • • • • • • • • • • • • •	equity interests		
(A)			
(B)			
(C) (D)			
(E)			
(F)	•••••••••••••••••••••••••••••••••••••••		
(G)	•••••••••••••••••••••••••••••••••••••••		
(H)	***************************************		
) must equal Form 990, Part X, col. (B) line 12.) ▶		
	nvestments—Program Related.	 	
and the first technical and the second	complete if the organization answered "Yes" on	Form 990. Part IV line	e 11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col. (B) line 13.) ▶		
	ther Assets.		
	omplete if the organization answered "Yes" on	Form 990, Part IV, line	3 11d. See Form 990, Part X, line 15.
(4)	(a) Description		(b) Book value
(1) (2)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col. (B) line 15.)		
	ther Liabilities.	<u> </u>	
	omplete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f See Form 990 Part X
	ne 25.		The strain odd form odd, fait A,
	(a) Description of liability	(b) Book value	
1) Federal inco	me taxes		
2) Accrued	Payroll and Withheld Taxes	11,795	
3) Payable	to AAN Endowment Corp	8,265	
4)			
5)			
6)			
7)			
8)			
9)		20 050	
	must equal Form 990, Part X, col. (B) line 25.) ▶	20,060	

Schedule D (Form 990) 2017 Adopt Ameri	ca Network		34-139692	4	Page
Part XI Reconciliation of Revenue per	r Audited Financial State	ements With	Revenue per Re	eturn.	, rage
Complete if the organization ans	wered "Yes" on Form 990). Part IV. line	12a		
 Total revenue, gains, and other support per audite 	ed financial statements			1	669,729
Amounts included on line 1 but not on Form 990,	Part VIII, line 12:		*****************		
 Net unrealized gains (losses) on investments 		2a			
b Donated services and use of facilities		2b		1 1	
c Recoveries of prior year grants		2c	·····	1	
d Other (Describe in Part XIII.)	***************************************	2d	42,250	1	
e Add lines 2a through 2d				2e	42,250
3 Subtract line 2e from line 1			**************	3	627,479
4 Amounts included on Form 990, Part VIII, line 12,	but not on line 1:	1 1			027,17
a Investment expenses not included on Form 990, F	art VIII, line 7b	4a			
b Other (Describe in Part XIII.)	************	4b			
C Add lines 4a and 4b				4c	
otal revenue. Add lines 3 and 4c. (This must equi	al Form 990, Part I, line 12.)			5	627,479
Part XII Reconciliation of Expenses pe	r Audited Financial State	ements With	Expenses per l	Return	02,7175
Complete if the organization ansi	wered "Yes" on Form 990.	Part IV line	12a		•
1 Total expenses and losses per audited financial st	atements			1	622,064
2 Amounts included on line 1 but not on Form 990, F	Part IX, line 25:		***************		022,002
a Donated services and use of facilities		2a			
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)		2d	42,250		
e Add lines 2a through 2d				2e	42,250
3 Subtract line 2e from line 1			***************	3	579,814
4 Amounts included on Form 990, Part IX, line 25, bu	it not on line 1;	· · · · · · · · · · · · · · · · · · ·	****************		5,5,011
a Investment expenses not included on Form 990, Pa		4a			
b Other (Describe in Part XIII.)	***************************************	4b			
C Add lines 4a and 4b				4c	
5 Total expenses. Add lines 3 and 4c. (This must equ	ual Form 990, Part I, line 18.)			5	579,814
Part XIII Supplemental Information.					3737014
Provide the descriptions required for Part II, lines 3, 5, and	d 9; Part III, lines 1a and 4; Part	IV, lines 1b and	2b; Part V, line 4; Pa	art X line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b.	Also complete this part to provid	de any additional	information.		
Part XI, Line 2d - Revenue	Amounts Include	d in Fin	ancials -	Othe	r

Direct Fundraising Expenses	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$		31,650
Direct Gaming Expenses			\$		10,600

· · · · · · · · · · · · · · · · · · ·					

Part XII, Line 2d - Expense	Amounts Include	ed in Fi	nancials -	Oth	er
			********************		****************
Direct Fundraising Expenses			\$		31,650
				• • • • • • • • • • • • • • • • • • • •	
Direct Gaming Expenses			\$		10,600
		1 *	***************		

