Form (Rev. January 2020)

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 2019 Open to Public Inspection

v. January 2020)	 Do not enter social security numbers of this form do Go to www.irs.gov/Form990 for instructions and the latest inf 	ormation.		Inspection
partment of the Treasury Irnal Revenue Service				
For the 2019 ca	lendar year, or tax year beginning	DE	mployer iden	tification number
Check if applicable:	Name of organization Adopt America Network			
Address change			4-139	
Name change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E T	elephone num	6-5100
200	2100 W Central Avenue, Suite 225		19-12	0 3100
Initial return	City or town, state or province, country, and ZIP or foreign postal code			786,208
Final retum/ terminated	Toledo OH 43606	G (Gross receipts S	
Amended return	F Name and address of principal officer:	H(a) Is this a group re	eturn for suborc	dinates? Yes X No
Application pending	Wondy Spoorl			T v T No
Application pending	3100 W Central Avenue, Suite 225	H(b) Are all subordin	ich a list. (see	
	Toledo OH 43606	11 140, atta	icii a iist. (occ	,
	10.427/-1/41 527			
Tax-exempt status:	30 (c)(3) 30 (c)(3)	H(c) Group exemption	on number	OH
	Association Other	ear of formation: 198	33 M	State of legal domicile: OH
Form of organization:	Corporation Hust			
Part I Su	ummary escribe the organization's mission or most significant activities:			
1 Briefly de	escribe the organization's mission or most significant activities. cement of children from U.S. foster care into adopti	ve homes.		
Plac	ement of children 123m			
2 Check th	nis box ▶ if the organization discontinued its operations or disposed of more than 25	% of its net asset	S.	2 2
2 Check th	is box if the organization discontinued its operations of dispersions of dispersi		3	15
3 Number	of voting members of the governing body (Part VI, line 1a)		4	15
4 Number	of voting members of the governing body (Part VI, line 1b) of independent voting members of the governing body (Part VI, line 2a)		5	16
4 Number 5 Total nu 6 Total nu	of independent voting members of the governing and part V, line 2a) mber of individuals employed in calendar year 2019 (Part V, line 2a)		6	20
6 Total nu	Imber of volunteers (estimate if necessary)		7a	
	from Dort VIII column (C) IDE 12			
b Net unr	elated business revenue from Part VIII, coloniii (e), iiice 39	Prior Year		Current Year
	MANAGEMENT PARAMETER AND	656	,214	605,469
8 Contribu	utions and grants (Part VIII, line 1h)	36	,534	101,916
9 Program	n service revenue (Part VIII, line 2g)			
10 Investm	nent income (Part VIII, column (A), lines 3, 4, and 7d)	48	,524	39,93
11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	741	,272	747,323
40 T-4-1 mg	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	i		
42 Cronte	and similar amounts paid (Part IX, column (A), lines 1-3)			
	aid to or for members (Part IX, column (A), line 4)	449	,371	477,15
15 Salaries	e other compensation employee benefits (Part IX, column (A), lines 3-10/		1	
16a Profess	sional fundraising fees (Part IX, column (A), line 11e)	1		
W h Total fi	indraiging expenses (Part IA, Column (P), into 20/	182	,260	254,83
17 Other	synapses (Part IX, column (A), lines 11a–11d, 11f–24e)		,631	731,98
17 Outel o	weeness Add lines 13–17 (must equal Part IX, column (A), line 25)		,641	15,33
40 Poven	ue less expenses. Subtract line 18 from line 12	Beginning of Curr		End of Year
_ vi			3,908	230,86
20 Total :	assets (Part X, line 16)		2,721	34,33
000	(-Lilling /Dort V line 26)		1,187	196,52
21 Total 1	sets or fund balances. Subtract line 21 from line 20	107	1,107	230/0-
Down II	Signature Block			and ballof it is
		nents, and to the be	est of my kn	owiedge and belief, it is
true correct an	of perjury, I declare that I have examined this return, including accompanying scriedules and states of complete. Declaration of preparer (other than officer) is based on all information of which prepared to the complete of the complete o	er nas any knowledg	7	
1 Lab, 50,700, 47	Wendy & Sport		Dot-	1/3/20
0'	Signature of officer		Date	
Sign	Wendy Spoerl Pres	ident		
Here	Type or print name and title			[] [proj
	Dde signature	Date	Check	
7,100,000	Type preparers name	11/03	/20 self-en	polyed P00728628
Paid Tys	on L. Stuckey, CPA Tyson L. Stuckey, CFA Tys		Firm's EIN	34-1769212
Preparer Firm	Shiii L.Z. Ruber & Massociation			
Use Only	101 Clinton St., Suite 2000		Phone no.	419-782-200
Firm	Defiance, OH 43512-2172			X Yes
May the IRS di	scuss this return with the preparer shown above? (see instructions)	<u> </u>		Form 990 (

NAME OF THE PARTY	34-1396924	Page 2
990 (2019) Adopt America	a Network	П
Statement of Program	m Service Accomplishments contains a response or note to any line in this Part III	
Briefly describe the organization's mis	ssion.	homos
Briefly describe the organizations mis	n from U.S. IUSCCI COLU	nomes.
Tacement of on-	## ##YM ####	
Did the organization undertake any si	ignificant program services during the year which were not listed on the	Yes X No
prior Form 990 or 990-EZ?	igninos.it preg	
	an Cohodulo ()	
	or make significant changes in now it conducts, any pro-	Yes X No
services?	ig, or make significant energy	, <u> </u>
If "Yes," describe these changes on	Schedule O.	sured by
		to others.
Coction 501(c)(3) and 501	1(c)(4) organizations are required to report the amount	•••
the total expenses, and revenue, if a	any, for each program service reported.	
	666,442 including grants of \$) (Reversely exceived a number of referrals, placed 5	venue \$ 101,916
2 (Code:) (Expenses \$	including grants of \$) (Re	evenue \$
b (Code:) (Expenses \$ N/A	including grants of \$) (Re	evenue \$
N/A	including grants of \$) (Re	evenue \$
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N/A	including grants of \$) (Re	evenue \$
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N/A 4c (Code:) (Expenses \$ N/A	including grants of \$) (Ref	evenue \$
N/A 4c (Code:) (Expenses \$	including grants of \$) (Ref	evenue \$

Parl	t IV Checklist of Required Schedules		Yes	No	_
_					
1 1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X		
	s the organization described in section 35 (6/6) starting of Contributors (see instructions)?	2	X		
2 1	Did the organization engage in direct or indirect political campaign activities on benefit of the organization	3		X	
		4		X	i e
		5		X	6 6
	turned funds or any similar fullus of accounts for which				
6	the second advice on the distribution of investment of amounts in odding the odding the distribution of investment of amounts in odding the odding	6		X	
		-			
-		7		X	1
	Listario otructuraci II VAS COMDICIO OCIDADIO DI	-		-	
•	the reciptors of works of art, historical treasures, of other similar assets.	8		X	7
8		-		-	
9000	Dort Y line 21 Tor escrew of custodial account has may	1			
9	D-4 V. or provide credit collection, dept management, or our repair			1	ζ.
		9		-	_
	the state of the s	10		,	K
10		10		1	
	or in quasi endowments? If "Yes," complete Schedule D, Parts VI, If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		ris.		
11		1.049			
	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,"		32		
а		11a	X	+	
	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			١,	v.
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII part X, line 16? If "Yes," complete Schedule D, Part X, line 13, that is 5% or more	11b		-	<u>X</u>
	the investments program related in Fall A, line 15, that is 676 or more	The second		1.	
C	D. I. C. II 160 If "Voc." complete Schedule D. Fall VIII	110	-	+	<u>X_</u>
	of its total assets reported in Part X, line 167 if Yes, complete constant by the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			١.	
d		110		_	<u>X</u> _
	reported in Part X, line 16? If "Yes," complete Scriedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	116	X	_	
е	Did the organization report an amount for other liabilities in Fart X, line 25. If TVos a footnote that addresses Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
f	Did the organization's separate or consolidated financial statements for the day year and the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	<u> </u>	_	<u>X</u>
	the organization's liability for uncertain tax positions under FIN 46 (AGC 740): " Yes," complete		1		
12a	the organization's liability for uncertain tax positions under 114 40 (166 174). Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	a X		
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If				
b	Was the organization included in consolidated, independent audited litraticial statements for the statement of the statement	12	b		<u>X</u>
	"Yes," and if the organization answered "No" to line 12a, trieff completing Schedule 5, Fatter and the organization answered "No" to line 12a, trieff complete Schedule F	13	3		X
13	"Yes," and if the organization answered No to line 120, it is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14	a	_	X
14a	Is the organization a school described in section (1908) which is the United States? Did the organization maintain an office, employees, or agents outside of the United States?				
ŀ	b Did the organization maintain an onloc, employees of more than \$10,000 from grantmaking, b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, c Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				2000
	the program control activities this up the office offices, or aggregation	. 14	b		X
	the case of the complete of the complete of the control of the con				CONTRACT.
15	foreign investments valued at \$100,000 of finder if 100,000 of finder if	1	5		X
16	for any foreign organization? If Test, complete consistent by Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1	6		X
17	assistance to or for foreign individuals? If the state of	1	7		X
	I o 144-2 If "Voc." complete Schedule G. Fall (See Institution)				
18	B. Did the organization report more than \$15,000 total of fundraising event gross income and contributions of		8	X	
1.7	LOO IF IVes I complete Schedule (a PAILII				
19	the fac ood of groce income from Carrillo activities on that and more	1	9		X
•	2 1 1 1 0 D-4 III	2	0a		X
20	to the more beenital facilities? If "Yes, complete acriedate !!		0b		
	the examination attach a conv of its audited financial statements to this return.	··· -			
2	or occ of greate or other assistance to any dullestic organization of		21		х
~	Did the organization report more than \$5,000 or grants or other assistance to any bound of the domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	•••		990	0 (2019)

