tax return



cohencpa.com

Cohen & Co

ADOPTION NETWORK CLEVELAND, INC. 4614 PROSPECT AVE. NO. 550 CLEVELAND, OH 44103 ATTENTION: BETSIE NORRIS

DEAR BETSIE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2017 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

COHEN & COMPANY, LTD. CERTIFIED PUBLIC ACCOUNTANTS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2018

PREPARED FOR:

ADOPTION NETWORK CLEVELAND, INC. 4614 PROSPECT AVE. NO. 550 CLEVELAND, OH 44103

PREPARED BY:

COHEN & COMPANY, LTD. OFFICES LISTED AT WWW.COHENCPA.COM, OH 44115

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER REVIEWING THE RETURN, PLEASE SIGN, DATE AND UPLOAD FORM 8879-EO TO WWW.COHENCPA.COM/EFILE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 15, 2019.

Form	990
1 01111	

Department of the Treasury

EXTENDED TO AUGUST 15, 2019

OMB No. 1545-0047

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.

201 Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection						
Α	For th	e 2017 calendar year, or tax year beginning OCT 1, 2017 and	ending S	SEP 30, 2018		
В	Check if	C Name of organization		D Employer identif	ication number	
ā	applicab					
	Addre	e ADOPTION NETWORK CLEVELAND, INC.				
	Name	e Doing business as	34-1	603766		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er	
	Final returr		550	216-32	25-1000	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,420,049.	
	Amer	CHEVELAND, ON 44105		H(a) Is this a group r	eturn	
	Appli tion	F Name and address of principal officer: BETSIE NORRIS		for subordinates	s? Yes X No	
	pend	^{ng} same as c above		H(b) Are all subordinates i	ncluded? Yes No	
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	a list. (see instructions)	
		te: WWW.ADOPTIONNETWORK.COM		H(c) Group exemption	on number 🕨	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1988	M State of legal domicile: OH	
Pa	art I	Summary				
đ	1	Briefly describe the organization's mission or most significant activities: ADOPTI	ON NETWO	RK CLEVELAND'S		
Governance		MISSION IS TO CONNECT AND EMPOWER INDIVIDUALS, ORGANIZATIONS				
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed	sed of more	e than 25% of its net as	1	
Ň	3				21	
		Number of independent voting members of the governing body (Part VI, line 1b)			20	
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			17	
viti	6	Total number of volunteers (estimate if necessary)			167	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	0.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		773,568.	918,639.	
Revenue	9	Program service revenue (Part VIII, line 2g)		43,876.	39,319.	
sev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		69,642.	101,875.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,115.	61,310.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		917,201.	1,121,143.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		677,931.	705,468.	
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	. b		254.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		210,104.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		888,035.	905,896.	
	19	Revenue less expenses. Subtract line 18 from line 12		29,166.	215,247.	
s or			B	eginning of Current Year	End of Year	
sset	20	Total assets (Part X, line 16)		1,992,806.	2,203,221.	
Net Assets or	21	Total liabilities (Part X, line 26)	······	69,254.	61,289.	
		Net assets or fund balances. Subtract line 21 from line 20		1,923,552.	2,141,932.	
	art II	Signature Block			a language and ball of the	
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is	
true	, corre	t, and complete Declaration of preparer (other than officer) is based on all information of w	nicn preparei	r nas any knowledge.		
		CLIENT COPY				

	CLIENT COPY					
Sign			Date	}		
Here		DIRECTOR				
	Cohen & Co					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	CATHLEEN S. LORENZ	CATHLEEN S. LORENZ	07/29/19	self-employed P00063640		
Preparer	Firm's name 🕒 COHEN & COMPANY	, LTD.	Firm	n's EIN 🕨 34-1912961		
Use Only	Firm's address 🕨 OFFICES LISTED	АТ				
	WWW.COHENCPA.COM, OH 44115 Phone no.800-2					
May the II	RS discuss this return with the prepare	r shown above? (see instructions)		X Yes	No	
				- 000	(