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Schedule D	(Form 990) 2017	Adopt Amental Information	erica Ne	twork		34-1396924	Page \$
Part XII	Suppleme	ental Informatio	n (continued)				
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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.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number Adopt America Network 34-1396924 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events đ In-person solicitations 2a 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity control of fundraiser listed in organization contributions? col. (i) Yes No 1 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	hedule G (Form 990 or 990-EZ		ica Network	34-1	.396924 Page
1	Part II Fundraising E	vents. Complete if the organ	nization answered "Yes"	on Form 990, Part IV, lin	e 18, or reported more
	gross receipts	f fundraising event contributi greater than \$5,000.	ons and gross income or	n Form 990-EZ, lines 1 a	and 6b. List events with
		(a) Event #1	(b) Event #2	(c) Other events	
			(=) =10.112	(c) Other events	(d) Total events
		Dinner Auction		None	(add col. (a) through
ē		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Cross remaints	301 FOC			
æ	1 Gross receipts	101,596			101,596
	2 Less: Contributions	53,346			53,346
	3 Gross income (line 1 minus				33,310
	line 2)	48,250	·····		48,250
	4 Cook notices				
	4 Cash prizes				
	5 Noncash prizes				
			<u> </u>		
ses	6 Rent/facility costs	500			500
Ç	.	10.405			
μi H	7 Food and beverages	12,485			12,485
Direct Expenses	8 Entertainment	350			350
					350
	9 Other direct expenses	18,315			18,315
	10 Direct expense summary.	Add lines 4 through 9 in column (d	i)		31,650
P	art III Gaming, Com	otract line 10 from line 3, column (column to other if the organization answ	vered "Yes" on Form 990	Port IV line 10, or rone	16,600
	than \$15,000 o	n Form 990-EZ, line 6a.	0.00	, raitiv, mie 15, or tept	nted more
e i		(a) Bingo	(b) Pull tabs/instant	(a) Other	(d) Total gaming (add
Revenue		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
8 8	1 Gross revenue				
	r Ciosa revende	·			
8	2 Cash prizes				
eus					
Š	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
ੂ	Termadity costs				
	5 Other direct expenses				
		Yes %	Yes %	Yes %	
	6 Volunteer labor	No	No	No	
	7 Direct overses sures	Andalitica and its answer as a con-			
	Direct expense summary.	Add lines 2 through 5 in column (d)	 		
	8 Net gaming income summa	ary. Subtract line 7 from line 1, colu	ımn (d)	•	
9	Enter the state(s) in which the	organization conducts gaming activities	vities:	************	
ď	is the organization licensed to	conduct gaming activities in each of	of these states?		Yes No
D	ir ivo, expiain:				
		,			
0a	Were any of the organization's	gaming licenses revoked, suspend	ed, or terminated during the ta	ax vear?	Yes No
b	If "Yes," explain:	, p		• 	LJ 165 LJ NO

	edule G (Form 990 or 990-E		America		34-1396	924		Page 3
11	Does the organization con						Yes	S No
12	Is the organization a gran	tor, beneficiary or trustee	of a trust, or a me	ember of a partnership or	r other entity		_	
13	Indicate the persentance	ntable gaming?			······	[Yes	i 🗌 No
a	Indicate the percentage o	न gaming activity conducte	ed in:					
b	An outside facility	• • • • • • • • • • • • • • • • • • • •				13a		%
14	Enter the name and addre				11	13b		%
	records:	233 of the person who pre	spares the organiz	cation's gaming/special e	ents books and			
	Name ►							
15a	Does the organization hav	e a contract with a third p	party from whom t	he organization receives	gaming		_	
h	If "Yes " enter the amount	of gamine revenue				L	Yes	No
~	If "Yes," enter the amount amount of gaming revenue	or garring revenue receiv	CU DV RIE GROWIN	anor - x	and the			
С	If "Yes," enter name and a	iddress of the third party:	y ► \$					
	Name ►	••••••••••			***************************************			
16	Gaming manager informati						• •	
	Name ▶							
	Gaming manager compens					•		
	Description of services pro-	vided ▶		***************************************				
	Director/officer	Employee		lent contractor				
17	Mandatory distributions:							
	Is the organization required	l under state law to make	charitable dietribi	itions from the somine -				
	retain the state gaming lice	nno?					. 1	┌
	Enter the amount of distribu		a law to be distrib	uted to other exempt org	anizatione or	Ц	Yes	No
	spent in the organization's o	own exempt activities duri	ng the tax vear ▶	S	arizations of			
Part	IV Supplemental	Information. Provid 95, 10b, 15b, 15c, 1	le the explana	tions required by Pa	rt I, line 2b, columns (iii) and (rovide any additional informatio	(v); and	đ	
	Gee matruction	Ю.						
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	* * * * * * * * * * * * * * * * * * * *	***************************************	***************************************	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

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

The 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.