	0 (2019) Adopt America Network 34-1396924			age 4
Part			Yes	No
Die	d the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	" OO If "Vaa" complete Schedille I. Palls I gill III		WC40	
	"Vee" to Port VII Section A line 3. 4. or 5 about compensation of the			
Or	in the least and former officers, directors, trustees, key employees, and migross	23		X
		2.0		
	hand issue with an outstanding principal amount of more than	İ		
	the user that was issued aller December of, 2002.	24a		X
\$1	100,000 as of the last day of the year, that was issued allow as formula to the last day of the year, that was issued allow as formula to the last day of the year, that was issued allow as formula to the last day of the year, that was issued allow as formula to the last day of the year, that was issued allow as formula to the year, that was issued allow as formula to the year, that was issued allow as formula to the year, that was issued allow as formula to the year, that was issued allow as formula to the year, that was issued allow as formula to the year, that was issued allow as formula to the year, that was issued allow as for the year, that was issued allow as formula to the year, that was issued allow as for the year.	-	_	
	of tay exempt honds pevolid a tellipolary period exception	24b		-
b D	id the organization invest any proceeds of tax-exempt bonds beyond id the organization maintain an escrow account other than a refunding escrow at any time during the year			
		24c		+
to	o defease any tax-exempt bonds? bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	+-
	. mad (1/00) auropirations IIII The Officialization Chiques in all oxogen		1	١.,
ia S	reansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
tr	ansaction with a disqualified person during the year? II res, complete outloads 2, view			
b ls	ransaction with a disqualified person during the year? If Yos, complete between the disqualified person in a prior is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior is the organization of the organizatio			
	and that the transaction has not been reported on any of the organizations prior	25b		<u> </u>
				l
2 12	and the second any amount on Part X. line 5 or 22, for receivables from or payables to any			
		26		2
	these persons? If Yes, complete ochedule 2, 1 and 1			
	to the provide a grapt or other assistance to any current or lottler officer, director, director			
	c the tential contributor of employee fileteo, a grant solution community			
	there are to a 25% controlled entity (including an employee thereof) of family member of any	27		1 2
		-		
	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	A surrent or former officer, director, trustee, key employee, creator or tounder, or substantial contribution.	00		
		. 28	-	+
	to all side at described in line 2837 If "Yes," complete schedule E, 7 dr. 17	. 28	ь	+
b	A family member of any individual described in line 28d when the state of the state	- 1	3	
		. 28		-
	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	9	
29	Did the organization receive more than \$25,000 in historical reasures, or other similar assets, or qualified Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		. 30	0	_
	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	3	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations: " 100, compete some series of the property of the period of the p			
32	Did the organization ilquidate, terminate, or dissolve and select the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	3	2	
33	4000/ of an entity disregarded as separate from the organization under regulation	1997	3	
	204 7704 22 If "Ves." complete Schedule R. Part I			
34	West the erganization related to any tax-exempt or taxable entity? If "Yes," complete Schedule IX, 7 art II, III,	_	4	
			5a	
35a	by the assemination have a controlled entity within the meaning of section 312(b)(13).			
b	the receive any payment from or endage in any lightsaction with a	1	5b	
J	the magning of section 512(h)(13)? If "Yes, complete scriedule 11, 1 at 1, 1110 =			
36	2 504(-)(2) examinations. Did the organization make any transfers to an exempt non-character	1	36	
30	o is investigate Schedule R. Part V. line Z	·· -	-	
27	then 50% of its activities through an entity that is not a related organization	- 4	27	
37	to the for fodoral income tay numoses? If yes, complete oureddio 19, and	 '	37	-
20	and that is treated as a partnership for lederal income tax paraetions in Schedule O for Part VI, lines 11b and Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1	.	x
38	All Farm 000 filers are required to complete Schedule U.		38	Λ
P	art V Statements Regarding Other IRS Filings and Tax compliance Check if Schedule O contains a response or note to any line in this Part V		····	
		_		Yes
	1a 3			
1a	Enter the number reported in BOX 3 OF FOITH 1030. Little 5 is not approximately			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U			
С	Enter the number of Forms W-20 included in the control of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
	reportable gaming (gambling) winnings to prize winners?		Forn	990

Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

c Enter the amount of reserves on hand

the organization is licensed to issue qualified health plans

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

	1/03/2020 9:03 AM 34-1396924		Pa	age 5
	990 (2019) Adopt America Network 34-1396924 rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 16	2b	х	
b	If at least one is reported on line 2a, did the organization line all may be required to e-file (see instructions)	3a	1	x
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to built b	3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an expansion or a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		x
b	If "Yes," enter the name of the foreign country	5a		X
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Lawrence and Final Report of Foreign Lawrence and Forei	5b	-	X
b	Did any taxable party notify the organization that it was or is a party to a promised the	5c	-	-
С				7

D	to a line Fo or 5h did the organization file Form 8886-T?				
C	If "Yes" to line 5a of 5b, did the organization of the term permally greater than \$100,000, and did the	İ	6a		X
6a			0a		
	organization solicit any contributions that were not tax deduction de statement that such contributions if "Yes," did the organization include with every solicitation an express statement that such contributions	or	6b		
b			0.0	300	100
	. Lateraphia contributions under section 170(c).				11.4
7		ods	7a	х	
а	Did the organization receive a payment in excess of the master		7b	X	
	the depart of the value of the goods or services provided?		70	- 22	
b	If "Yes," did the organization notify the donor of the value of the granization sell, exchange, or otherwise dispose of tangible personal property for which it was		7-		х
С	00000		7c		
			70		x
d		ntract?	7e 7f		X
е					X
f	Did the organization, during the year, pay premiums, directly of indirectly, on a personal property, and the organization file Form of the organization received a contribution of qualified intellectual property, did the organization file Form	n 8899 as required?	7g		X
g			7h	77.7	1
h	If the organization received a contribution of cars, boats, airpense, or support of cars, boats, airpense, by the			Part Service	
8	sponsoring organizations maintaining donor devices the device of the sponsoring organization have excess business holdings at any time during the year?		8	_	-
			100		The state of
9	Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a	_	+
а	Did the sponsoring organization make any taxable distributions under section related person? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	-	
b	Did the sponsoring organization make a distribution to a donor,				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	_	116	
a	Initiation fees and capital contributions included on F art VIII, line 12, for public use of club facilities Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
k	Gross receipts, included on Form 990, Part VIII, IIIIe 72, 101 passes				
11	Section 501(c)(12) organizations. Enter:	11a			
i	Gross income from members or shareholders				
1	A STATE OF THE PROPERTY OF THE	11b	4,4	100	
	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	128	1	_
12	Section 4947(a)(1) non-exempt charitable trusts. Is the digatal and the section 4947(a) for exempt interest received or accrued during the year	12b			
	o If "Yes," enter the amount of tax-exempt interest received of accorded daming any year.	The Management of American		1	
	TO ALL YOU WINDERED HONDROFIT HEAITH INSURANCE ISSUES.		42	_	1

Is the organization licensed to issue qualified health plans in more than one state?

Did the organization receive any payments for indoor tanning services during the tax year?

excess parachute payment(s) during the year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

X

13a

14a

15

13b

13c

15

13

	Network 34-1396924	- 110		ge 6
	(2019) Adopt America Network 34-1396924 (I Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for ground the circumstances, processes, or changes on Schedule O. See	a N	10" uctio	ne
art '	Governance, Management, and Disclosure For each "Yes response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See response to line 8a, 8b, or 10b below, describe to apply line in this Part VI.	msur	ucuo	X
	response to line 8a, 8b, or 10b below, describe the circumstanteds, processes, and the Check if Schedule O contains a response or note to any line in this Part VI			122
	n A. Governing Body and Management		Yes	No
		7.77	res	140
122	the adjusting members of the governing body at the end of the tax year	34		
a Et	there are material differences in voting rights among members of the governing body, or			
If	there are material differences in voting figure and of the governing body delegated broad authority to an executive committee or similar			
	1. Ochodulo O			
	ommittee, explain on Schedule O. Inter the number of voting members included on line 1a, above, who are independent Inter the number of voting members included on line 1a, above, who are independent	254		
b E	nter the number of voting members included on line (a, doors, manufacture) and the first target of target of target	_		x
		2		- 22
	by other smeet, and the direct support duties customarily performed by or under the direct			x
	id the organization delegate control over management duties costomatily performance or other person? upervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		X X
			-	Y
. [in the become aware during the year of a significant diversion of the organizations assert	5		X
	t as stockholders?	6		1
3 [in the organization have members stockholders or other persons who had the power to elect or appoint	-		х
	t the accoming hady?	7a	-	122
. (one or more members of the governing body: Are any governance decisions of the organization reserved to (or subject to approval by) members,	71	1	х
b /	stockholders, or persons other than the governing body?	7b	- 10	
	stockholders, or person comparaneously document the meetings held or written actions undertaken during the year by the following.	00	x	
		8a 8b	X	
	behalf of the governing hody?	00	+	
		9		х
9	s there any officer, director, trustee, or key employee listed in Fait VIII, doctory, the state of the control		1	
Soct	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u>uc.</u> /	Ye	s No
		10a	-	X
10a	Did the organization have local chapters, branches, or affiliates?	100		
		10b		
		11a	-	
	the experization provided a complete copy of this Form 990 to all members of its governing body	110		A 1. 1.
	if any used by the organization to review this roll 300.	12a	. 2	
12a		12k	_	
	twisters and key employees required to discuse annually interests that some	1		
c	Were officers, directors, or trustees, and key employees require the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	2	
U	" 1 O L - L L O how this was done	13		_
13	:u	14	_	
14	to the advertise decument retention and destruction policy?			
15				
	and contemporaneous substantiation of the deliberation	15	a 2	ζ .
а	The organization's CEO, Executive Director, or top management official		_	1
b	Other officers or key employees of the organization			
-	the describe the process in Schedule U (see instructions).			
16a	testing invest in contribute assets to or participate in a joint venture of similar disarregular	16	a	
b	in the follow a written policy or procedure requiring the organization to evaluate the			
		16	Sb S	
	participation in joint venture arrangements under applicable recent tax ext, organization's exempt status with respect to such arrangements?		-	
Sec	tion C Disclosure			
17	OOO is required to be tiled V			
18	are a consisted to make its Forms 1023 (1024 of 1024-A, if applicable), each			
3/8/0	Indicate how you made these available. Office all that apply.			
19	Describe on Schedule O whether (and if so, how) the organization made its governing desarrants, some			
- A (CTA)	u t t t the mublic during the tay Vear			
20	there and telephone number of the person who possesses the organization's books and telephone			
	State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address, and telephone humber of the State the name, address and the State the name, address and the State the name, address and the State the Name of the Name of the Name o	19-	726	-51