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III X Briefy describe the organization's mission: WE ACCONFLISH OUR MISSION BY: 1. CREATING A SAFE FLACE FOR THOSE TOUCHED BY ADOPTION AND FORTER CARE TO FURSE PERSONAL ENFORMEMENT; 2. PROVIDING OFPORTUNTIES FOR PERS SUPPORT AND BUCATION FOR THOSE TOUCHED BY ADOPTION AND FORTER CARE NOT PURSE PERSONAL ENFORMEMENT; 2. PROVIDING OFPORTUNITIES FOR PERS SUPPORT AND BUCATION FOR THOSE TOUCHED BY ADOPTION AND FORTER CARE NOT PURSE PERSONAL ENFORMEMENT; 2. PROVIDING OFPORTUNITIES FOR PERS SUPPORT AND BUCATION FOR THOSE TOUCHED BY ADOPTION AND FORTER CARE AND THE PROFESSIONALS WHO SERVE Second the prior form 990 or 990 cF27 If 'Yes, 'describe these enarges on Schedule O. X Yes No If 'Yes, 'describe these enarges on Schedule O. X Yes No If 'Yes, 'describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the annount of grants and allocations to others, the total expenses, and reverse. Section 501(c)(3) and 501(c)(4) organizations are required to report the annount of grants and allocations to others, the total expenses. Section 501(c)(3) and 10100 - THIS HUB AREA SYSTEM. THESE INCLUDE POOTATAN ALUMENT HUB - THIS HUB AREA SYSTEM. THESE INCLUDE <	Form	990 (2017) ADOPTION NETWORK CLEVELAND, INC.	34-1603766	Page 2
I Briefly describe the organization's mission: WE ACCOMPLIEN OUR MISSION BY: 1. CREATING A SAFE PLACE FOR THOSE TOUCHED BY ADDPTION AND FOSTER CARE TO FUSCE PERSONALS WHO SERVE 2 Did the organization indexide any significant program services during the year which were not listed on the prior Form 990 or 990 E27 If 'Yes,' describe these new services on Schedule O. If 'Yes,' describe these changes on Schedule O. 3 Did the organization orders conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Exercise the organization program service accomplishments for each of its three largest program services? If 'Yes,' describe these changes on Schedule O. Describe the organization cases accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the anitum of grants and allocations to others, the total expenses, and reverue, if any, for each program service sported. 4a (code:	Pa	rt III Statement of Program Service Accomplishments		
WE ACCOMPLISH OUE MISSION BY: 1, CREATING A SAFE PLACE FOR THOSE TOUCHED BY ADOPTION AND FOSTER CARE AND THE PROFESSIONAL ENFOWERMENT; 2. PROVIDING OPPORTUNTITES FOR PERS SUPPORT AND EDUCATION FOR THOSE TOUCHED BY ADOPTION AND FOSTER CARE AND THE PROFESSIONALS WHO SERVE 2 Did the organization cases conducting, or make significant program services during the year which were not listed on the prior Form 980 or 990-E27 X Yes If 'Yes,' describe these new services on Schedule 0. X Yes No 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Yes Yes No 4a (Code:) (Expenses		Check if Schedule O contains a response or note to any line in this Part III		X
TOUCHED BY ADOPTION AND FOSTER CARE TO PURSUE PERSONAL EMPOWERMENT, 2. PROVIDING OPPORTUNITIES FOR PEER SUPPORT AND EDUCATION FOR THOSE TOUCHED BY ADOPTION AND FOSTER CARE AND THE FROFESSIONALS WHO SERVE 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 X 11 "Ves." describe these new services on Schedule O. X Yes No 11 "Ves." describe these changes on Schedule O. X Yes No 12 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplication take starts of services portion.) 1. FOSTER YOUTH AND ALUMATI HUB - THIS HUB AREA IS A MIX OF DERVICES FOR) (newewes 1) (forewewes 1) POSTER YOUTH AND ALUMATI HUB - THIS HUB AREA IS A MIX OF DERVICES FOR) (forewewes 1) (forewewes 2)) (newewes 1) POSTER YOUTH AND ALUMATI HUB - THIS HUB AREA IS A MIX OF DERVICES FOR) (forewewes 2) (forewewes	1	Briefly describe the organization's mission:		
PROVIDING OPPORTUNITIES FOR FEER SUPPORT AND EDUCATION FOR THOSE TOUCHED BY ADOPTION AND FOSTER CARE AND THE PROFESSIONALS WIG SERVE 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If 'Yes,' describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(a) and 501(c)(a) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. If 'Yes,'' describe these changes on Schedule 0. 4a (code:) (Gepenses _ 88,080. Including grants of s) (nevenue 5		WE ACCOMPLISH OUR MISSION BY: 1. CREATING A SAFE PLACE FOR THOSE		
