Form

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

OMB No. 1545-0047 2018 Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning , and ending							
В	Check if a	applicable: C Name of organization		D Employe	r identification number				
П	Address	change Adopt America Network							
片		Doing histories as		34-1	396924				
Ш	Name cha	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon					
	Initial retu	m 3100 W Central Avenue, Suite 225		419-	726-5100				
\sqcap	Final retu								
=	terminated	Toledo OH 43606		G Gross red	eipts\$ 776,573				
	Amended		7	G GIUSS IEC	eipis 7707373				
\Box	Annlication	2 - 200 - 20	H(a) Is this a gro	oup return for s	subordinates? Yes X No				
ш	Application	wency opecar	3000 VIV.00000 OSCIONS VI 1200 NO.	A-10-14 POST - 10-16	H., H.,				
		3100 W Central Avenue, Suite 225	H(b) Are all sub	ordinates incl	luded? Yes No				
		Toledo OH 43606	If "No,"	' attach a list.	(see instructions)				
1	Tax-exer	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527							
.1	Website		H(c) Group exe	motion numbe	. L				
<u>-</u>									
-			Year of formation: 1	903	M State of legal domicile: OH				
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities:							
æ	١,	Placement of children from U.S. foster care into adopt	ive homes	•					
ä									
Ë				OF PORCE OF PORCE					
Governance	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net ass	sets.					
	2	Number of voting members of the governing body (Part VI line 1a)		ا و ا	19				
≪ ජ				. 3					
ë.	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19				
Ξ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	12				
Activities	6	Total number of volunteers (estimate if necessary)		6	43				
_	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0				
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0				
	1		Prior Yea		Current Year				
	8	Contributions and grants (Part VIII, line 1h)	54:	1,041	656,214				
ΞĒ	8	Program contine revenue (Port VIII line 2x)		3,101	36,534				
Revenue		Investment income (Part VIII, inle 2g)		7, 202	00,001				
Se			2.	2 227	40 504				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,337	48,524				
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62	7,479	741,272				
		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				
S	15		419	9,422	449,371				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 24,289	****		, 0				
9	h.	Total fundraising expenses (Part IX column (D) line 25)			Y				
X	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	160	202	102 260				
			100	0,392	182,260				
	1 100 MI 1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,814	631,631				
	19	Revenue less expenses. Subtract line 18 from line 12		7,665	109,641				
S	.		Beginning of Cur		End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,904	233,908				
¥ P	21	Total liabilities (Part X, line 26)		1,358	52,721				
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	71	1,546	181,187				
_P	art II	Signature Block							
U	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	st of my kn	owledge and belief it is				
tru	ue, corre	ect, and complete. Declaration of preparer (other than officer)) is based on all information of which preparer	has any knowledg	e.					
		I Head of the							
Sig	10	Signature of officer		Date	The second secon				
		()		Date					
He	re	Wendy Spoerl Presi	aent						
		Type or print name and title							
207 27		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN				
Paid	d	Tyson L. Stuckey, CPA Tyson L. Stuckey, CPA	07/22/	19 self-em	ployed P00728628				
Pre	parer	Firm's name > Shultz Huber & Associates, Inc.		irm's EIN	34-1769212				
Use	Only	101 Clinton St., Suite 2000		III EIN F	J. 1.07414				
	Dofings OH 42512 2172								
Mai	the ID	·	P	hone no.	419-782-2000				
_		RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
DAA		ork Reduction Act Notice, see the separate instructions.			Form 990 (2018)				

	0 (2018) Adopt America Network 34-1396924	Page 2
Part	NO. CONTRACTOR OF A STATE OF THE STATE OF TH	
	Check if Schedule O contains a response or note to any line in this Part III	
1 Br	iefly describe the organization's mission:	
Pla	acement of children from U.S. foster care into adoptive homes.	
2 Di	d the organization undertake any significant program services during the year which were not listed on the	
	or Form 900 or 900 E72	Yes X No
23.5	Yes," describe these new services on Schedule O.	L res LAN
	d the organization cease conducting, or make significant changes in how it conducts, any program	
	rvices?	
	Yes," describe these changes on Schedule O.	Yes X No
	escribe the organization's program service accomplishments for each of its three largest program services, as measured by	
	penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the	e total expenses, and revenue, if any, for each program service reported.	
4a (C	ode:) (Expenses \$ 568,197 including grants of \$) (Revenue \$	36,534)
TOS	e organization received 1,949 referrals, placed 46 children frater care into adoptive homes, conducted 72 home studies, recer	uited 32
fan	nilies (prospective adoptive families), and registered 193 new	children.
07 40		

12. 10.0		
35 773		
2.10		
2.43		

3.17		
9.74		
4b (C)
N/A		

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*1100		
10000		
1000	· · · · · · · · · · · · · · · · · · ·	
c (Co	ode:) (Expenses \$ including grants of \$) (Revenue \$	
N/A		
14/ 23		
-05		
		1888 footbarenseer open
		CONTROL BEAUTIFE
1000		
25/2000		
97 mag		
3 44		
d Oth	er program services (Describe in Schedule O.)	
	penses \$ including grants of \$) (Revenue \$ al program service expenses ▶ 568.197)
· 101	al program service expenses ► 568 . 197	