Open to Public Inspection Employer identification number

Adopt America Network 34-1396924 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Every officer and board member is required to report any potential conflict of interest. The conflict of interest policy is given to the Officers and Board Members when they join Adopt America Network and their signature is required indicating that they received a copy of the policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation for the President is determined by the Board of Directors after an employee evaluation. The salary survey of 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 Policy, and financial statements are all available upon request. The annual reports and 990 are 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 31,650 Direct Gaming Expenses 10,600 Direct Fundraising Expenses

Schedule O (F	orm 990 or 990 ganization	-EZ) (2017)						Page
		Network						ification number
	MILETTOA	Merwork					34-1396	924
Direct	Gaming	Expenses					\$	-10,600
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						I	Page 1 o	f 1

Form **4562**

Department of the Treasury

Part I

1

2

3

6

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

Internal Revenue Service Name(s) shown on return

Adopt America Network

Identifying number

34-1396924 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. Maximum amount (see instructions) 510,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,030,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only)

Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12

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

P	art II Special Depreciation Allowance and Other Depreciation (Don't include listed proper	1/1/5	See instructions
14	Special depreciation allowance for qualified property (other than listed property) placed in service	7.7.1	Jee instructions.)
	during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	16	·
16	Other depreciation (including ACRS)	16	2 527
D	art III MACPS Depreciation (Depth include Code	10	4,337

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

	Section A		
17	MACRS deductions for assets placed in service in tax years beginning before 2017	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	KER SE	
	Section B—Assets Placed in Service During 2017 Tay Your Hair at the Community	10000000000000000000000000000000000000	

19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property i Nonresidential real property Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System	(a) Classification of property	(b) Month and year placed in service	 (c) Basis for depreciation (business/investment use only-see instructions) 	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property i Nonresidential real 39 yrs. MM S/L property MM S/L	19a 3-year property						
d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property i Nonresidential real 39 yrs. MM S/L property MM S/L	b 5-year property						
e 15-year property 5 20-year property g 25-year property 25 yrs. S/L h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L i Nonresidential real property MM S/L	c 7-year property					· · · · · · · · · · · · · · · · · · ·	
f 20-year property 25 yrs. S/L h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L moderate MM S/L mm S/L S/L	d 10-year property			<u> </u>			
g 25-year property 25 yrs. S/L h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L MM S/L	e 15-year property						
h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L mm S/L S/L	f 20-year property						
h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L mm S/L S/L	g 25-year property			25 vrs		9/1	
i Nonresidential real 27.5 yrs. MM S/L 39 yrs. MM S/L property MM S/L					ММ		
property Syls. MIM Syl				27.5 yrs.	MM	S/L	
— MM S/I				39 yrs.	MM	S/L	
Social O-Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System		Access Placed in Contra	o During 2047 To V		ММ	S/L	
20a Class life	20a Class life	Assets Flaced in Servic	e During 2017 Tax Yea	r Using the	Alternative Dep	reciation Syste	em

b 12-year 12 yrs S/L c 40-year 40 yrs. MM S/L

Part IV Summary (See instructions.)

0.4			
21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter	-	
	here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2.537
23	For assets shown above and placed in service during the current year, enter the		2,00,
	portion of the basis attributable to section 263A costs		