Form 990 (2019) Adopt America Network Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII

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

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 Section A.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of organization's tax year. 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 all of the organization's form organization, more than \$10,000 of report of the organization.	ner directors or cortable compen	sation	n fro	om t	he c	organ	izatio	on and any related organizat	ions.	
See instructions for the order in which Check this box if neither the organ	ization nor any	relate	ed c	organ	nizati	ion c	ompe	ensated any current officer, of	director, or trustee.	(F)
(A) Name and title	(B) Average hours per week (list any	(do n box, t office	ot ch	Positi neck m as pers d a di	ion nore the son is irector	han or Highest compensated employee	ne an ee)	(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) Wendy Spoerl	40.00			х				86,296	0	0
President		-	-	-						
(2) Matthew Armstron	1.00	х		x				O	0	0
Vice Chair (3) David Bruhl	1.00								0	0
Board Member	0.00	X				_	_	0	<u> </u>	
(4) Nick Cherry	1.00			v				0	0	0
Chair	0.00	X	-	X	+	-	+			
(5) Tammy Corral	1.00	x						0	(0
Board Member (6) Kevin Hofmann	0.00									
Board Member	1.00	x						0		0
(7) Philip Rudolph,	Jr. 1.00							0	,	0
Board Member	0.00	X	+	_	+	+	+			The state of the s
(8) Barbara Machin	1.00	x		3	ĸ			0		0 0
Past Chair	0.00	1	+	+	-					
(9) Bill McGinnis	1.00	3			x			0		0 0
Treasurer (10) Kelly Oliver	0.00	1	+	+	7					
***************************************	1.00		K					C)	0 0
Board Member		- 4	+	+						
(11) Brendon Pollaro	1.00		x)	0 0
Board Member	0.00									Form 990 (2019)

96	59	2	4			 		Pag
_	_		_					

	Section A Officers	Directors, Trus	tees	, Ke	y Er	nplo	yees	, ar	nd	Highest Compensated	d E	mployees (continuea)				
Part VII	(A) Name and title	(B) Average hours per week	(do	not ch	(C Posit neck r ss per) ion nore son is	than or s both a	ne an		(D) Reportable compensation from the organization		(E) Reportable compensation from related organizations		(F) Estimated a of othe compensa from the organization	er ation ne	
		(list any hours for			Officer			Former		(W-2/1099-MISC)		(W-2/1099-MISC)		related organ		
		related organizations below	Individual or director	nstitutional	ख	Key employee	est on loyee	ner								
		dotted line)	trustee	l trustee		yee	Highest compensated employee									
			-	е	_	_	8		+		+		1			
(12) I Secreta	an Silvers	1.00	x		x					(0	()			0
(13)	Sarah Stepher	ns 1.00														•
Board 1	Member	0.00	X								0		0			0
	Douglas Tows	lee														
		1.00	x								0		0			0
Board (15)	Member Becky Willia		+			1										
		1.00									0		0			0
Board	Member	0.00	X	+	+	+		1	+							
(16)	Jeff Young	1.00							ı		0		0			0
Board	Member	0.00	X	-	+	+	+	+	+		-				A7-1013-0072 LI TOOMS	
						ĺ										
			-	1	_	_	_	+	_		_		-			
			•													
						1										
1h Sul	ototal							•	>	86,29	96					
c Tot	al from continuation sh	neets to Part VI	I, Se	ctior	ıA				>	86,29	96					
d Tot	al (add lines 1b and 1c al number of individuals	(including but no	ot lim	ited	to th	ose	listed	ab	OVE	e) who received more t	han	\$100,000 of				
2 Tot rep	ortable compensation from	om the organization	tion I	0											Yes	s No
						ee,	key e	empl	loye	ee, or highest compens	sate	ed		3		x
em	iployee on line 1a? If "Ye	es," complete Sc	neau	ie J	101 3	blo	omn	ones	atio	on and other compensa	ition	from the				
org	janization and related or	ganizations grea	ter ti	ian (p I D C	,000): 11	100	, .	Joinploto Gallera				4		X
ino	lividual						tion .	from		ny uprelated organization	on o	or individual		5		x
for	services rendered to the	e organization?	7 76	S, C	omp	iele	Sunc	dure	0 0	707 dddii parasi 1111						
Section 1 Co	B. Independent Contra omplete this table for you	ictors or five highest co	mpe	nsate	ed in	dep	ende	nt c	ont	ractors that received m	nore	than \$100,000 of	ax '	vear.		
	mpensation from the org	janization. Repor	(COI	nper	satio	on fo	or the	cal	len			(B) ription of services			(C Comper) nsation
	Name	(A) e and business address	<u> </u>						-		2000					
									L							
							-		+							
000000000000000000000000000000000000000									+							
									+							
									1	!!						
2 T	otal number of independ	lent contractors ((inclu	ding fron	but n the	not e or	ıımite ganiz	d to atior	th n ▶	ose iisted above) who		0				990 (201
re	eceived more man \$100,	,000 or dompone													rom :	JJ (20

. 00	20	(20	19) Adopt	Am	erica N	etw	ork			1396924		Page
rt '	VI	111	Statement	of F	Revenue	inc c	respor	se or note t	o any line in this	Part VIII		
	_		Check if So	ched	ule O conta	ins a	Tespoi	ise of floto t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
1	-	Fe	ederated campaig	gns		1a		3,979				
			embership dues			1b		53,883				
1			undraising events			1c		33,863				
			elated organizati			1d 1e						
			overnment grants (conti			16						
	Î	f All an	other contributions, gift of similar amounts not in	is, grani nduded	above	1f		547,607				
			oncash contributions inc			1g	\$		COE 469			
	ŀ	h T	otal. Add lines 1	a–1f.					605,469			
T			**==06.53 (C1c)					Business Code	101,916	101,916		
	28	а.	Contracted									
2		b.										+
revellue	(٦										
2	1	e									1	
		f /	All other program	servi	ce revenue				101,916	Eliment with the	t organización	
			Total Add lines	2a-2f					101,510			
	3	3 1	Investment incon	ne (inc	cluding divider	ids, int	erest, a	Tu ▶				
		(other similar amo Income from inve	ounts)	nt of tay-eyem	nt bon	d procee					
	4	4	Income from inve	esunei	III UI tax-oxom			>				
	5	0	Royalles		(i) Real			(ii) Personal				
	e	6a	Gross rents	6a								
1			Less: rental expenses	6b					-			1
-		С	Rental inc. or (loss)	6c				>				
1		d	Net rental incom Gross amount from	e or (loss)			(ii) Other				
		, u	sales of assets	7a	(i) Securi							
		h	other than inventory Less: cost or other	14								
venue		D	basis and sales exps.	7b								
Rev		С	Gain or (loss)	7с							A	
		d	Net gain or (los	s)		····	······			1 126.55		
Other		8a	Gross income from	n fundi	raising events	3						
			(not including \$ of contributions re	onted	on line 1c).							
			See Part IV, line			8	Ba	67,67				
	1	b	Less: direct ex	pense	s	[_8	Bb	28,78	38,89	21		
		С	Net income or	(loss)	from fundraisi	ng eve	ents		38,03	1		
		9a	Gross income fro				00	11,14	7			
			See Part IV, line				9a 9b	10,10	00			
		b	Less: direct ex	pense)	from gaming				1 0	1,0	47	
		10:	Gross sales of	inver	ntory, less			W. C.				
			returns and all	lowan	ces	-	10a	Tall - 200 to				1.05
		k	Less: cost of	goods	sold	-	10b					
		-	c Net income or	(loss)) from sales of	inven	tory	Business C	Code			
S												
Miscellaneous	ene	11										
ellar	ven	'										
lisc	S		d All other rever	nue								
2	1	1	e Total. Add lin	es 11	a–11d				747,3	102,	963	0

747,323

Total revenue. See instructions

Part IX Statement of Functional Expenses

	501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response	(A)	(B) Program service	(C) Management and	(D) Fundraising
not	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
, 80,	rants and other assistance to domestic organizations		17.		
1 G	rants and other assistance to conteste organizations and domestic governments. See Part IV, line 21				
a	Grants and other assistance to domestic				
2 (ndividuals. See Part IV, line 22				
2 (Grants and other assistance to foreign				
3 (organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	22.006	51,778	17,259	17,259
	rustees, and key employees	86,296	31,776		
6	Compensation not included above to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	5.10 501	327,039	9,974	3,768
	Other salaries and wages	340,781	321,039	3/3	
8	Pension plan accruals and contributions (include				T-110000000
Ū	section 401(k) and 403(b) employer contributions)	44 507	9,878	711	548
	Other employee benefits	11,137	34,537	2,484	1,917
10	Payroll taxes	38,938	34,337	-7	
	Fees for services (nonemployees):				
	Management				
	Legal	10.005	14,692	3,673	
	Accounting	18,365	14,052		50.7% W.A.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column			1	
3	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	04 700	20,700	654	436
16	Occupancy	21,790	5,650		
17	Travel	5,650	3,030		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 750	1,759		
19	Conferences, conventions, and meetings	1,759	6,576		
20	Interest	6,576	0,570		
21	Payments to affiliates	0.730	2,601	137	
22	Depreciation, depletion, and amortization	2,738	10,510		657
23	Insurance	13,138	10,510	0.24 0.00 0.00 0.00 0.00 0.00 0.00	kan saran galadikan la
24	Other expenses. Itemize expenses not covered	and the first section of the section			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	66,868	66,868		
	a Youth Support	60,000	63,041		
	Homestudy Expense	63,041	11,816		1,807
	Printing and Publications	13,901			
	d Miscellaneous	8,530			1,017
	e All other expenses	32,476			27,409
2	Total functional expenses. Add lines 1 through 24e	731,984	000,442		
20	Loint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Form 990 (201

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 7,677 19,025 Cash—non-interest-bearing 2 207,500 Savings and temporary cash investments 195,000 3 Pledges and grants receivable, net 2,234 7,179 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 14 987 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 105,802 10a basis. Complete Part VI of Schedule D 13,436 9,298 10c 92,366 b Less: accumulated depreciation 10b 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 14 13 Intangible assets 2,419 14 15 Other assets. See Part IV, line 11 230,861 233,908 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 19,833 13,120 17 16 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities _____ 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 22,000 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 14,502 17,601 of Schedule D _____ 34,335 52,721 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. -14,616-33,011 Net assets without donor restrictions 211,142 214,198 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ Fund and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Net Assets or 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 196,526 31 181,187 32 Total net assets or fund balances 230,861 233,908 32 Total liabilities and net assets/fund balances

the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .

Form 990 (2019)

X 2c

X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

34-1396924 Name of the organization Adopt America Network Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 2 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 3 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 6 X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 10 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.) 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 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). (vi) Amount of (v) Amount of monetary (iv) Is the organization (iii) Type of organization other support (see (i) Name of supported listed in your governing support (see (described on lines 1-10 instructions) organization instructions) document? above (see instructions)) Yes (A) (B) (C) (D) (E)

Adopt America Network Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2019 (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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2019 (f) Total (d) 2018 (c) 2017 (b) 2016 (a) 2015 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 605,469 2,675,579 656,214 541,041 439,634 433,221 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 2,675,579 organization without charge 605,469 656,214 541,041 439,634 433,221 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 102,415 shown on line 11, column (f) 2,573,164 Public support. Subtract line 5 from line 4 . Section B. Total Support (e) 2019 (f) Total (d) 2018 (b) 2016 (c) 2017 (a) 2015 Calendar year (or fiscal year beginning in) 2,675,579 605,469 656,214 541,041 439,634 433,221 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, 79 rents, royalties, and income from 20 59 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 2,675,658 Total support. Add lines 7 through 10 11 12 13

11	Total support. Add lines / through 10	12	429,786
12	Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	erganization, check this box and stop here		
Sec	tion C. Computation of Public Support Percentage	14	96.17%
14	to contago for 2019 (line 6, column (f) divided by line 11, column (f))	15	96.97%
15 16a	Public support percentage for 2018 (line 6, soliam). Public support percentage from 2018 Schedule A, Part II, line 14 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		▶ 🗓
b	box and stop nere. The organization qualifies as a publicly supported organization. 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check		▶□
17a	tost 2019 If the organization did not check a box of line 15, 10a, or 105, and into		►F

organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ______

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions Schedule A (Form 990 or 990-EZ) 2019

- 1/45 E - 100-5 (600000) (1-50000) E - 1/1	m 990 or 990-EZ) 2019 Adopt America Network	34-1396924
Part III	Support Schedule for Organizations Described in Section 509(a) (Complete only if you checked the box on line 10 of Part I or if the organization fails to qualify under the tests listed below, please	
	II tilo organization	

	If the organization fails to qu	ality under the	e teata noted a	,			
Section	on A. Public Support		(L) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calenda	ar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(0) 2011			
4 (Gifts, grants, contributions, and membership fees						
r	received. (Do not include any "unusual grants.")						
	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						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			Top de control of			
8	Public support. (Subtract line 7c from						
towards.	line 6.)		<u>. L </u>				
Sec	ction B. Total Support	(-) 001E	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(6) 2010				
9	Amounts from line 6					1	
10a	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							
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			1				
	and 12.) First five years. If the Form 990 is for the	- ergopization's	first second third	fourth, or fifth tax	year as a section	501(c)(3)	, П
14	First five years. If the Form 990 is for the organization, check this box and stop he	ie organization s	mat, accord, ama				,
	organization, check this box and stop in	Support Perc	entage				0.4
Se	ection C. Computation of Public S Public support percentage for 2019 (line			olumn (f))			5 %
15	Public support percentage for 2019 (line Public support percentage from 2018 Sc	bodulo A Part II	L line 15			1	6 %
16	ti	annt income	Percentage	CONTRACTOR OF THE PROPERTY OF			
S	ection D. Computation of Investm	line 10c collim	n (f) alvided by iii	e 13, column (f))			7 %
17							8 %
18	Investment income percentage from 20 33 1/3% support tests—2019. If the or	Scredule A, F	t check the hover	line 14. and line	15 is more than 33	1/3%, and line	. П
19	33 1/3% support tests—2019. If the or 17 is not more than 33 1/3%, check this	ganization did no	ore. The organizat	ion qualifies as a	publicly supported	organization	▶□
	17 is not more than 33 1/3%, check this	box and stop no	ere. The Organizat	ing 14 or line 19a	and line 16 is mor	e than 33 1/3%, an	d , \square
	b 33 1/3% support tests-2018. If the or	ganization did no	of check a box on i	nization qualifies	as a publicly suppo	rted organization	▶ ∐
	line 18 is not more than 33 1/3%, check Private foundation. If the organization	this box and sto	box on line 14 10	a or 19h check th	nis box and see ins	tructions	▶ ∐
2	O Private foundation. If the organization	did not check a	DOX OH line 14, 19	a, or 13b, officer t			rm 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Adop Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

I	Yes	No
1		
2		
3a		
3b	4.7	
J.		
3c		1900
4a	an gerte	
4b		
4c		
		1
5a		
5b 5c		-
6	65 S.X.	
7	4.5	
8		2 1 2
9	a	
9	b	
9	С	
		1

Page 4

- those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- 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.

K ₁ (2)	Yes	No
2a		
2b		
3a		
3b		

7 11/03/2020 9:03 AM Adopt America Network	2 107 - MINNS NO. 1 2	34-1396	924 Pag
edule A (Form 550 of 550)	Organizatio	ons	
)	(5.1)	See
1 Check here if the organization satisfied the integral Fair Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations	s must comple	te Sections A through E	
instructions. All other Type III non-functionally integrated supporting organization		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Phor real	(optional)
	1		
1 Net short-term capital gain	2		
2 Recoveries of prior-year distributions	3		
3 Other gross income (see instructions)	4		
4 Add lines 1 through 3.	5		
5 Depreciation and depletion	- + • +		
6 Portion of operating expenses paid or incurred for production or	1 1		
collection of gross income or for management, conservation, or	6		1
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	8		20 ga200.00
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	- 0		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	te statis		
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		
The state of the s	3		
Enter 1-1/2% of line 3 (for greater amount,			
	4		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	6		
6 Multiply line 5 by .035.7 Recoveries of prior-year distributions	7		
t (add line 7 to line 6)	8		
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount			Current Year
for prior year (from Section A. line 8. Column A)	1		
	2	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 Enter 85% of line 1.3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	.9.
	4		
4 Enter greater of line 2 or line 3.	5		

5

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see Schedule A (Form 990 or 990-EZ) 2019

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

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

Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Schedule A (Form 990 or 990-EZ) 2019 **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015. c From 2016..... d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 **b** Excess from 2016 c Excess from 2017 d Excess from 2018

e Excess from 2019

Special A (Fam 100 of 1996-2). 2019 Supplemental Information. Provide the explanations required by Part III, line 177 ard 170; Part III, line 172 part IV, Section III, line 172 part IV, section III, line 172 part IV,		Notwork	34-1396924	Page 8
	Schedule A (Fon Part VI	Supplemental Information. Provide the explanations required by Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part III, III B, 0; Part II, line 17a or 1b, and 11c; Part IV, rt IV, Section E, lines 6, and 8; and Part V,	1c. 2a, 2b,	
				,
			••••	
			×	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number Name of the organization 34-1396924 Adopt America Network Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ______ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 **>** \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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nedule D (Form 990) 2019 Adopt Ameri	ca Network	C		34	4-139692	4	(t'	Page 2
			rical Trea	sures, or (Other Simila	ar Assets	s (continue	<u>a)</u>
Using the organization's acquisition, accession, a	nd other records, ch	eck any	of the following	ng that make	significant use	of its		
collection items (check all that apply):			hange progra					
a Public exhibition	e Oth	or Or	nange progra					
b Scholarly research		1000						
 Preservation for future generations Provide a description of the organization's collect 	ions and explain ho	w thev fo	urther the org	anization's ex	empt purpose	in Part		
4 Provide a description of the organization's collect	ions and explain no							
XIII. 5 During the year, did the organization solicit or re	ceive donations of a	art, histor	ical treasures	, or other sim	ilar		П.,	П.
5 During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	maintained as part	of the o	rganization's	collection?			Yes	No
Part IV Escrow and Custodial Arran	gements.						t on Form	
Part IV Escrow and Custodial Arran Complete if the organization ar	swered "Yes" or	n Form	990, Part	IV, line 9, o	or reported a	in amoun	(OH FOIII	
000 D-4 V line 21								
	or other intermedian	y for con	tributions or	other assets r	not		Yes	. □ No
included on Form 990 Part X?							Ц ю	
b If "Yes," explain the arrangement in Part XIII and	d complete the follow	wing tabl	e:				Amount	
						1c		
c Beginning balance						1d		
Additions during the year						1e		
e Distributions during the year						1f		
f Ending balance 2a Did the organization include an amount on Forr	OOO Port V line 2	21 for es	crow or custo	odial account	liability?		Yes	
Did the organization include an amount on Forrb If "Yes," explain the arrangement in Part XIII. C	nock here if the exp	lanation	has been pro	vided on Part	XIII			
= 1 Eundo								
Part V Endowment Funds. Complete if the organization a	nswered "Yes" o	n Forn	n 990, Par	t IV, line 10	·			baak
Complete if the organization	(a) Current year	(b) Pr	ior year	(c) Two years	back (d) T	hree years bac	k (e) Four	years back
1a Beginning of year balance							_	
b Contributions								
c Net investment earnings, gains, and								
losses				A. (
d Grants or scholarships								
e Other expenditures for facilities and								
programs								
f Administrative expenses								
g End of year balance	at year end halance	(line 1a.	column (a))	held as:				
2 Provide the estimated percentage of the current	" year crid balanes	(, ,					
a Board designated or quasi-endowment								
b Permanent endowment ►								
- town on lines 2a 2h and 2c shou	ld equal 100%.							
3a Are there endowment funds not in the posses	sion of the organiza	tion that	are held and	administered	for the			Yes No
organization by:							3a(i)	
(i) Unrelated organizations							0-411	
b. If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	rea on S	criedule IX:					
4 Describe in Part XIII the intended uses of the	organization's endo	wment t	unas.					
Part VI Land, Buildings, and Equi Complete if the organization				art IV. line 1	1a. See For	m 990, P	art X, line	10.
	(a) Cost or other	basis	(b) Cost or	other basis	(c) Accum	ulated	(d) Boo	ok value
Description of property	(investment)	accest.		ner)	deprecia	tion		