Pa	rt IV Checklist of Required Schedules			age 3
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		7.7	
	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	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
	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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
	complete Schedule D. Part III			v
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
	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
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		<u>x</u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	_X_
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
	Nas the organization included in consolidated, independent audited financial statements for the tax year? If			
	'Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate or investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		5	**
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u>X</u>
	or any foreign organization? If "Yes" complete Schedule F. Parts II and IV	1.5		v
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
	assistance to or for foreign individuals? If "Yes" complete Schedule F. Parts III and IV	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	"		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18 [Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	f "Yes," complete Schedule G, Part III	19	X	
20a [Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b i	f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	omestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	<u> </u>

	art iv Checklist of Required Schedules (Continued)		Voc	TNo
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	y puriod exception.	24b		
C	and the state of t			
	to defease any tax-exempt bonds?	24c		
d	gut any time during the year.	24d		_
25a	(), (), (), (), (), (), (), (),			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	o and an experience of the control o			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			١
26	If "Yes," complete Schedule L, Part I	25b		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	-	i	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	┼	X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		+	<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200	 	
	Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	5 10 5705.5		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
J,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
	19? Note. All Form 990 filers are required to complete Schedule O.		37	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			П
	a respected of floto to diff life in this rait v		Vec	_ <u></u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)						
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12	_				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				r		
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			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		3.50					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l accou	unt)?	4a		X		
b	If "Yes," enter the name of the foreign country: ▶							
N==070 tr	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	its (FBAR).			C torone		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie						
12	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or						
_	gifts were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods						
•	and services provided to the payor?			7a	X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as						
	required to file Form 8282?	1 1		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		4_				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		X		
g and the digarization like a form 1000-0;								
a de la company								
9	sponsoring organizations maintaining donor advised funds			8				
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a				
10	Section 501(c)(7) organizations. Enter:			9b				
а	Initiation fees and capital contributions included on Part VIII, line 12	1 40- 1						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		-				
11	Section 501(c)(12) organizations. Enter:	TOD		-				
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources	11a		1				
	against amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.			104				
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunei		or	14b				
	excess parachute payment(s) during the year?		es.	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.			"				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income	a?	16		X		
	If "Yes," complete Form 4720, Schedule O.	a loon le	••	10				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 19 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 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? a X 8a b Each committee with authority to act on behalf of the governing body? 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 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 Wendy Spoerl 3100 W. Central, Suite 225 Toldeo ОН 43606 419-726-5100

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 organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	icer a	Pos check ess pe	rson i	than or s both sor/truste Highest compensated	an	(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) Nick Cherry	4 00										
Chair	1.00	x		x				o	0	_	
(2) Matthew Armstro		A		^	-			0	0	0	
(2) 220 001011 2211000200	1.00			8							
Vice Chair	0.00	X		х				0	0	0	
(3) Dan Silvers											
	1.00										
Secretary	0.00	X		X				0	0	0	
(4) Bill McGinnis											
	1.00			CONTRACT					α		
Treasurer	0.00	X		X				0	0	0	
(5) Barbara Machin	1 00										
	1.00	37		37				_	_		
Past Chair (6) David Bruhl	0.00	X	_	X		\vdash		0	0	0	
(6) DAVIG BIGHT	1.00										
Board Member	0.00	x						0	o	o	
(7) Tammy Corral	0.00		_		-	\vdash		<u> </u>	<u>_</u>	U	
(,, = = = = = = = = = = = = = = = = = =	1.00										
Board Member	0.00	X						0	o	0	
(8) Beverly Didham								***************************************			
	1.00										
Board Member	0.00	X						0	0	0	
(9) Tony Geftos											
	1.00										
Board Member	0.00	X						0	0	0	
(10) Kevin Hofmann								All the second s		The state of the s	
Contracting and Contracting and the contraction of	1.00							£			
Board Member	0.00	X						0	0	0	
(11) Mark Karchner	1 00										
Boond Monkey	1.00	4,5							~	-	
Board Member	0.00	X						0	0	0	