34-1396924

FYE: 12/31/2017

Federal Asset Report Form 990, Page 1

Asse	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Othe	Depreciation:							
I	Chair	1/01/96	200		200		200	0
3 9	Chair-4 IBM Typewriter	1/01/96 1/01/96	244 1,025		244 1,025		244	0
10	Desk-Directors	1/01/96	101		1,023	7 MO S/L 7 MO S/L	1,025 101	0
11	Table & Chairs	1/01/96	716		716	7 MO S/L	716	0
14 24	2 File Cab Chair & Table Phones	1/01/96 1/01/97	434 282		434 282	7 MO S/L 7 MO S/L	434 282	0
25	Fax Machine	1/01/99	500		500		500	0
26	Binder	1/01/97	150		150	7 MO S/L	150	0
28 29	Overhead Projector Desk Hutches Shelves	9/22/99 12/15/99	622 3,020		622 3,020	5 MO S/L 7 MO S/L	622 3,020	0
30	Desk & Hutch	12/29/99	550		550	7 MO S/L 7 MO S/L	550	0
31 36	Desk File & Credenza	12/15/00	1,277		1,277	7 MO S/L	1,277	0
39	Computer Upgrade Adoption Program	12/05/02 9/01/03	887 22,445		887 22,445	3 MO S/L 5 MO S/L	887 22,445	0
40	Labor Chg set up Server	9/23/03	3,638		3,638	5 MO S/L	3,638	0
41 42	57hrs@15hr Program Comp 57hrs@15hr Program Comp	11/05/03 11/07/03	855 855		855	5 MO S/L	855	0
43	49hrs@15hr Program Comp	11/20/03	735		855 735	5 MO S/L 5 MO S/L	855 735	0 0
44	49hrs@15hr Program Comp	12/04/03	735		735	5 MO S/L	735	ŏ
46 47	Room Dividers Acer Laptop	11/16/04 12/03/04	727 960		727	7 MO S/L	727	0
50	Office Furniture	12/03/04	1,385		960 1,385	3 MO S/L 7 MO S/L	960 1,385	0
53	EZ Match Software 90hr@\$15hr	3/04/05	1,350		1,350	3 MO S/L	1,350	ŏ
54 57	Laptop-Robin MS Office Professional	3/15/05 4/30/05	965 536		965 536	5 MO S/L 3 MO S/L	965 526	0
58	EZ Match Software 18.1hr@\$15hr	6/30/05	272		272	3 MO S/L 3 MO S/L	536 272	0
60	EZ Match Software 19.2hr@\$15hr	7/19/05	288		288	3 MO S/L	288	ŏ
61 62	EZ Match Software 19hr@\$15hr EZ Match Software 22hr@\$20hr	8/06/05 8/16/05	285 440		285 440	3 MO S/L 3 MO S/L	285 440	0
64	EZ Match Software 44.75hr@\$15hr	9/22/05	671		671	3 MO S/L 3 MO S/L	671	0
65	EZ Match Software 14.5hr@\$15hr	9/30/05	218		218	3 MO S/L	218	0
66 67	EZ Match Software 13.1hr@\$15hr EZ Match Software 109.5hr@\$15hr	10/31/05 12/07/05	197 1,643		197 1,643	3 MO S/L 3 MO S/L	197 1,643	0
68	EZ Match Software 86hr@\$15hr	12/21/05	1,290		1,290	3 MO S/L	1,043	0 0
69 70	Quickbooks 2 Hard Drives	12/31/05	410		410	3 MO S/L	410	0
71	EZ-Match Software	12/18/06 5/19/06	290 2,276		290 2,276	3 MO S/L 3 MO S/L	290 2,276	0
72	Crystal Reports Software	1/04/07	594		594	3 MO S/L	594	ŏ
73 74	HP Computer dc5750 Raiser's Edge Software	1/04/07 1/10/07	948		948	3 MO S/L	948	0
75	2-320GB Hard Drives	2/05/07	2,383 263		2,383 263	3 MO S/L 3 MO S/L	2,383 263	0 0
76	EZ Match Software Programming Hours	10/31/07	619		619	3 MO S/L	619	0
77 79	Laptop Telephone System Install	3/05/08 2/26/08	724 1,200		724 1,200	5 MO200DB 7 MO200DB	724	0
80	Computer Install	2/26/08	2,983		2,983	7 MO200DB 5 MO200DB	1,200 2,983	0 0
81	Additional Phone and Wiring	7/29/08	3,236		3,236	7 MO200DB	3,236	0
82 83	6 Lenovo ThinkCentre Towers Lenovo Think Centre Computer	6/16/09 6/16/09	3,390 750		3,390 750	5 MO S/L 5 MO S/L	3,390 750	0 0
84	7 Lenovo Hannspree HB Monitors	6/16/09	910		910	7 MO S/L	910	ő
85 86	Lenovo Think Pad Laptop Lenovo Think Pad SL500	6/16/09	925		925	5 MO S/L	925	0
87	EZ Match Software Programming	9/01/09 12/21/09	699 683		699 683	5 MO S/L 5 MO S/L	699 683	0 0
88	EZ Match Software Programming	12/09/09	596		596	5 MO S/L	596	0
90 91	Epson EX31 Projector EZ Match Software Programming	3/25/10 6/15/10	490 34		490 34	7 MO S/L	472	18
92	EZ Match Software Programming	12/17/10	495		495	5 MO S/L 5 MO S/L	34 495	0 0
93	EZ Match Software Programming	7/31/11	413		413	5 MO S/L	413	0
94 95	EZ Match Software Programming Lenovo Thinkpad Laptop	12/12/11 9/05/12	698 682		698 682	5 MO S/L 5 MO S/L	698 591	0 91
96	Lenovo Thinkpad Laptop	9/05/12	682		682	5 MO S/L 5 MO S/L	591	91
97 98	Lenovo Thinkpad Laptop	9/05/12	682		682	5 MO S/L	591	91
98 99	EZ Match Software Programming EZ MAtch Software Programming	11/13/12 12/18/12	555 473		555 473	5 MO S/L 5 MO S/L	463 378	92 95
100	NB Acer Laptop	2/05/12	530		530	5 MO200DB	528	2
101 102	Desk & Credenza Epson Projector	12/27/12 8/21/13	2,000		2,000	7 MO200DB	1,749	84
103	EZ Match Software Programming	12/20/13	500 218		500 218	5 MO S/L 5 MO S/L	333 131	100 43
						7		

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Federal Asset Report Form 990, Page 1