TOUCHED BY ADOPTION AND POSTER CARE AND THE PROFESSIONALS WHO SERVE 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 9906-27 IX Yes No 11 'Yes," describe these new services on Schedule O. IX Yes No IX Yes No 12 'Yes," describe these new services on Schedule O. IX Yes No IX Yes No 14 'Yes," describe the changes on Schedule O. IX Yes No IX Yes No 14 'Yes," describe the changes on Schedule O. IX Yes No IX Yes No 14 'Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (new section Structure reported.) (newset section Structure reported.) 1. FOSTER YOUTH FOCUSED ON SUPPORT AND REDUCING BARRIERS TO ADOPTION/PERMANENY FROM THE PUBLIC CHILD WELFARE SYSTEM. THESE INCLUDE PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/PERMANENT FLACEMENTS. DURING 2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR THEMS IN PARTEMEED WHICH THE JUNION LEADUE OF CLEVELAND FOR A LIFE SKILLS PARTEMEED WITH THE JUNION LEADUE OF CLEVELAND FOR A LIFE SKILLS PARTICIFANTS. TWO NEW FILOT PROGRAMS FOCUSED ON YOUT		TOUCHED BY ADOPTION AND FOSTER CARE TO PURSUE PERSONAL EMPOWERMENT; 2.		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27 IX Yes 11 Yes," describe these new services on Schedule 0. IX Yes," describe these changes on Schedule 0. 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Cote) (Foremus 1 88,080. including grants of 3) (fivernue 5) (fivernue 5) (fivernue 6) (fivernue 6) (fivernue 7) 1. FOSTER YOUTH AND ALUMNI HUB - THIS HUB AREA IS A MIX OF SERVICES FOR FOSTER YOUTH FOCUSED ON SUPPORT AND REDUCING BARRIERS TO ADOPTION/PERMANENCY FROM THE PUBLIC CHILD MELFARE SYSTEM. THERE INCLUDE PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/PERMANENT PLACEMENTS. DURING 2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR TEENS IN FOSTEM CARE WITH A TOTAL CWULDATUR ATTENDANCE OF 6 YOUTH. IN HEREWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR WHEIL CHILD SUPPORT AND GUIDANCE FOR TEENS IN POSTEM CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION, RECONNECTIONS FROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUTH AND ADULTS WHE AREA DARE A RAN ARE SERVICES FOR TOTAL SUPPORT. AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHE AREA DARE A RAN ARE SERVING TO \$ 9,389.) 4b (code:		PROVIDING OPPORTUNITIES FOR PEER SUPPORT AND EDUCATION FOR THOSE		
prior Form 990 or 990-EZ? X Yes No If 'Yes,' describe these new services on Schedule O. X Yes No 3 Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Yes No 4a (Coat:) (Expenses 8 80,000. including grants of \$\$\$) (Revenue \$\$\$) 1. FOSTER YOUTH NON ALUMBH HUB - THIS HUB AREA IS A MIX OF SERVICES FOR FOSTER YOUTH FOCUSED ON SUPPORT AND REDUCING BARRIERS TO ADOPTION/PERMANENCY FROM THE PUBLIC CHILD WELFARE SYSTEM, THESE INCLUDE PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/PERMANENT PLACEMENTS, DURING 2016 FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH, THE NETWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS, TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WH HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUMHED: RECONNECTIONS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Coat:) (Expenses 103,903.) (Revenue \$\$\$, 9,389.) 2. ADULT ADOPTEE AND BIRTHPARENT HUB - THIS FROGRAM AREA FROVIDES 9,389.) 3. ADU YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND A		TOUCHED BY ADOPTION AND FOSTER CARE AND THE PROFESSIONALS WHO SERVE		
If 'Yes,' describe these new services on Schedule O. 3D ld the organization cease conducting, or make significant changes in how it conducts, any program services? IX Yes No If 'Yes,' describe these changes on Schedule O. IX Yes (schice these changes on Schedule O. 4Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code:	2	Did the organization undertake any significant program services during the year which were not listed on the		
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	X	Yes 🗌 No
 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:		If "Yes," describe these new services on Schedule O.		
 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:	3		X	Yes 🗌 No
 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses S				
revenue, if any, for each program service reported. 4a (code:	4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expens	ses.
4a (Code:)(Expenses		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expense	s, and
1. FOSTER YOUTH AND ALUMNI HUB - THIS HUB AREA IS A MIX OF SERVICES FOR FOSTER YOUTH FOCUSED ON SUPPORT AND REDUCING BARRIERS TO ADOPTION/FERMANENCY FROM THE FUBLIC CHILD WELFARE SYSTEM. THESE INCLUDE PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/FERMANENT PLACEMENTS. DURING 2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR TEENS IN FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH AT OTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW FLOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS FROVIDES SUPPORT AND GUIDANCE FOR TEENS AND MOLING ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Cde:)(Expenses \$				
1. FOSTER YOUTH AND ALUMNI HUB - THIS HUB AREA IS A MIX OF SERVICES FOR FOSTER YOUTH FOCUSED ON SUPPORT AND REDUCING BARRIERS TO ADOPTION/FERMANENCY FROM THE FUBLIC CHILD WELFARE SYSTEM. THESE INCLUDE PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/FERMANENT PLACEMENTS. DURING 2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR TEENS IN FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH AT OTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW FLOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS FROVIDES SUPPORT AND GUIDANCE FOR TEENS AND MOLING ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Cde:)(Expenses \$	4a	(Code:) (Expenses \$	\$)