Part VII	Section A. Officers	, Directors, Tru	istee	s, K	ey E	mp	oyee	s, a	ind Highest Compensated	Employees (continued)				
٨	(A) Name and title	(B) Average hours per week (list any hours for related	off	x, unle	Pos check ess pe	rson direct	tion more than one son is both an irector/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other compension from the organiza	of ation ne tion	
		organizations below dotted line)	ndividual trustee or director	nstitutional trustee	14	key employee	Highest compensated employee	er				and rela organizat		
(12) Ga	ary LaRoche	1 00						on perofic						
Board Me	ember	1.00 0.00	X				-		0	0				0
Board Me	ember	1.00 0.00	x						0	0				0
(14) Br	rendon Polla													
Board Me	ember	1.00	x						o	0				0
	nilip Rudolp					_		_		<u> </u>		 		
		1.00												
Board Me		0.00	X						0	0				0
(16) Jo	hn Schinhar	1.00												
Board Me	ember	0.00	x						o	0				0
(17) Sa	arah Stepher									<u></u>				
		1.00												
Board Me	ember ecky Willian	0.00	X	-					0	0				0
(18) Be	cky william	1.00												
Board Me	ember	0.00	x			İ			o	0				0
(19) Je	eff Young											***************************************		
Doord Ma		1.00	x											•
Board Me		0.00	Λ		pany spel				0	0				0
	om continuation shee	ets to Part VII,	Secti	on A					84,387					
	dd lines 1b and 1c)								84,387					
	umber of individuals (inc le compensation from				those	e list	ed a	bove	e) who received more than	\$100,000 of			V 1	
3 Did the	organization list any fo	rmer officer, dire	ector	, or t	truste	ee, k	еу е	mple	oyee, or highest compensa	ted	ſ		Yes	No
employe 4 For any	ee on line 1a? If "Yes," individual listed on line	complete Schede 1a, is the sum	dule of re	J for eporta	<i>sucl</i> able	h ind	<i>lividu</i> pens	al	n and other compensation	from the		3		X
organiza <i>individua</i>		izations greater	than	\$15	0,00	0? //	"Ye	s," c	omplete Schedule J for suc	ch		4		x
5 Did any	person listed on line 1	a receive or acc	crue (comp	ens	atior	fron	n an	y unrelated organization or	individual		-+		
	ces rendered to the or		es,"	com	olete	Sch	redul	e J	for such person			5		X
1 Complet	dependent Contractor te this table for your five	e highest compe	ensat	ted in	ndep	end	ent c	ontra	actors that received more t	han \$100,000 of				
Compen	Mana and	(A) business address	пре	isau	OII IC	וו ונו	e Ca	ena	ar year ending with or with	in the organization's tax ye (B) on of services	ar.		(C) pensatio	
***************************************	iyane and	Dusiness address							Descripti	on of services		Con	perisatio	in

												•		
2 Total nu	mber of independent co	ontractors (include	ding	but r	not li	mite	d to	thos	e listed above) who					
received	more than \$100,000 c	of compensation	from	the	orga	aniza	ation		• Park 1997	0				

25 (0)	art v	Check if Schedule		a response or	note to any line in	this Part VIII	************	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a	9,522				
Gra	b	Membership dues	1b					
ts, An	C	Fundraising events	1c	46,951		1		
ខ្លាំខ្ល	d	Related organizations	1d	4,837				
Sim	е	Government grants (contributions)	1e					
Itio Per	1	All other contributions, gifts, grants, and similar amounts not included above						
50			1f	594,904				
S C	g	Noncash contributions included in lines 1a Total. Add lines 1a-1f	1-1f: \$		656 214			
e 90	-	Total. Add lines 1a-11			656,214			
Program Service Revenue Contributions, Gifts, Grants	2a	Contracted Program	Por	Busn. Code	33,594	33,594		
æ	b				2,500	2,500		
8	C				440	440		
Š	d						***************************************	
E	e							
gg	f	All other program service reve						
4	g	Total. Add lines 2a-2f			36,534			
	3	Investment income (including	dividends, in	terest,				
		and other similar amounts)		>				
	4	Income from investment of tax	x-exempt bor	nd proceeds ▶				
	5	Royalties		>				
		(i) Real		(ii) Personal				
	6a	20 CO						
	b							
	С	(r de		
	d 7a	Net rental income or (loss) Gross amount from		F) 04				
	0.000	sales of assets (i) Securities	<u> </u>	(ii) Other				
	h	other than inventory Less: cost or other						
		basis & sales exps.				4		
	_	Gain or (loss)						
	d	Net gain or (loss)			ľ			
4.	8a	Gross income from fundraising eve						
une		(not including \$ 46,5						
eve		of contributions reported on line 1c)						
Other Reve		See Part IV, line 18		66,100	ľ			
the	b	Less: direct expenses	b	28,401				
0		Net income or (loss) from fund	raising event		37,699			
	9a	Gross income from gaming activitie	es.					
		See Part IV, line 19	a	17,725				
		Less: direct expenses	b	6,900				
	С	Net income or (loss) from gam	ning activities		10,825	10,825		
	10a	Gross sales of inventory, less						
		returns and allowances	. a					
		Less: cost of goods sold	. b					
	<u>c</u>	Net income or (loss) from sales	s of inventory					
	44	Miscellaneous Revenue		Busn. Code				
	11a			.		····		
	b			·				
	C	All other revenue		.				· · · · · · · · · · · · · · · · · · ·
		All other revenue Total. Add lines 11a–11d		Commence of the second second				
	12	Total revenue. See instruction		·····	7/1 272	47 250		
		. Juli revenue. See instruction	10		741,272	47,359	Ol	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. (C) 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 84,387 trustees, and key employees 50,633 16,877 16,877 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 317,080 7 Other salaries and wages 301,668 12,649 2,763 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 14,226 12,484 1,046 696 Payroll taxes 33,678 29,553 2,477 10 1,648 Fees for services (non-employees): 11 a Management **b** Legal c Accounting 12,043 9,634 2,409 d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 21,500 20,425 645 430 9,748 9,748 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 685 685 19 3,786 20 3,786 21 Payments to affiliates Depreciation, depletion, and amortization 22 1,938 1,841 97 23 13,143 Insurance 10,515 1,971 657 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.) 67,910 Homestudy Expense 67,910 18,029 b Youth Support 18,029 Repairs and Maintenance 7,392 C 7,022 370 5,035 Dues and Subscriptions 5,035 e All other expenses 21,051 19,229 604 1,218 25 Total functional expenses, Add lines 1 through 24e 631,631 568,197 39,145 24,289 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 39,885 Cash-non-interest bearing 19,025 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 137,000 195,000 3 3 2,454 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 1,880 987 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 98,927 **b** Less: accumulated depreciation 10b 89,629 4,685 9,298 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 2,419 15 Total assets. Add lines 1 through 15 (must equal line 34) 185,904 233,908 16 17 Accounts payable and accrued expenses 6,698 13,120 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 87,600 22,000 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 20,060 25 17,601 Total liabilities. Add lines 17 through 25 114,358 52,721 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets -92,608 27 -33,01128 Temporarily restricted net assets 164,154 214,198 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 33 71,546 181,187 33 Total liabilities and net assets/fund balances 185,904 233,908