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Asset	Description	Date In Service	e Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
115 116	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 Dell Latitude 14 3000 - Rachel Inspiron 14 7000 Series HP Pavilion Desktop HP Pavilion Desktop	4/24/16 4/24/16 8/03/17 6/21/17 6/22/17	645 609 3,000 452 324 661 1,257 568 568 835 480 480			645 609 3,000 452 324 661 1,257 568 568 835 480 480	5 MO S/L	387 406 2,050 309 173 331 314 76 76 0	129 122 600 90 65 132 252 113 113 70 48 48
117	HP Pavilion Desktop Total Other Depresiation	6/23/17	480		-	480	5 MO S/L		48
	Total Other Depreciation		93,188		-	93,188		85,966	2,537
	Total ACRS and Other Depreci	iation	93,188		=	93,188		85,966	2,537
	tization: EZ Match Software Programming	12/31/08	675			675 675	3 MOAmort	675	0
	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals	s	93,863 0 0 93,863			93,863 0 0 93,863		86,641 0 0 86,641	2,537 0 0 2,537

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Asse	t Description	Date In Service	Cost	Bus Sec	Basis	D-10-11-0	ъ.	
- 1000	<u> </u>	iii Service	COSI	<u>%</u> 179Bonus	ior Debr	Per Conv Meth	Prior	Current
Othe	r Depreciation:							
1	Chair	1/01/96	0		0	0 HY	0	0
3	Chair-4	1/01/96	0		0		ŏ	ŏ
9 10		1/01/96	0		0		0	0
11	Table & Chairs	1/01/96 1/01/96	0		0		0	0
14	2 File Cab Chair & Table	1/01/96	0		0	0 HY	0	0
24	Phones	1/01/97	ŏ		0	0 HY 0 HY	0	0
25	** ** =	1/01/99	ŏ		0	0 HY	0	0
26		1/01/97	0		ŏ	0 HY	ő	0
28	Overhead Projector	9/22/99	0		0	0 HY	ŏ	ŏ
29 30	Desk Hutches Shelves Desk & Hutch	12/15/99	0		0	0 HY	0	0
31	Desk & Hutch Desk File & Credenza	12/29/99	0		0	0 HY	0	0
36	Computer Upgrade	12/15/00 12/05/02	$0 \\ 0$		0	0 HY	0	0
39	Adoption Program	9/01/03	0		0	0 HY 0 HY	0	0
40	Labor Chg set up Server	9/23/03	ő		0	0 HY	0	0
41	57hrs@15hr Program Comp	11/05/03	ŏ		ŏ	0 HY	0	0
42	57hrs@15hr Program Comp	11/07/03	0		ō	0 HY	ŏ	ő
43	49hrs@15hr Program Comp	11/20/03	0		0	0 HY	Ō	ő
44 46	49hrs@15hr Program Comp Room Dividers	12/04/03	0		0	0 HY	0	0
47	Acer Laptop	11/16/04 12/03/04	0		0	0 HY	0	0
50	Office Furniture	12/03/04	0		0	0 HY	0	0
53	EZ Match Software 90hr@\$15hr	3/04/05	ŏ		0	0 HY 0 HY	0	0
54	Laptop-Robin	3/15/05	ŏ		ŏ	0 HY	0	0