1a Land ______ **b** Buildings 13,436 92,366 c Leasehold improvements 105,802 d Equipment 13,436 •

DAA

t VII Investments – Other Securities. Complete if the organization answered "Yes" o (a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
inancial derivatives Slosely held equity interests		
Other		
A)		
B) C)		
D)		
E)		
F) (G)		
(H)		
II. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>	
art VIII Investments – Program Related.		11a Coo Form 990 Part X line 13.
art VIII Investments – Program Related. Complete if the organization answered "Yes"	on Form 990, Part IV, line	(c) Method of valuation:
(a) Description of investment	(b) Book value	Cost or end-of-year market value
) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Par Form 900 Part IV lin	e 11d. See Form 990, Part X, line 15.
)) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15. (b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15. (b) Book value
(a) Description	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15. (b) Book value
(a) Description	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15. (b) Book value
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al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Descr		ne 11e or 11f. See Form 990, Part X,
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (b) Description (c) Description (d) Description (e) Description (a) Description (b) Must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes line 25.		>
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (h) Must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) Foderal income taxes		ne 11e or 11f. See Form 990, Part X,
cal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (1) Federal income taxes (2) Accrued Payroll and Withheld Taxes		ne 11e or 11f. See Form 990, Part X, (b) Book value 8,65
1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1		ne 11e or 11f. See Form 990, Part X,
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Descr		ne 11e or 11f. See Form 990, Part X, (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Description of liability (h) Federal income taxes (h) Description of liability		ne 11e or 11f. See Form 990, Part X, (b) Book value 8,6
complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) (c) Complete if the organization answered "Yes" (a) Description (b) Description (c) Description (d) Description (e) Description (f) Part X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (f) Federal income taxes (g) Accrued Payroll and Withheld Taxes (g) Payable to AAN Endowment Corp (h) (h)		ne 11e or 11f. See Form 990, Part X, (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) (c) (a) Description (d) Description (e) Description (f) Federal income taxes (g) Accrued Payroll and Withheld Taxes (g) Payable to AAN Endowment Corp (4) (6)		ne 11e or 11f. See Form 990, Part X, (b) Book value 8,6
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (c) Bis organization answered "Yes organization answered "Yes organization answered "Yes organization answered "Yes organization of liability (d) Federal income taxes (e) Accrued Payroll and Withheld Taxes (f) Fayable to AAN Endowment Corp (d) (f)		ne 11e or 11f. See Form 990, Part X, (b) Book value
al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) (c) (a) Description (d) Description (e) Description (f) Federal income taxes (g) Accrued Payroll and Withheld Taxes (g) Payable to AAN Endowment Corp (4) (6)	s" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, (b) Book value 8,6 5,8

7 11	1/03/2020 9:03 AM		04 1000004		Page 4
her	dule D (Form 990) 2019 Adopt America Network	VAISA	34-1396924	ırn.	Page 4
		NVIII	ne 12a		
		, ,	110 12201	1	786,208
1	Total revenue, gains, and other support per audited financial statements			7410	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	2a			
2	Net unrealized gains (losses) on investments	2b		5 19	
b	Donated services and use of facilities	2c			
C	Recoveries of prior year grants	2d	38,885		
	Ott (Describe in Part VIII.)			2e	38,885
е	And lines 2s through 2d			3	747,323
3	Subtract line 2e from line 1	i			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Fait VIII, III.	4b		A Maria	
	Other (Describe in Part XIII.)			4c	
C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	747,323
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Fact, line 12)	its V	Vith Expenses per F	Return	1.
P	Reconciliation of Expenses per Addited Interior 990, Part Complete if the organization answered "Yes" on Form 990, Part	IV,	line 12a.		==0.060
	Total expenses and losses per audited financial statements			1	770,869
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
ê	a Donated services and use of facilities	2b			
١	b Prior year adjustments	2c			
(C Other losses	2d	38,885	65,000	20 005
•	d Other (Describe in Part XIII.) e Add lines 2a through 2d			2e	38,885 731,984
2			,	3	131,904
3	I I I I I I I I I I I I I I I I I I I				
4	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	The Post VIII)	4b			
				4c	731,984
	Add lines 2 and Ac /This must equal Form 990, Fait 1, 1110 10./			5	731,904
12/2				2-4 V	line
Dre	to Det II lines 3 5 and 9 Part III lines 1a and 4; Part IV,	lines	1b and 2b; Part V, line 4; I	Part X,	ine
2.	Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny ad	Iditional information.	Oti	ner
۷,	Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Part XI, Line 2d - Revenue Amounts Included	ın	Financiais		
12				¢.	28,785
	Direct Fundraising Expenses			Y	
				\$	10,100
	Direct Gaming Expenses			T	
•	Traluder	1 1	n Financials	- 0	ther
	Part XII, Line 2d - Expense Amounts Included				
					28,785
-	Direct Fundraising Expenses				
	W . W		Control Manner Secretarion Control Control	\$	10,100
	Direct Gaming Expenses				10
20				- april 1996, S. A. G.	
			2000 - 20		

		adomt Amor	ica Network	34-1396924	Page 5
Schedule D (F	orm 990) 2019	Adopt Americal Information (c	ica Network		
Part Alli	Supplement				

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	
				2012000	
\$ 15000000				 	
	and a second sec				to to dula D (Form 990) 2

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.

OMB No. 1545-0047

Open to Public

Name (of the	organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Department of the Treasury Internal Revenue Service Employer identification number 34-1396924 Adopt America Network Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations 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. (vI) Amount paid to (v) Amount paid to (iii) Did fund-(or retained by) raiser have (or retained by) (iv) Gross receipts (i) Name and address of individual custody or organization fundraiser listed in (II) Activity from activity control of or entity (fundraiser) col. (i) contributions? Yes No 1 3 7 8 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from Total registration or licensing.

Adopt America Network Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Schedule G (Form 990 or 990-EZ) 2019 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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through None Dinner Auction col. (c)) (total number) (event type) (event type) 119,533 119,533 1 Gross receipts 53,883 53,883 2 Less: Contributions 65,650 3 Gross income (line 1 minus 65,650 line 2) 4 Cash prizes 5 Noncash prizes 500 500 6 Rent/facility costs 14,826 14,826 7 Food and beverages 350 350 8 Entertainment 12,178 12,178 9 Other direct expenses 27,854 10 Direct expense summary. Add lines 4 through 9 in column (d) 37,796 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming col. (a) through col. (c)) (a) Bingo bingo/progressive bingo Revenue 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes% Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

147 117	103/2020 9:05 FM	34-1396924	Page 3
ched	ule G (Form 990 or 990-EZ) 2019 Adopt America Network		Yes No
			Yes No
	formed to administer charitable gaming?	9 19	
	and the second section of gaming activity conducted ID.		%
a	The organization's facility	13b	%_
b	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and		
4	records:		
	Name ►		
	Address ►	,	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
		nd the	2000 7 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
b	If "Ves " enter the amount of darring revenue received by an		
	amount of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		950a.54
a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
•	spent in the organization's own exempt activities during the tax year \(\) \$ spent in the organization's own exempt activities during the tax year \(\) \$	columns (iii) and	(v): and
F		dditional informati	on.
	Part IV Supplemental Information. Provide the explanations required by Fart III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	dallorial illioitics	
	See instructions.		
-			
• •			
•			
•		Schedule G (Form	990 or 990-EZ) 201

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name of the organization	34-1396924
Adopt America Network	es to Review Form 990
Form 990, Part VI, Line 11b - Organization's Proce	SS to Review them
The Form 990 is sent to all board members before i	t is filed to give them
the opportunity to review the form, ask questions	and propose changes.
Form 990, Part VI, Line 12c - Enforcement of Confl	licts Policy
Every officer and board member is required to repo	ort any potential conflict
of interest. The conflict of interest policy is gi	iven to the Officers and
Board Members when they join Adopt America Network	k and their signature is
required indicating that they received a copy of	
Form 990, Part VI, Line 15a - Compensation Proces	s for Top Official
Compensation for the President is determined by t	he Board of Directors
after an employee evaluation. The salary survey o	f the Agency Directors
Association is used as a guideline.	
Form 990, Part VI, Line 19 - Governing Documents	Disclosure Explanation
Governing documents, the Conflict of Interest Pol	licy, and financial
statements are all available upon request. The ar	nnual 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
	+ 00 70E
Direct Fundraising Expenses	10 100
Direct Gaming Expenses	
Direct Fundraising Expenses	\$ -28,785

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Internal Revenue Service Name(s) shown on return