Form 990 (2018)

Forn	990 (2018) Adopt America Network	34-1396924			Pa	ge 12
Pa	art XI Reconciliation of Net Assets					***************************************
	Check if Schedule O contains a response or note to any line	e in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	7.	41,	272
2	Total expenses (must equal Part IX, column (A), line 25)		2	6.	31,	631
3	Revenue less expenses. Subtract line 2 from line 1		3	1	09,	641
4	Net assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4		71,	546
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments					
9	Other changes in not accept or fund balances (cyntain in Schodula O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must					
	33, column (B))		10	1	81,	187
Pa	art XII Financial Statements and Reporting					MATERIAL STATES
	Check if Schedule O contains a response or note to any line	in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accr	rual Other				
	If the organization changed its method of accounting from a prior year or check	cked "Other," explain in				
	Schedule O.			1		
2a	Were the organization's financial statements compiled or reviewed by an inde			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the	e year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated ar					
b	Were the organization's financial statements audited by an independent acco			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the	e year were audited on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated an					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume					
	of the audit, review, or compilation of its financial statements and selection of	f an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process de-	uring the tax year, explain in				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an au	udit or audits as set forth in				
10000	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organ					
	required audit or audits, explain why in Schedule O and describe any steps tal	ken to undergo such audits.		3b		

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.

OMB No. 1545-0047

Open to Publi

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

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

Adopt America Network 34-1396924 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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). 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). (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) (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	454,715	433,221	439,634	541,041	656,214	2,524,825
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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	454,715	433,221	439,634	541,041	656,214	2,524,825
	shown on line 11, column (f)						76,282
6	Public support. Subtract line 5 from line 4	L	···	1			2,448,543
-	tion B. Total Support		#11 004F 1				
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	454,715	433,221	439,634	541,041	656,214	2,524,825
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55	59	20			134
9	Net income from unrelated business activities, whether or not the business is regularly carried on			*****			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,524,959
12	Gross receipts from related activities, etc.					12	249,047
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
_	organization, check this box and stop here						▶ □
	tion C. Computation of Public Su				····		
14	Public support percentage for 2018 (line 6,	column (f) divided	by line 11, column	n (f))		14	96.97 %
15	Public support percentage from 2017 Sche					15	98.34 %
16a	33 1/3% support test—2018. If the organi				3 1 <i>1</i> 3% or more, cl	heck this	
740	box and stop here . The organization quali						▶ X
b	33 1/3% support test—2017. If the organi	zation did not checi	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	ore, check	
17a	this box and stop here. The organization of						
114	10%-facts-and-circumstances test—201						
b	10% or more, and if the organization meets Part VI how the organization meets the "fa organization 10%-facts-and-circumstances test—201	icts-and-circumstan	ces" test. The org	anization qualifies	as a publicly supp	orted	▶ □
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me					blicly	
	supported organization			=			▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	ck this box and see	9	
	instructions						▶ 🔲

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

Sec	tion A. Public Support	quality arraor i	ino tooto notou	bolow, ploade c	ompiete i dit i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				3.7	(9/ =5.5	(7)
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			Contracting and the second			
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						
	Add lines 7a and 7b		-				
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	L				L	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2014	(6) 2010	(6) 2010	(u) 2017	(e) 2016	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						***************************************
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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, and 12)						
14	First five years. If the Form 900 is for the	organization's f	t occomed the second				
179	First five years. If the Form 990 is for the organization, check this box and stop here		i, secona, thira, foi	um, or titth tax yea	ir as a section 50°	1(c)(3)	. □
Sect	tion C. Computation of Public Su		tage		*************	****************	
15	Public support percentage for 2018 (line 8			nn (fl)		15	%
16	Public support percentage from 2017 Sche	edule A. Part III. lin	ne 15	(///		16	%
Sect	tion D. Computation of Investme				***********		70
17	Investment income percentage for 2018 (li			3, column (fl)		17	%
18	Investment income percentage from 2017			(8.75) 5.14.4		10	%
19a	33 1/3% support tests—2018. If the organ			14, and line 15 is	more than 33 1/3		70
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization of	qualifies as a public	cly supported orga	nization	▶ □
b	33 1/3% support tests-2017. If the organ	nization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and stop h e	ere. The organizati	on qualifies as a p	ublicly supported	organization	▶ □
20	Private foundation. If the organization did	I not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	▶ 🔲

Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2018

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
- 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		
	3с	-	
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		-
	9a		
	9b		
	9c		
	10a		
	10b		
(10	rm 990	or 990-l	=4) 2018

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

3a

Schedule A (Form 990 or 990-EZ) 2018 Adopt America Network		34-1396	924 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
- Adjusted Het Hoofie		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integral	rated Type III o	supporting organization (500

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt purpo						
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizations	ation is responsive					
	(provide details in Part VI). See instructions.			<u></u>			
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount	T					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
	From 2013						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e						
	Applied to underdistributions of prior years Applied to 2018 distributable amount						
	Carryover from 2013 not applied (see instructions)						
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from						
**	Carlo						
2	Section D, line 7: \$ Applied to underdistributions of prior years						
	Applied to 2018 distributable amount		***************************************				
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
130	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

	m 990 or 990-EZ) 2018			Network		34-1396924	Page 8
Part VI	III, line 12; Part IVB, lines 1 and 2; IVB, and 3b; Part V	/, Section A, lin Part IV, Section /, line 1; Part V	es 1, 2, 3b, C, line 1; F , Section B,	3c, 4b, 4c, 5a, Part IV, Section line 1e; Part V	6, 9a, 9b, 9c, 11a, D, lines 2 and 3; Pa	10; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines 6, and 8; and Part V, nstructions.)	Section 1c, 2a, 2b,

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				NIKI CIKACAMENGANIA (1111111 (111111111111111111111111111111	COCCESSION CONTRACTOR AND	ila enemperatura praesti 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.

2018

Open to Public Inspection

OMB No. 1545-0047

Ivanie	of the organization		Employer identification number
A	dopt America Network		34-1396924
	irt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the		
722	funds are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor advisors i		
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
-			Yes No
	rt II Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land area
	Protection of natural habitat	Preservation of a certified histori	
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	00000000000000000000000000000000000000	2b
C	Number of conservation easements on a certified historic structure in	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25	i/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organization	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation e	asements during the year

7	Amount of expenses incurred in monitoring, inspecting, handling of violation	plations, and enforcing conservation easem	nents during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	
220	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense statemen	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that d	escribes the
Da	organization's accounting for conservation easements.		
ra	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	Historical Treasures, or Other S	Similar Assets.
10			
ia	If the organization elected, as permitted under SFAS 116 (ASC 958), I	not to report in its revenue statement and t	palance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of
h	public service, provide, in Part XIII, the text of the footnote to its finan-		
D	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and balan	nce sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2			\$
•	If the organization received or held works of art, historical treasures, o	other similar assets for financial gain, pro	vide the
a	following amounts required to be reported under SFAS 116 (ASC 958) Revenue included on Form 990, Part VIII, line 1	Second address to the contract of the contract	N
			\$
U	Assets included in Form 990, Part X		\$

	dale D (1 01111 000) 2010 2200 PC 221				24-1290			P	age .
	art III Organizations Maintainin	g Collections of	Art, Historical	Treasures, o	r Other Sir	nilar Assets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of the fo	ollowing that are	a significant (ise of its			
а	Public exhibition	d 🗍 I	oan or exchange p	rograms					
b	Scholarly research		Other						
C	Preservation for future generations								
4	Provide a description of the organization's	collections and explain	how they further the	e organization's	exempt purpos	se in Part			
	XIII.								
5	During the year, did the organization solicit	or receive donations of	of art, historical treas	sures, or other s	imilar				
	assets to be sold to raise funds rather than	to be maintained as p	art of the organization	on's collection?		10	Ye	s	No
Pa	Complete if the organizatio 990, Part X, line 21.	rrangements.					on Forn	1	•
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contributions	or other assets	not				
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table:						-
							Amount		
C					* ******	1c			
d	Additions during the year	************************				1d			
е	Distributions during the year					1e			
Ť	Ending balance					1f			
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cu	ustodial account	liability?		Ye	s	No
b	If "Yes," explain the arrangement in Part XII	 Check here if the ex 	planation has been	provided on Par	t XIII				
Pa	rt V Endowment Funds.								
	Complete if the organization	n answered "Yes"	on Form 990, P	art IV, line 10).				-22-1
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four	years b	oack
1a	Beginning of year balance		****						
	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships							***************************************	
е	Other expenditures for facilities and								
	programs		****	1	1				
f	Administrative expenses								
g	End of year balance					WHOLE TO A CONTROL OF			
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g. column (a)) held as:					
a	Board designated or quasi-endowment ▶	%	((-)	, uc.					
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%.							
3a	Are there endowment funds not in the posse		on that are held and	d administered fo	or the				
	organization by:		The side field diffe	a daministered to	or the		Γ	Yes	No
	(i) unrelated organizations						3a(i)	ies	NO
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	d on Schedule R?				3a(ii) 3b		
4	Describe in Part XIII the intended uses of the	e organization's endow	ment funds		The Paris Control of the Control		20		
Pa	rt VI Land, Buildings, and Equ	ipment.	ment lands.						
	Complete if the organization		n Form 990 Pa	ort IV line 11	Soo Form	OOO Dort V	line 1	,	
	Description of property	(a) Cost or other bas			(c) Accumula				
	consistence on the desirence of the consistence of the	(investment)	(oth	A SECONDO POSICIONES	depreciation		(d) Book v	alue	
1a	Land		(on	ici)	depreciation	<u> </u>			
	Buildings								
	Logophald								
C	Leasendid improvements					1			
C	Leasehold improvements Equipment			08 027	0.0	620		~ ~	00
c d	Equipment Other			98,927	89	, 629		9,2	98