57	MS Office Professional	4/30/05	0		ŏ	0 HY	ő	0
58	EZ Match Software 18.1hr@\$15hr	6/30/05	0		0	0 HY	ŏ	ŏ
60 61	EZ Match Software 19.2hr@\$15hr	7/19/05	0		0	0 HY	0	0
	EZ Match Software 19hr@\$15hr EZ Match Software 22hr@\$20hr	8/06/05	0		0	0 HY	0	0
64	EZ Match Software 44.75hr@\$15hr	8/16/05 9/22/05	$0 \\ 0$		0	0 HY	0	0
65	EZ Match Software 14.5hr@\$15hr	9/30/05	0		0	0 HY 0 HY	0	0
66	EZ Match Software 13.1hr@\$15hr	10/31/05	ŏ		0	0 HY	0	0
67	EZ Match Software 109.5hr@\$15hr	12/07/05	ŏ		ŏ	0 HY	ŏ	0
68	EZ Match Software 86hr@\$15hr	12/21/05	0		Ö	0 HY	ŏ	ŏ
69	Quickbooks	12/31/05	0		0	0 HY	Ō	ŏ
70 71	2 Hard Drives EZ-Match Software	12/18/06	0		0	0 HY	0	0
72	Crystal Reports Software	5/19/06 1/04/07	0		0	0 HY	0	0
73	HP Computer dc5750	1/04/07	0		0	0 HY	0	0
74	Raiser's Edge Software	1/10/07	0		0	0 HY 0 HY	0	0
75	2-320GB Hard Drives	2/05/07	ŏ		ŏ	0 HY	0	0
76	EZ Match Software Programming Hours	10/31/07	Ō		ŏ	0 HY	0	ŏ
77	Laptop	3/05/08	0		0	0 HY	ŏ	ŏ
79 80	Telephone System Install	2/26/08	0		0	0 HY	0	o l
81	Computer Install Additional Phone and Wiring	2/26/08	0		0	0 HY	0	0
82	6 Lenovo ThinkCentre Towers	7/29/08 6/16/09	0		0	0 HY	0	0
83	Lenovo Think Centre Computer	6/16/09	0		0	0 HY	0	0
84	7 Lenovo Hannspree HB Monitors	6/16/09	ŏ		0	0 HY 0 HY	$0 \\ 0$	0
	Lenovo ThinkPad Laptop	6/16/09	ŏ		ŏ	0 HY	0	0 0
	Lenovo Think Pad SL500	9/01/09	0		ŏ	0 HY	ŏ	ŏ
87	EZ Match Software Programming	12/21/09	0		0	0 HY	Ŏ	ŏ
88 90	EZ Match Software Programming Epson EX31 Projector	12/09/09	0		0	0 HY	0	0
	EZ Match Software Programming	3/25/10 6/15/10	0		0	0 HY	0	0
92	EZ Match Software Programming	12/17/10	0 0		0	0 HY	0	0
93	EZ Match Software Programming	7/31/11	0		0	0 HY 0 HY	0	0
94	EZ Match Software Programming	12/12/11	ő		0	0 HY	0	0
95	Lenovo Thinkpad Laptop	9/05/12	0		0	0 HY	0	0
96	Lenovo Thinkpad Laptop	9/05/12	0		ŏ	0 HY	ŏ	ŏ
97	Lenovo Thinkpad Laptop	9/05/12	0		0	0 HY	ŏ	ŏ
98 99	EZ Match Software Programming EZ MAtch Software Programming	11/13/12	0		0	0 HY	0	0
100	NB Acer Laptop	12/18/12 2/05/12	0		0	0 HY	0	0
	Desk & Credenza	12/27/12	0		0	0 HY 0 HY	0	0
102	Epson Projector	8/21/13	0		0	0 HY	0	0
103	EZ Match Software Programming	12/20/13	ő		0	0 HY	0	0
							-	Ĭ