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

OMB No. 1545-0172

179

34-1396924 Adopt America Network Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Part I 1,020,000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2,550,000 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 15 Property subject to section 168(f)(1) election 2,735 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 0 MACRS deductions for assets placed in service in tax years beginning before 2019 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (f) Method (e) Convention (business/investment use placed in period (a) Classification of property only-see instructions) service 3-year property 19a 5-year property 7-year property 10-year property 15-year property 20-year property SA 25 yrs. 25-year property MM S/L 27.5 yrs. Residential rental S/L MM 27.5 yrs. property S/L MM 39 yrs. Nonresidential real S/L MM property Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. 12-year S/L MM 30 yrs. 30-year MM S/L 40 yrs. d 40-year Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 2,735 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 23 portion of the basis attributable to section 263A costs ... Form 4562 (2019)

72147 Adopt America Network 34-1396924

FYE: 12/31/2019

Federal Asset Report Form 990, Page 1

		Data		Bus Sec		Basis		Dian	Current
sset	Description	Date In Service	Cost	% 179B	onus _	for Depr	PerConv Meth	Prior .	Current
-									
ther	Depreciation:	1/01/96	200			200	7 MO S/L	200 244	0
1	Chair	1/01/96	244			1 025	017	1,025	0
	Chair-4	1/01/96	1,025			1,025 101	7 MO S/L	101	0
9 10	IBM Typewriter Desk-Directors	1/01/96	101			716	7 MO S/L	716	0
11	Table & Chairs	1/01/96 1/01/96	716 434			434	7 MO S/L	434 500	0
14	2 File Cab Chair & Table	1/01/90	500			500		150	ő
25	Fax Machine	1/01/97	150			150 622		622	0
26	Binder Overhead Projector	9/22/99	622			3,020		3,020	0
28 29	Desk Hutches Shelves	12/15/99	3,020 550			55		550	0
30	Desk & Hutch	12/29/99 12/15/00	1,277			1,27		1,277 887	0
31	Desk File & Credenza	12/05/02	887			88	7 3 MO S/L	22,445	ő
36	Computer Upgrade	9/01/03	22,445			22,44 3,63	5 5 MO S/L 8 5 MO S/L	3,638	0
39	Adoption Program Labor Chg set up Server	9/23/03	3,638			85		855	0
40 41	57hrs@15hr Program Comp	11/05/03	855 855			85	5 5 MO S/L	855	
42	57hrs@15hr Program Comp	11/07/03 11/20/03	735			73		735	^
43	49hrs@15hr Program Comp	12/04/03	735			73		735 727	
44	49hrs@15hr Program Comp	11/16/04	727			72 96		960	0
46 47	Room Dividers Acer Laptop	12/03/04	960			1,38		1,385	0
50	Office Furniture	12/28/04	1,385 1,350			1,35	0 3 MO S/L	1,350	
53	EZ Match Software 90hr@\$15hr	3/04/05 3/15/05	965			90	55 5 MO S/L	965	
54	Laptop-Robin	4/30/05	536				3 MO S/L	536 272	,
57	MS Office Professional EZ Match Software 18.1hr@\$15hr	6/30/05	272				72 3 MO S/L 88 3 MO S/L	288	10
58	EZ Match Software 19.2hr@\$15hr	7/19/05	288				88 3 MO S/L 85 3 MO S/L	285	5 (
60 61	FZ Match Software 19hr(a)\$15hr	8/06/05	285 440				40 3 MO S/L	440	
62	FZ Match Software 22hr(a)\$20hr	8/16/05 9/22/05	671			6	71 3 MO S/L	67	
64	EZ Match Software 44.75hr@\$15hr	9/22/05	218				18 3 MO S/L	213 19	0
65	EZ Match Software 14.5hr@\$15hr EZ Match Software 13.1hr@\$15hr	10/31/05	197				97 3 MO S/L 43 3 MO S/L	1,64	
66	20 34 1 C Q 20 100 5hr(a) 15hr	12/07/05	1,643			1,6 1,2		1,29	0
68		12/21/05	1,290 410				10 3 MO S/L	41	0
69	Quickbooks	12/31/05 12/18/06	290				90 3 MO S/L	29	
70	2 Hard Drives	5/19/06	2,276			2,2		2,27 59	· ·
71		1/04/07	594				94 3 MO S/L 48 3 MO S/L	94	
72 73		1/04/07	948			2,3		2,38	3
7		1/10/07	2,383 263				263 3 MO S/L	26	3
7	2_320GB Hard Drives	2/05/07 10/31/07	619				3 MO S/L	61	
7		3/05/08	724				724 5 MO200D 083 5 MO200D		550
7	S C 1 to the total	2/26/08	2,983					515.9	
8	Additional Phone and Wiring	7/29/08	3,236			3,	236 7 MO200D 390 5 MO S/L	3,39	00
8	6 Lenovo ThinkCentre Towers	6/16/09	3,390 750				750 5 MO S/L	7.	
8	3 Lenovo Think Centre Computer	6/16/09 6/16/09	910				910 7 MO S/L		10 25
	7 Lenovo Hannspree HB Monitors Lenovo ThinkPad Laptop	6/16/09	92:	5			925 5 MO S/L 699 5 MO S/L		23 99
8	6 Lenovo Think Pad SL500	9/01/09	69				699 5 MO S/L 683 5 MO S/L	6	83
	7 FZ Match Software Programming	12/21/09	68 59				596 5 MO S/L		96
	8 EZ Match Software Programming	12/09/09 3/25/10	49				490 7 MO S/L		90
	0 Epson EX31 Projector	6/15/10	3				34 5 MO S/L		34 95
9	1 EZ Match Software Programming 2 EZ Match Software Programming	12/17/10	49	5			495 5 MO S/L 413 5 MO S/L		13
	EZ Match Software Programming	7/31/11	41				413 5 MO S/L 698 5 MO S/L		98
	4 EZ Match Software Programming	12/12/11	69				682 5 MO S/L	6	82
	5 Lenovo Thinkpad Laptop	9/05/12 9/05/12					682 5 MO S/L	6	82
•	06 Lenovo Thinkpad Laptop	9/05/12					682 5 MO S/L		582 555
	107 Lenovo Thinkpad Laptop 108 EZ Match Software Programming	11/13/12	55	5			555 5 MO S/L		173
	I I G G Decomposition	12/18/12	47	3			473 5 MO S/L 530 5 MO 2001		530
	00 NB Acer Laptop	2/05/12	53			ာ	,000 7 MO2001	DB 1,9	916
	11 Desk & Credenza	12/27/12				2	500 5 MO S/L		500
	22 Encon Projector	8/21/13					218 5 MO S/L		218
	Dun amananama	12/20/13		15			645 5 MO S/L		545
1	04 EZ Match Software Programming	12/20/13	O4	r.J			609 5 MO S/L		609

72147 Adopt America Network 34-1396924

FYE: 12/31/2019

Federal Asset Report Form 990, Page 1

11/03/2020 9:01 AM

		Date	Coat	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Asset	Description	In Service	Cost	70	179 Donus	3,000	5 MO S/L	3,000	0
106	Website	7/29/13	3,000			452	5 MO S/L	452	0
107	Server Improvements	7/20/13	452			324	5 MO S/L	303	21
109	Refurbished Laptop Computer	4/21/14	324 661			661	5 MO S/L	595	66
110	WWK 6835 1 Lanton Computer	6/21/14	1,257			1,257	5 MO S/L	817	251
111	WWK Recruiter 6835.3 Laptop Computers	9/29/15	568			568	5 MO S/L	303	113
112	Dell Latitude 14 3000 - Wendy	4/24/16 4/24/16	568			568		303	167
113	Dell Latitude 14 3000 - Rachel	8/03/17	835			835	5 MO S/L	237	96
114	Inspiron 14 7000 Series	6/21/17	480			480		144 144	96
115	HP Pavilion Desktop	6/22/17	480			480		144	96
116	HP Pavilion Desktop	6/23/17	480			480		0	130
117	HP Pavilion Desktop	12/18/18	650			650		0	130
118	Lenovo TP T480 NoteBook - Jessica	12/18/18	650			650		ő	750
119	Lenovo TP T480 NoteBook - Alex	12/20/18	5,250			5,250		ŏ	54
120	ESI CS100 Phone System Lenovo ThinkPad T580 1 of 2	7/31/19	650			650 650		Ö	54
121	Lenovo ThinkPad T580 2 of 2	7/31/19	650			649		0	54
122 123	Lenovo ThinkPad T480 1 of 4	7/31/19	649			649		0	54
123		7/31/19	649			649		0	54
125		7/31/19	649			649		0	54
126		7/31/19	649			1,420		0	142
127		7/01/19	1,420 1,560			1,56		0	156
128		7/01/19					_	88,959	2,735
	Total Other Depreciation		105,132			105,13	<u>4</u>	- 00,551	
1	Total Other Depression								
1		!	105,132			105,13	2	88,959	2,735
	Total ACRS and Other Depr	eciation	105,152						
	4. 4					65	75 3 MOAmort	675	0
Ame	ortization: 8 EZ Match Software Programming	12/31/08	675			67			0
1	S EZ Match Boltware Freguence		675			67	<u>75</u>	675	
				13		N 100 W 200 ml 1 m			
1						105.96	17	89,634	2,735
1	Grand Totals		105,807			105,80	0	(),001	
1	Less: Dispositions and Tran	sfers	(0	(0
	Less: Start-up/Org Expense) -				89,634	2,735
	Net Grand Totals		105,807	0.8		105,80	J7	69,034	2,735
	Net Grand Totals			=		V 			