				Pan X line 17
	Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value		of valuation:
*************	(including name of security)	****	Cost or end-of-y	ear market value
1) Financial o				
	ld equity interests			

(A)				
(B)				
(C)				***************************************
(D) (E)	THE CONTRACTOR AND CARRY OF THE PARTY SERVICE AND ADDRESS OF THE PARTY			
(F)				
(G)	THE THE THE PERSON AS A CONTROL OF THE PERSON AS	·	 	
(H)	TO ESCO IL DE CELLEMENT DECENTARIO DE DECENTARIO DELL'ARREST DELL'			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		I	
	Complete if the organization answered "Yes" on	Form 990. Part IV. line	e 11c. See Form 990 I	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method	
			Cost or end-of-ye	
(1)				
(2)				What is a second of the second
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX			1	
	Other Assets.		I	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	Part X, line 15.
(4)		Form 990, Part IV, line	1 11d. See Form 990, F	Part X, line 15.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	
(2)	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	
(2) (3)	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	
(2) (3) (4)	Complete if the organization answered "Yes" on	Form 990, Part IV, line	1 11d. See Form 990, F	
(2) (3) (4) (5)	Complete if the organization answered "Yes" on	Form 990, Part IV, line	1 11d. See Form 990, F	
(2) (3) (4) (5)	Complete if the organization answered "Yes" on	Form 990, Part IV, line	1 11d. See Form 990, F	
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	
2) 3) 4) 5) 6) 7)	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, F	
2) 3) 4) 5) 6) 7) 8)	Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9) (Column	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line	1 11d. See Form 990, F	
(2) (3) (4) (5) (6) (7) (8) (9) (Column	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		>	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9)	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		>	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	Form 990, Part IV, line	>	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.		>	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, line	>	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability noome taxes and Payroll and Withheld Taxes	Form 990, Part IV, line (b) Book value 9,755	>	(b) Book value
2) 3) 4) 5) 6) 7) 8) 9) Mal. (Column Part X 1) Federal in 2) Accrue 3) Payabl	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, line (b) Book value 9,755 5,846	>	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (btal. (Column Part X 1) Federal in (2) Accrue (3) Payabl (4) Other	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability noome taxes and Payroll and Withheld Taxes Le to AAN Endowment Corp	Form 990, Part IV, line (b) Book value 9,755	>	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column Part X 1) Federal in (2) Accrue (3) Payabl (4) Other	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability noome taxes and Payroll and Withheld Taxes Le to AAN Endowment Corp	Form 990, Part IV, line (b) Book value 9,755 5,846	>	(b) Book value
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1) Federal in 2) Accrue 3) Payabl	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability noome taxes and Payroll and Withheld Taxes Le to AAN Endowment Corp	Form 990, Part IV, line (b) Book value 9,755 5,846	>	(b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column Part X 1) Federal in (2) Accrue (3) Payabl (4) Other (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability noome taxes and Payroll and Withheld Taxes Le to AAN Endowment Corp Current Liability	Form 990, Part IV, line (b) Book value 9,755 5,846 2,000	>	(b) Book value
13) 44) 55) 66) 77) 88) 99) otal. (Column Part X 1) Federal in 2) Accrue 3) Payabl 4) Other 5) 6) 77) 83) 99) otal. (Column	Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability noome taxes and Payroll and Withheld Taxes Le to AAN Endowment Corp	Form 990, Part IV, line (b) Book value 9,755 5,846 2,000 17,601		990, Part X,