72147 Adopt America Network

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Asset	Description	Date In Service	Cost	Bus Sec % 179	Bonus	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
114	Inspiron 14 7000 Series	8/03/17	835			835	5 MO S/L	0	70
115	HP Pavilion Desktop	6/21/17	480			480	5 MO S/L	0	48
116	HP Pavilion Desktop	6/22/17	480			480	5 MO S/L	0	48
117	HP Pavilion Desktop	6/23/17	480			480	5 MO S/L	0	48
	Total Other Depreciation	_	2,275			2,275		0	214
	Total ACRS and Other Deprec	ciation ==	2,275		==	2,275		0	214
	Grand Totals Less: Dispositions and Transfer	rs	2,275 0			2,275 0		0	214 0
	Net Grand Totals	=	2,275		===	2,275		0	214

72147 Adopt America Network
34-1396924 Depreciation Adjustment Report

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FYE: 12/31/2017

All Business Activities

Form	<u>Unit</u>	Asset	Description There are no assets that meet the criteria of t	Tax	AMT	AMT Adjustments/ Preferences
			ancie are no assets that meet the criteria of t	.nis report		

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34-1396924 Future Depreciation Report FYE: 12/31/18

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Į						
Asset	Description	Date In		_		
	Bescription	<u>Service</u>	Cost	Tax	AMT	
Other	Depreciation:					
1 3	Chair Chair-4	1/01/96 1/01/96	200 244	0	0	
9 10	IBM Typewriter	1/01/96	1,025	0	0 0	
10	Desk-Directors Table & Chairs	1/01/96	101	0	0	
14	2 File Cab Chair & Table	1/01/96 1/01/96	716 434	0	0 0	
24 25	Phones Fax Machine	1/01/97	282	ő	0	
26	Binder	1/01/99 1/01/97	500 150	0	0	
28 29	Overhead Projector	9/22/99	622	0	0	
30	Desk Hutches Shelves Desk & Hutch	12/15/99 12/29/99	3,020	0	0	
31 36	Desk File & Credenza	12/15/00	550 1,277	0	0	į
39	Computer Upgrade Adoption Program	12/05/02 9/01/03	887	0	0	
40	Labor Chg set up Server	9/23/03	22,445 3,638	0	0	,
41 42	57hrs@15hr Program Comp 57hrs@15hr Program Comp	11/05/03	855	0	0	
43	49hrs@15hr Program Comp	11/07/03 11/20/03	855 735	0	0	
44 46	49hrs@15hr Program Comp Room Dividers	12/04/03	735	0	0	
47	Acer Laptop	11/16/04 12/03/04	72 7 960	0	0	
50 53	Office Furniture	12/28/04	1,385	0	0 0	
54	EZ Match Software 90hr@\$15hr Laptop-Robin	3/04/05 3/15/05	1,350	0	0	
57 58	MS Office Professional	4/30/05	965 536	0 0	0	
60	EZ Match Software 18.1hr@\$15hr EZ Match Software 19.2hr@\$15hr	6/30/05 7/19/05	272	0	0	
61	EZ Match Software 19hr@\$15hr	8/06/05	288 285	0	0	
62 64	EZ Match Software 22hr@\$20hr EZ Match Software 44.75hr@\$15hr	8/16/05	440	0	ŏ	
65	EZ Match Software 14.5hr@\$15hr	9/22/05 9/30/05	671 218	0	0	
66 67	EZ Match Software 13.1hr@\$15hr EZ Match Software 109.5hr@\$15hr	10/31/05	197	0	ő	
68	EZ Match Software 86hr@\$15hr	12/07/05 12/21/05	1,643 1,290	0	0	
69 70	Quickbooks 2 Hard Drives	12/31/05	410	ŏ	0	İ
71	EZ-Match Software	12/18/06 5/19/06	290 2,276	0	0	
72 73	Crystal Reports Software HP Computer dc5750	1/04/07	594	0	0	
74	Raiser's Edge Software	1/04/07 1/10/07	948 2,383	0	0	
75 76	2-320GB Hard Drives	2/05/07	263	0	0	
77	EZ Match Software Programming Hours Laptop	10/31/07 3/05/08	619 724	0	0	
79 80	Telephone System Install	2/26/08	1,200	0	0 0	
81	Computer Install Additional Phone and Wiring	2/26/08 7/29/08	2,983 3,236	0	0	
82 83	6 Lenovo ThinkCentre Towers	6/16/09	3,390	0	0	
84	Lenovo Think Centre Computer 7 Lenovo Hannspree HB Monitors	6/16/09 6/16/09	750	0	0	
85 86	Lenovo ThinkPad Lapton	6/16/09	910 925	0	0	
87	Lenovo Think Pad SL500 EZ Match Software Programming	9/01/09 12/21/09	699	0	0	
88	EZ Match Software Programming	12/21/09	683 596	0	0	
90 91	Epson EX31 Projector EZ Match Software Programming	3/25/10	490	0	0	
92	EZ Match Software Programming	6/15/10 12/17/10	34 495	0	0	
93 94	EZ Match Software Programming EZ Match Software Programming	7/31/11	413	Ô	0	
95	Lenovo Thinkpad Lapton	12/12/11 9/05/12	698 682	0	0	
96 97	Lenovo Thinkpad Laptop Lenovo Thinkpad Laptop	9/05/12	682	0	0 0	
98	EZ Match Software Programming	9/05/12 11/13/12	682 555	0	0	
99 100	EZ MAtch Software Programming NB Acer Laptop	12/18/12	473	0	0 0	
101	Desk & Credenza	2/05/12 12/27/12	530 2,000	0	0	
102	Epson Projector	8/21/13	2,000 500	83 67	0	
					·	

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34-1396924

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Future Depreciation Report FYE: 12/31/18

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Date In Asset Description Service Cost Tax **AMT** 103 EZ Match Software Programming 12/20/13 218 44 104 EZ Match Software Programming 12/20/13 8/21/13 645 129 0 105 Server Improvements 609 81 Ô 106 Website 7/29/13 3,000 350 0 107 Server Improvements 7/20/13 53 452 0 Refurbished Laptop Computer
WWK 6835.1 Laptop Computer
WWK Recruiter 6835.3 Laptop Computers
Dell Latitude 14 3000 - Wendy 109 4/21/14 324 65 Ō 110 6/21/14 661 132 0 111 9/29/15 1,257 251 Õ 112 4/24/16 568 114 0 113 Dell Latitude 14 3000 - Rachel 4/24/16 568 114 0 Inspiron 14 7000 Series HP Pavilion Desktop 114 8/03/17 835 167 167 115 6/21/17 480 96 96 HP Pavilion Desktop 6/22/17 480 96 96 117 HP Pavilion Desktop 6/23/17 480 96 96 **Total Other Depreciation** 93,188 1,938 455 Total ACRS and Other Depreciation 93,188 1,938 455 Amortization: EZ Match Software Programming 78 12/31/08 675 675 0 **Grand Totals** 93,863 1,938 455