72147 Adopt America Network 34-1396924

FYE: 12/31/2019

AMT Asset Report Form 990, Page 1

11/03/2020 9:01 AM

FYE: 12/31/2019					1
	Data	Bus	Sec Basis	Dries Current	1
Asset Description	Date In Service	Cost %	179 Bonus for Depr Per Conv Meth	Prior Current	
Asset Description					1
7			0 0 HY	0 0	
Other Depreciation: 1 Chair	1/01/96	0	$egin{pmatrix} 0 & 0 & \mathrm{HY} \\ 0 & 0 & \mathrm{HY} \end{bmatrix}$	0 0	
3 Chair-4	1/01/96 1/01/96	0	0 0 HY	$\begin{array}{ccc} 0 & 0 \\ 0 & 0 \end{array}$	
9 IBM Typewriter	1/01/96	0	$egin{pmatrix} 0 & 0 & \mathrm{HY} \\ 0 & 0 & \mathrm{HY} \\ \end{pmatrix}$	0 0	1
10 Desk-Directors 11 Table & Chairs	1/01/96	0	0 0 HY 0 0 HY	0 0	
14 2 File Cab Chair & Table	1/01/96 1/01/99	0	0 0 HY	$\begin{array}{ccc} 0 & 0 \\ 0 & 0 \end{array}$	1
25 Fax Machine	1/01/97	0	0 0 HY	$\begin{array}{ccc} 0 & 0 \\ 0 & 0 \end{array}$	1
26 Binder 28 Overhead Projector	9/22/99	0	$egin{array}{ccc} 0 & 0 & \mathrm{HY} \\ 0 & 0 & \mathrm{HY} \end{array}$	0 0	1
29 Desk Hutches Shelves	12/15/99	0	0 0 HY	0 0	1
30 Desk & Hutch	12/29/99 12/15/00	ő	0 0 HY	0 0	1
31 Desk File & Credenza 36 Computer Upgrade	12/05/02	0	0 0 HY 0 0 HY	0 0	
39 Adoption Program	9/01/03	0	0 0 HY	0 0	
40 Labor Chg set up Server	9/23/03 11/05/03	0	0 0 HY	$\begin{array}{ccc} 0 & 0 \\ 0 & 0 \end{array}$	
41 57hrs@15hr Program Comp 42 57hrs@15hr Program Comp	11/07/03	0	0 0 HY 0 0 HY	0 0	
42 57hrs@15hr Program Comp 43 49hrs@15hr Program Comp	11/20/03	0	0 0 HY	0 0	
44 49hrs@15hr Program Comp	12/04/03 11/16/04	0	0 0 HY	$0 & 0 \\ 0 & 0$	
46 Room Dividers	12/03/04	0	0 0 HY 0 0 HY	$\begin{array}{ccc} 0 & 0 \\ 0 & 0 \end{array}$	
47 Acer Laptop 50 Office Furniture	12/28/04	0	0 0 HY 0 0 HY	0 0	S 1
53 EZ Match Software 90hr@\$15hr	3/04/05 3/15/05	0	0 0 HY	0 0	
54 Laptop-Robin	4/30/05	Ö	0 0 HY	0 0	
57 MS Office Professional 58 EZ Match Software 18.1hr@\$15hr	6/30/05	0	$\begin{array}{ccc} 0 & 0 & \mathrm{HY} \\ 0 & 0 & \mathrm{HY} \end{array}$	ő	
60 FZ Match Software 19.2hr@\$15hr	7/19/05	0	0 0 HY		0
61 FZ Match Software 19hr(a)\$15hr	8/06/05 8/16/05	Ö	0 0 HY		0 0
62 EZ Match Software 22hr@\$20hr 64 EZ Match Software 44.75hr@\$15hr	9/22/05	0	0 0 HY 0 0 HY		ŏ
65 F7 Match Software 14.5hr(a)\$15hr	9/30/05	0	0 0 HY	v	0
66 FZ Match Software 13.1hr(a)\$15hr	10/31/05 12/07/05	0	0 0 HY		0
67 EZ Match Software 109.5hr@\$15hr 68 EZ Match Software 86hr@\$15hr	12/21/05	0	$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	O .	ŏ
68 EZ Match Software 86ff(@\$15ff) 69 Quickbooks	12/31/05	0	$\begin{array}{ccc} 0 & 0 & \mathrm{HY} \\ 0 & 0 & \mathrm{HY} \end{array}$	0	0
70 2 Hard Drives	12/18/06 5/19/06	0	0 0 HY	v	0 0
71 EZ-Match Software 72 Crystal Reports Software	1/04/07	0	$egin{pmatrix} 0 & 0 & { m HY} \ 0 & 0 & { m HY} \end{pmatrix}$		ŏ
72 Crystal Reports Software 73 HP Computer dc5750	1/04/07	0	0 0 HY 0 0 HY	0	0
74 Raiser's Edge Software	1/10/07 2/05/07	0	0 0 HY	•	0
75 2-320GB Hard Drives		ő	0 0 HY		0 0
76 EZ Match Software Programming Hours	3/05/08	0	0 0 HY 0 0 HY		0
80 Computer Install	2/26/08 7/29/08	0	0 0 HY	0	0
81 Additional Phone and Wiring	6/16/09	Ö	0 0 HY	0	0
83 Lenovo Think Centre Computer	6/16/09	0	0 0 HY 0 0 HY	Ö	0
84 7 Lenovo Hannspree HB Monitors	6/16/09 6/16/09	0	0 0 HY	0	0
85 Lenovo ThinkPad Laptop	9/01/09	0	0 0 HY	0	0
86 Lenovo Think Pad SL500 87 EZ Match Software Programming	12/21/09	0	0 0 HY 0 0 HY	0	ŏ
88 EZ Match Software Programming	12/09/09	0	0 0 HY	0	0
90 Epson EX31 Projector	3/25/10 6/15/10	0	0 0 HY	0	0
91 EZ Match Software Programming 92 EZ Match Software Programming	12/17/10	0	0 0 HY 0 0 HY	0	ŏ
93 FZ Match Software Programming	7/31/11	0	0 0 HY	0	0
94 EZ Match Software Programming	12/12/11 9/05/12	0	0 0 HY	0	0
95 Lenovo Thinkpad Laptop 96 Lenovo Thinkpad Laptop	9/05/12	0	0 0 HY 0 0 HY	0	ő
97 Lenovo Thinkpad Laptop	9/05/12	0	0 0 HY 0 0 HY	0	0
98 FZ Match Software Programming	11/13/12 12/18/12	0	0 0 HY	0	0
99 EZ MAtch Software Programming 100 NB Acer Laptop	2/05/12	0	0 0 HY 0 0 HY	0	0
100 NB Acer Laptop 101 Desk & Credenza	12/27/12	0	0 0 HY 0 0 HY	ő	0
102 Enson Projector	8/21/13	0	0 0 HY	0	0
103 FZ Match Software Programming	12/20/13 12/20/13	0	0 0 HY	0	0
104 EZ Match Software Programming 105 Server Improvements	8/21/13		0 0 HY	U	U
105 Berver improvements					
1	Process Processor Annual Company Company				

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FYE: 12/31/2019

AMT Asset Report Form 990, Page 1

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	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr		Conv Meth	Prior	Current
Asset		7/29/13	0		50 FORMAR MARKET A VISE BARRETON (197)	0		HY	0	0
106	Website	7/20/13	0			0	0	HY	0	ő
107	Server Improvements	4/21/14	0			U	0	HY HY	0	0
109	Refurbished Laptop Computer WWK 6835.1 Laptop Computer	6/21/14	0			0	0		Ö	0
110	WWK Recruiter 6835.3 Laptop Computers	9/29/15	0			0	0		Č	0
111	Dell Latitude 14 3000 - Wendy	4/24/16	0			0			Č	0
112	Dell Latitude 14 3000 - Rachel	4/24/16	0			835		MO S/L	237	167
113 114	Inspiron 14 7000 Series	8/03/17	835			480			144	. 96
115	HP Pavilion Desktop	6/21/17	480			480			144	
116	HP Pavilion Desktop	6/22/17	480			480	, -		144	
117	HP Pavilion Desktop	6/23/17	480			650			(
118	Lenovo TP T480 NoteBook - Jessica	12/18/18	650					HY		0
119	Lenovo TP T480 NoteBook - Alex	12/18/18	0				0 0		9	0
120	FSI CS100 Phone System	12/20/18	650			650		MO S/L	1) 54
121	Lenovo ThinkPad T580 1 of 2	7/31/19	650			650		MO S/L	10	0 54
122	Lenovo ThinkPad T580 2 of 2	7/31/19	649			64	9 5		3	0 54
123	Lenovo ThinkPad T480 1 of 4	7/31/19	649			64	9 5			0 54
124	Lenovo ThinkPad T480 2 of 4	7/31/19 7/31/19	649			64	9 5			0 54 0 54
125	Lenovo ThinkPad T480 3 of 4	7/31/19	649			64	9 5			0 54 0 142
126		7/01/19	1,420			1,42		MO S/L		0 142
127	iPad Air	7/01/19	1,560			1,56	0 5	5 MO S/L	Processor Constitution	<u> </u>
128		1/01/19				9,80	1		66	9 1,207
	Total Other Depreciation		9,801							
	Total ACRS and Other Depreciation					9,80	1		66	9 1,207
	Grand Totals Less: Dispositions and Trans Net Grand Totals	fers	9,801 0 9,801	i		9,80	0		66	00

11/03/2020 9:01 AM 72147 Adopt America Network Depreciation Adjustment Report 34-1396924 All Business Activities FYE: 12/31/2019 AMT Adjustments/ Preferences AMT Description Form Unit Asset There are no assets that meet the criteria of this report

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72147 Adopt America Network
34-1396924 Future Depreciation Report FYE: 12/31/20