Pa	Reconciliation of Revenue per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part IV,		eturn.	i age -
1	Total revenue, gains, and other support per audited financial statements		T .	776 573
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	776,573
a	To a series of the series of t	I		
b	Donated services and use of facilities 2b		-	
c			-	
d		35,301	Н 1	
e				35,301
3	Culatoret fine 20 from the d		2e 3	741,272
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I	3	141,212
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Dest VIII.)		- 1	
	Add lines 4a and 4b	L	ا ء ا	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c	741 272
	art XII Reconciliation of Expenses per Audited Financial Statements			741,272
	Complete if the organization answered "Yes" on Form 990, Part IV,		Netui	11.
1	Total expenses and losses per audited financial statements		1	666,932
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Lau			
b	Prior year adjustments 2b			
C	Other losses 2c]	
d	Other (Describe in Part XIII.)	35,301	7 1	
e	Add lines 2a through 2d		2e	35,301
3	Subtract line 2e from line 1		3	631,631
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	8700-600 + 4007750 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	1 1	
b	Other (Describe in Part XIII.) 4b		7	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	631,631
-	rt XIII Supplemental Information.			
^o rovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4;	Part X, I	ine
2; Pa P a	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add art XI, Line 2d - Revenue Amounts Included in	litional information. Financials -	Oth	er
Di	irect Fundraising Expenses		\$	28,401
Di	irect Gaming Expenses			6 000
			\$	6,900
				CONTROL COMMENT CARROLS STEER
Pa	art XII, Line 2d - Expense Amounts Included in	Financials -	- Oti	her
Di	irect Fundraising Expenses		,	28,401
Di	irect Gaming Expenses		;	6,900
		etorika a karagori nasilisa 22 kwill		4
				O'CHICA TILBIANIANIAN CAR

Schedule D (orm 990) 2018 Adopt America Network	34-1396924	Page 5
Part XIII	Supplemental Information (continued)		
		MARATATOR CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL	
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Department of the Treasury

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 instructions and the latest information.

OMB No 1545-0047

Internal Revenue Service 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 C Special fundraising events 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) custody or (or retained by) (II) Activity or entity (fundraiser) from activity control of fundraiser listed in organization contributions? col. (i) Yes No 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

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

			(a) Event #1 Dinner Auction	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	None (total number)	(add col. (a) through col. (c))
anne				····		
Revenue	1	Gross receipts	113,051			113,051
		Less: Contributions	46,951			46,951
	3	Gross income (line 1 minus	66,100			66 100
	<u> </u>	line 2)	00,100			66,100
	4	Cash prizes				
	5	Noncash prizes		11379		
	1					
ses	6	Rent/facility costs	500			500
Expenses	7	Food and beverages	16,868			16 969
Direct E		rood and beverages	10,000			16,868
ä	8	Entertainment	350			350
	9	Other direct expenses	10,683			10,683
		32			I	10,663
	10	Direct expense summary.	Add lines 4 through 9 in column (contract lines 4.0 for all 1.0 fo	1)		28,401
	art	III Gaming Com	otract line 10 from line 3, column (oblete if the organization answ	vered "Ves" on Form 990. F	Part IV line 10 or report	37,699
		than \$15,000 o	n Form 990-EZ, line 6a.		arciv, inte 19, or report	led more
9			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		-		bingo/progressive bingo	,,	col. (a) through col. (c))
<u>~</u>	1	Gross revenue			17,725	17,725
	2	Cach prizes		- Control of the second		
nses	-	Cash prizes			6,900	6,900
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	X No	X No	X No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)	•	6,900
	0	Not gaming income as many	and College the 77	7.6		
	-	Net garning income summi	ary. Subtract line 7 from line 1, col	umn (d)	<u> </u>	10,825
	Is th		organization conducts gaming act conduct gaming activities in each			X Yes No
10a b	Wer	e any of the organization's 'es," explain:	gaming licenses revoked, suspend	ded, or terminated during the tax y	year?	Yes X No

Sch	edule G (Form 990 or 990-EZ) 2018 Adopt	America	Network	34-13	96924	Page 3
11	Does the organization cond						es X No
12	Is the organization a grantor			ember of a partnership o	or other entity		
	formed to administer charita	able gaming?			D CKECCOCKIES CHARACTA DINELLA INVEST	П ү	es X No
13	Indicate the percentage of of	gaming activity conducte	d in:				
а	The organization's facility				electroner man continuental da cuma	13a	%
b	An outside facility					13b 100	.00 %
14	Enter the name and address records:	s of the person who pre	pares the organi	zation's gaming/special e	vents books and		
	Name ▶ Wendy Sp	poerl					
	3100 W.	Central, Suite	225	3100 W. C	entral, Suite 225		
	A () N M T T			0200 11, 0		06	
15a	Does the organization have	a contract with a third p	arty from whom	the organization receives	s gaming		
	revenue?					Пу	es X No
b	If "Yes," enter the amount o	f gaming revenue receiv	ed by the organi	zation > \$	and the		
	amount of gaming revenue i	retained by the third part	ty ▶ \$		Statistics of the trade of the		
C	If "Yes," enter name and add	dress of the third party:					
	Name >		5.				
	Address						
	Address >						
16	Gaming manager information	n:					
	Name ▶ Wendy Spoe:	rl					
						11.00	
	Gaming manager compensa	ation > \$					
	Description of services provi	ded ▶			erecens excess excess excess exercises and a contract of the c		
	V		_			*****	
	X Director/officer	Employee	Indeper	ident contractor			
17	Mandatory distributions:						
a	Is the organization required to	inder state law to make	التبادات والمواسطة				
-	retain the state gaming licen			The second secon	to some id states at modification of the	П.	real
b	Enter the amount of distributi	The rest contract that the rest is a second service.	a law to be dietri	buted to other exempt or		Ye	s X No
	spent in the organization's ov	vn exempt activities duri	ng the tax year l	S s	ganizations or		
Pa	t IV Supplemental	Information, Provi	de the explan	ations required by F	Part I, line 2b, columns (iii) a	and (v): and	
	Part III, lines 9,	9b, 10b, 15b, 15c,	16, and 17b,	as applicable. Also	provide any additional information	mation	
	See instruction	S.			provide any additional infor	nation.	
	• • • • • • • • • • • • • • • • • • • •						