Form **990**

Two Year Comparison Report

For calendar year 2017, or tax year beginning

2016 & 2017

A	dopt America Network			l l	
				34-	1396924
ĺ			2016	2017	Differences
	1. Contributions, gifts, grants	1.	439,634	541,041	
	2. Membership dues and assessments	2.			
_	3. Government contributions and grants	3.			
3	4. Program service revenue	4	97,760	53,101	-44,659
9	5. Investment income	5.	20		-20
>	6. Froceeds from tax exempt bonds	6.			
~	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	35,516	16,600	-18,916
Ī	9. Net income or (loss) from gaming	9.		3,800	
ľ	Net gain or (loss) on sales of inventory	10.			3,000
1	1. Other revenue	11.	858	12,937	12,079
1	2. Total revenue. Add lines 1 through 11	12.	573,788		
1	3. Grants and similar amounts paid	13.		027,173	33,691
þ	4. Benefits paid to or for members	14.			
8 1	5. Compensation of officers, directors, trustees, etc.	15.	82,000	82,000	
ν 1	6. Salaries, other compensation, and employee benefits	16.	320,789		
<u>.</u> 1	7. Professional fundraising fees	17.		33.7.22	10,033
×	3. Other professional fees	18.	13,810	7,781	-6,029
۳þ	Occupancy, rent, utilities, and maintenance	19.	21,173		
2	D. Depreciation and Depletion	20.	2,740		
2	1. Other expenses	21.	124,736		4,137
2	2. Total expenses. Add lines 13 through 21	22.	565,248		14,566
2	B. Excess or (Deficit). Subtract line 22 from line 12	23.	8,540		
2	1. Total exempt revenue	24.	573,788		53,691
K	o. Total unrelated revenue	25.		327,175	33,091
<u>5</u> 2	i. Total excludable revenue	26.	98,638	69,838	-28,800
E 2	. Total assets	27.	170,610		
2 2	. I otal liabilities	28.	146,729	114,358	
E 29	Retained earnings	29.	23,881	71,546	
E 3	. Number of voting members of governing body	30.	17	17	47,665
0 3	. Number of independent voting members of governing body	31.	<u> </u>	17	
3:	Number of employees	32.	12	11	
33	. Number of volunteers	33.	14	11	

Form 990		Tax Re	Tax Return History			2,500
			6			7107
Name Adopt America	ica Network				Employer 34-1:	Employer Identification Number 34-1396924
	2013	2014	2015	2016	2047	
Contributions, gifts, grants	411,278	454,715	433,221	439,634	541,041	2018
Membership dues					, l	***************************************
Program service revenue	74,014	57,798	79,843	97,760	53.101	
Capital gain or loss					101/00	
Investment income	28	55	59	20		
Fundraising revenue (income/loss)	49,741	26,477	19,994	35,516	16.600	
Gaming revenue (income/loss)				4	٠,	****
Other revenue	6,401	2,262	794	858	12 937	
Total revenue	541,462	541,307	533,911	573.788	627 479	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	77,971	77,998	81,000	82.000	82 000	
Other compensation	307,266	294,235			337 422	
Professional fees	35,500	8,814	6,514	13.810	7 7 7 7	7,111
Occupancy costs	23,000	18,809	20,199		21,701	
Depreciation and depletion	3,561		2,744	2.740	2.537	PAGE STREET
Other expenses	125,947	~	139,794		128,873	
Total expenses	573,245	548,473	531,483	565,248	579,814	
Excess or (Deficit)	-31,783	-7,166	2,428	8,540	47,665	
-		- 1				
lotal exempt revenue	241,462	541,307	533,911	573,788	627,479	
lotal unrelated revenue						
Total excludable revenue	80,443	-	80,696	98,638	69,838	
Total Assets	220,873	192,855	170,217	170,610	185,904	
Total Liabilities	200,794	179,942	154,876	146,729	114.358	
Net Fund Balances	-7,109	~	15,341	23,881	71.546	
					27271	

Form 990 I Tax Return History Tax Return History Tax Return History 2017 2017 2017 2018 2017 2018							
Adopt America Network r deductions 2013 2014 2015 2016 2017 operating loss deduction 1,000	Form 9901		Тах	Return History			2017
Adopt America Network 2013 2014 2015 2016 2017 deduction 1,000 6 6 6 7	Name						
2013 2014 2015 2016 2017	Adopt Amer	ica Network				Em	ployer Identification Number
deduction 2014 2015 2016 2017 se and deductions -1,000		6				C	#-T3%0%75#
se and deductions -1, rate or trust) credit credit ments ments	Other deductions	\$107	2014	2015	2016	2017	2018
ise and deductions -1, rate or trust) credit its ments	Net operating loss deduction						
ise and deductions -1, rate or trust) credit its ments	Specific deduction	1,000					
rate or trust) credit tits ments	income after expense and deductions	-1,000					
credit its ments	Income tax (corporate or trust)						
credit its ments	Other taxes						
credit its ments rpayment	Total taxes						
its ments rpayment	General business credit						
its ments rpayment	Other credits						
ments rpayment	Net tax after credits					***	
- Tpayment	Estimated tax payments						
rpayment -	Other payments	872					
	Balance due/Overnavment	0112					
		7/0-					

^{*} Income shown net of expenses