Form 990, Page 1 FYE: 12/31/2019

2004	Description	Date In Service	Cost	Tax	AMT
sset	Dood page.				
Other I	Depreciation:				. <u>5</u> .
1	Chair	1/01/96	200 244	0	0
3	Chair-4	1/01/96 1/01/96	1,025	0	0
9	IBM Typewriter	1/01/96	101	0	0
10 11	Desk-Directors Table & Chairs	1/01/96	716	0	0
14	2 File Cab Chair & Table	1/01/96 1/01/99	434 500	ő	0
25	Fax Machine	1/01/97	150	0	0
26	Binder Overhead Projector	9/22/99	622	0	0
28 29	Desk Hutches Shelves	12/15/99 12/29/99	3,020 550	0	Č
30	Desk & Hutch	12/29/99	1,277	0	(
31	Desk File & Credenza Computer Upgrade	12/05/02	887	0	(
36 39	Adoption Program	9/01/03	22,445 3,638	0	ì
40	Labor Chg set up Server	9/23/03 11/05/03	855	0	
41	57hrs@15hr Program Comp 57hrs@15hr Program Comp	11/07/03	855	0	
42 43	49hrs@15hr Program Comp	11/20/03	735 735	0	-
44	49hrs@15hr Program Comp	12/04/03 11/16/04	733 727	Ö	
46	Room Dividers	12/03/04	960	0	
47 50	Acer Laptop Office Furniture	12/28/04	1,385	0	
53	EZ Match Software 90hr@\$15hr	3/04/05 3/15/05	1,350 965	0	
54	Laptop-Robin	4/30/05	536	0	
57 58	MS Office Professional EZ Match Software 18.1hr@\$15hr	6/30/05	272	0	
60	FZ Match Software 19.2hr(a)\$15hr	7/19/05 8/06/05	288 285	0	
61	FZ Match Software 19hr(a)\$15hr	8/16/05	440	0	
62	EZ Match Software 22hr@\$20hr EZ Match Software 44.75hr@\$15hr	9/22/05	671	0	
64 65	FZ Match Software 14.5hr@\$15hr	9/30/05	218 197	0	
66	EZ Match Software 13.1hr(\alpha\strace)15nr	10/31/05 12/07/05	1,643	ő	
67	EZ Match Software 109.5hr@\$15hr EZ Match Software 86hr@\$15hr	12/21/05	1,290	0	
68 69	Quickbooks	12/31/05	410 290	0	
70	2 Hard Drives	12/18/06 5/19/06	2,276	ő	
71	EZ-Match Software Crystal Reports Software	1/04/07	594	0	
72 73	HP Computer dc5750	1/04/07	948	0	
74	Raiser's Edge Software	1/10/07 2/05/07	2,383 263	Č	
75	2-320GB Hard Drives EZ Match Software Programming Hours	10/31/07	619	(
76 77		3/05/08	724	(
80	Laptop Computer Install	2/26/08 7/29/08	2,983 3,236	()
81	Additional Phone and Wiring	6/16/09	3,390	(O
82 83	6 Lenovo ThinkCentre Towers Lenovo Think Centre Computer	6/16/09	750		0
84	7 Lenovo Hannspree HB Monitors	6/16/09 6/16/09	910 925		0
85	Lenovo ThinkPad Laptop	9/01/09	699		0
86		12/21/09	683		0 0
87 88	EZ Match Software Programming	12/09/09	596 490		0
90	Enson EX31 Projector	3/25/10 6/15/10	34		0
91		12/17/10	495		0
92 93	EZ Match Software Programming	7/31/11	413		0
94	EZ Match Software Programming	12/12/11 9/05/12	698 682		0
95	Lenovo Thinkpad Laptop	9/05/12	682		0
90		9/05/12	682		0
9	FZ Match Software Programming	11/13/12 12/18/12	555 473		0
9	EZ MAtch Software Programming	2/05/12	530		0
100		12/27/12	2,000		0
10 10	2 Enson Projector	8/21/13	500 218		0
	Degreemming	12/20/13			
10 10		12/20/13	645		0

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34-1396924

Form 990, Page 1 FYE: 12/31/2019

		Date In	Cost	Tax	AMT
Asset	Description	Service		0	0
105	Server Improvements	8/21/13	609	0	ő
106	Website	7/29/13	3,000	0	Ö
107	Server Improvements	7/20/13	452 324	0	Ö
109	Refurbished Laptop Computer	4/21/14	661	ő	0
110	WWK 6835 1 Laptop Computer	6/21/14		189	ő
111	WWK Recruiter 6835.3 Laptop Computers	9/29/15	1,257	114	0
112	Dell Latitude 14 3000 - Wendy	4/24/16	568	114	ő
113	Dell Latitude 14 3000 - Rachel	4/24/16	568	167	167
114	Inspiron 14 7000 Series	8/03/17	835	96	96
114	HP Pavilion Desktop	6/21/17	480	96	96
116	HP Pavilion Desktop	6/22/17	480	96	96
	HP Pavilion Desktop	6/23/17	480		130
117	Lenovo TP T480 NoteBook - Jessica	12/18/18	650	130	0
118	Lenovo TP T480 NoteBook - Alex	12/18/18	650	130	0
119	ESI CS100 Phone System	12/20/18	5,250	750	130
120	Lenovo ThinkPad T580 1 of 2	7/31/19	650	130	
121	Lenovo ThinkPad T580 2 of 2	7/31/19	650	130	130
122	Lenovo ThinkPad T480 2 of 2 Lenovo ThinkPad T480 1 of 4	7/31/19	649	130	130
123	Lenovo ThinkPad T480 2 of 4	7/31/19	649	130	130
124	Lenovo ThinkPad T480 2 of 4 Lenovo ThinkPad T480 3 of 4	7/31/19	649	130	130
125	Lenovo ThinkPad T480 4 of 4	7/31/19	649	130	130
126		7/01/19	1,420	284	284
127	iPad Air	7/01/19	1,560	312	312
128	iPad Air Pro	77.0.21.22	105,132	3,258	1,961
İ	Total Other Depreciation		105,152	3,230	.,,,,,,
	Total ACRS and Other Depreciation		105,132	3,258	1,961
<u>Amort</u> 78	ization: EZ Match Software Programming	12/31/08	<u>675</u> 675	0	0 0
	Grand Totals		105,807	3,258	1,961

Form **990**

Two Year Comparison Report

For calendar year 2019, or tax year beginning

ending

2018 & 2019

Name

Taxpayer Identification Number

Name				34-139	6924
A	dopt America Network		2018	2019	Differences
T			656,214	605,469	-50,745
	1. Contributions, gifts, grants	1.	630,213		
1	2. Membership dues and assessments	2.			
1	3. Government contributions and grants	3.	36,534	101,916	65,382
ø	4. Program service revenue	4.	36,334	202/0	Constitution of the second control of the se
ם	5. Investment income	5.			
< e	6 Proceeds from tax exempt bonds	6.			
ø	7 Net gain or (loss) from sale of assets other than inventory	7.	37,699	38,891	1,192
Œ	Net income or (loss) from fundraising events	8.	10,825	1,047	-9,778
	9. Net income or (loss) from gaming	9.	10,023		
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	741,272	747,323	6,051
	12. Total revenue. Add lines 1 through 11	12.	141,212		
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.	84,387	86,296	1,909
S	Compensation of officers, directors, trustees, etc.	15.	364,984	390,856	25,872
S	16. Salaries, other compensation, and employee benefits	16.	364,964	300	
e u	17. Professional fundraising fees	17.	12,043	18,365	6,322
a	18. Other professional fees	18.	21,500	21,790	290
Ж	dintended	19.	1,938	2,738	800
	20. Depreciation and Depletion	20.	146,779	211,939	65,160
	21. Other expenses	21.	631,631	731,984	100,353
	22 Total expenses. Add lines 13 through 21	22.	109,641	15,339	-94,302
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	741,272	747,323	6,051
-	24. Total exempt revenue	24.	141,212	, , , , , ,	
	25. Total unrelated revenue	25.	47,359	102,963	55,604
5	The same substitution of the same substitution	26.	233,908	230,861	-3,047
leformotion	27. Total assets	. 27.	52,721	34,335	-18,386
Ę	28. Total liabilities	. 20.	181,187	196,526	15,339
		. 29.	19	15	
į	Number of voting members of governing body	. 30.	19	15	
ð	31. Number of independent voting members of governing body	31.	12	16	
	32. Number of employees	32.	43	20	
	33. Number of volunteers	33.	40		

2019	Employer Identification Number 34–1396924	19 2020	605,469	101,916	38 801	4 4	200	141,323		1		-	4	7	-	731,984	15,339	147 323	-	102,963	-	-	196,526
Tax Return History		2018 2019	,214	36,534 10	000	10,825		741,272		84,387		12,043	-				109,641	070		17.359	806	,721	181,187
			541,041	53,101	1 1	16,600	4 4	627,479		82,000	4 *	١,	21,201	١,	•		4 H		627,479	828 09	-	114.358	ч '
			439,634	4 1 4	20	35,516	858	573,788		82 000	-	13 810	ч	-	-	4	7	- 1	573,788		98,038	146,729	
	12000	ca Network	2015	1 -	59	19,994	794	533,911		000	007,000	281,232	6,314	20,199	100 700	139, 134	2,428		533,911		80,696		154,8/6
Рош 990		Adopt America Network	3	Contributions, gifts, grants Membership dues	Capital gain or loss	Investment Income Fundraising revenue (income/loss)	Gaming revenue (income/loss)	Other revenue	Grants and similar amounts paid	Benefits paid to or for members	Compensation of officers, etc.	Other compensation	Professional fees	Occupancy costs	Depreciation and depletion	Other expenses	Total expenses	Excess of (Deficit)	Total exempt revenue	Total unrelated revenue	Total excludable revenue	Total Assets	Total Liabilities

11/3/2020 9:01 AM	Fund Raising \$ 820 86 86 86 86 70 70 70 70 70 70 70 70 70 70 70 70 70	
	Management & General \$ 248 216 205 151 102 70 70 8 992	
tements	Program Service \$ 7,166 4,644 4,017 3,893 2,864 11,266 1,266	
Federal Statements	Form 990, Part IX, Line 24e - All Other Expenses Total Expenses System Service System Servi	
72147 Adopt America Network 34-1396924	Description Dues and Subscriptions Service Charges Internet Telephone Repairs and Maintenance Equipment Rental and Main Supplies Postage and Shipping Recruitment Total	