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number Adopt America Network 34-1396924 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is sent to all board members before it is filed to give them the opportunity to review the form, ask questions and propose changes. Form 990, Part VI, Line 12c - Enforcement of 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 28,401

Direct Gaming Expenses

Direct Fundraising Expenses

6,900

-28,401

Schedule O (F	orm 990 or 990 anization	-EZ) (2018)					TEmployer iden	Page 2 tification number
		Network					34-1396	
Adopt	PHIELICA	MECMOLK				*****	34-1396	0924
Direct	Gaming	Expenses	******				\$	-6,900
		PERSONAL CONTRACTOR AND ADDRESS.						
		· C Free Transfer Cressing						
*			*******************					

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				* 100 81 91 54 5 8 8 8 8 8				
		TARREST COMME CONTRACT						
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t states excessor								
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		CONTRACT CONTRACT CONTRACT CONTRACTOR	A. S.		***		*********	
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Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

OMB No. 1545-0172

179

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Nam	ne(s) shown on return	7 No	A			1		number
Ruci	ness or activity to which this form relate	America Ne	twork			34-	139	6924
	indirect Depreciat							
_	art I Election To Expe		nerty Under Secti	on 170				
•	Note: If you have	rancement of the Philadelphia was a second of the latest and the l	Transcorrection - Land State and Control State Control State State State State State State State State State S		complete Part	r		
1	Maximum amount (see instructio		ly, complete rait v	before you	complete Fait	<u> </u>	1	1,000,000
2	Total cost of section 179 property		ee instructions)	**********			2	1,000,000
3	Threshold cost of section 179 pro			tructions)			3	2,500,000
4	Reduction in limitation. Subtract li	ne 3 from line 2. If ze	ero or less, enter -0-	a double)		****	4	2,300,000
5	Dollar limitation for tax year. Subtract li		1.7	d filing separately.	see instructions		5	
6		n of property) Cost (business use		Elected cost		
								1
7	Listed property. Enter the amount	from line 29			7			
8	Total elected cost of section 179	property. Add amour	ts in column (c), lines (and 7			8	
9	Tentative deduction. Enter the sr	naller of line 5 or line	8				9	
10	Carryover of disallowed deduction	from line 13 of your	2017 Form 4562				10	
11	Business income limitation. Enter	the smaller of busine	ess income (not less th	an zero) or line	5. See instruction	າຣ	11	
12	Section 179 expense deduction.	Add lines 9 and 10, b	ut don't enter more tha	n line 11			12	
13	Carryover of disallowed deduction	to 2019. Add lines 9	and 10, less line 12	<u> </u>	13			
	e: Don't use Part II or Part III below							
14		ion Allowance a	ind Other Deprec	iation (Don'	t include listed	proper	y. Se	e instructions.)
14	Special depreciation allowance for		51 53					
15	during the tax year. See instruction Property subject to section 168(f)	AND A SECURE AND ADDRESS OF THE PARTY OF THE					14	
16	Other depreciation (including ACF						15	1 000
	art III MACRS Depreciat		le listed property	Saa instruction	anc I		16	1,938
	miletie Depicera	CON (DON'T MORE	Section A		JII5.)			
17	MACRS deductions for assets pla	ced in service in tax					17	0
18	If you are electing to group any assets place				here		-''-	
	Section B—/	Assets Placed in Se	rvice During 2018 Tax	Year Using th	e General Depre	ciation S	vstem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery	(e) Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property						-	
b	5-year property					******		
С	7-year property							
d	10-year property					***************************************		
e	15-year property							
f	20-year property							
<u>g</u>	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real property			39 yrs.	MM	S/L		
		asta Diagraf in Cami	D 2040 T		MM	S/L		
20a	Class life	Sets Placed III Servi	ce During 2018 Tax \	ear Using the	Alternative Depr		Systen	n
	12-year			40		S/L		
	30-year			12 yrs.		S/L		
	40-year			30 yrs.	MM	S/L		
-	rt IV Summary (See ins	tructions)		40 yrs.	MM	S/L		
21	Listed property. Enter amount from						94	
22	Total. Add amounts from line 12, I	ines 14 through 17. li	nes 19 and 20 in colum	n (g) and line	21 Enter		21	
	here and on the appropriate lines	of your return. Partne	erships and S corporation	ons-see instru	ctions		22	1,938
23	For assets shown above and place	ed in service during the	ne current year, enter th	ne (
	portion of the basis attributable to	SECTION ZOOM COSTS			23			