ADOPTION/PERMANENCY FROM THE FUBLIC CHILD WELFARE SYSTEM. THESE INCLUDE PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/PERMANENT PLACEMENTS. DURING 2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR TEENS IN FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIPE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS FROVIDES SUPPORT AND GUIDANCE FOR TEENS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:) (Expenses		1. FOSTER YOUTH AND ALUMNI HUB - THIS HUB AREA IS A MIX OF SERVICES FOR		
PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/PERMANENT PLACEMENTS. DURING 2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR TEENS IN FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:)(Expenses 103,908 including grants of \$) (Revenue \$9,389.) 2. ADULT ADOPTEE AND EDUCATION FOR ALL MEMBERS OF FHE ADOPTION TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THEESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOUNNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		FOSTER YOUTH FOCUSED ON SUPPORT AND REDUCING BARRIERS TO		
2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR TEENS IN FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:) (Expenses \$		ADOPTION/PERMANENCY FROM THE PUBLIC CHILD WELFARE SYSTEM. THESE INCLUDE		
FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:) (Expenses 103,908. including grants of \$) (Revenue \$9,389.) 2. ADULT ADOPTER AND BIRTHPARENT HUE - THIS PROGRAM ARE PROVIDES INFORMATION, SUPPORT, AND EDUCATION FOR ALL MEMBERS OF THE ADOPTION TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		PROGRAMS WHICH PREPARE YOUTH FOR ADOPTIVE/PERMANENT PLACEMENTS. DURING		
PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 40 (Code:) (Expenses		2018, WE HELD 24 GET REAL EDUCATIONAL AND SUPPORT GROUPS FOR TEENS IN		
PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:) (Expenses \$		FOSTER CARE WITH A TOTAL CUMULATIVE ATTENDANCE OF 68 YOUTH. THE NETWORK		
PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 40 (Code:)(Expenses \$		PARTNERED WITH THE JUNIOR LEAGUE OF CLEVELAND FOR A LIFE SKILLS		
WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:)(Expenses \$103,908including grants of \$) (Revenue \$9,389.) 2. ADULT ADOPTEE AND BIRTHPARENT HUB - THIS PROGRAM AREA PROVIDES INFORMATION, SUPPORT, AND EDUCATION FOR ALL MEMBERS OF THE ADOPTION TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		PROGRAMS DESIGNED FOR YOUTH IN FOSTER CARE WITH A TOTAL OF 9 YOUTH		
AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:)(Expenses \$103,908. including grants of \$) (Revenue \$9,389.) 2. ADULT ADOPTEE AND BIRTHPARENT HUB - THIS PROGRAM AREA PROVIDES INFORMATION, SUPPORT, AND EDUCATION FOR ALL MEMBERS OF THE ADOPTION TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES		PARTICIPANTS. TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR		
AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO 4b (Code:)(Expenses \$103,908. including grants of \$) (Revenue \$9,389.) 2. ADULT ADOPTEE AND BIRTHPARENT HUB - THIS PROGRAM AREA PROVIDES INFORMATION, SUPPORT, AND EDUCATION FOR ALL MEMBERS OF THE ADOPTION TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		WHO HAVE AGED OUT OF CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS		
4b (Code:) (Expenses \$) (Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$		AND MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS		
2. ADULT ADOPTEE AND BIRTHPARENT HUB - THIS PROGRAM AREA PROVIDES INFORMATION, SUPPORT, AND EDUCATION FOR ALL MEMBERS OF THE ADOPTION TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		AND YOUNG ADULTS WHO HAVE AGED OUT OF CARE AND ARE SEEKING TO		
INFORMATION, SUPPORT, AND EDUCATION FOR ALL MEMBERS OF THE ADOPTION TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.	4b	(Code:) (Expenses \$) (Expenses \$) (Revenue	\$	9,389.)
TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS). THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		2. ADULT ADOPTEE AND BIRTHPARENT HUB - THIS PROGRAM AREA PROVIDES		
THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187 CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		INFORMATION, SUPPORT, AND EDUCATION FOR ALL MEMBERS OF THE ADOPTION		
CALLS IN 2018, SUPPORT AND DISCUSSION GROUPS ACROSS THE STATE OF OHIO WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		TRIAD (ADOPTEES, BIRTHPARENTS, ADOPTIVE PARENTS, SIBLINGS, AND OTHERS).		
WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		THESE SERVICES INCLUDE A TELEPHONE HELPLINE THAT RESPONDED TO 2,187		
ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		,		
WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		WITH CUMULATIVE ATTENDANCE OF 680 IN 2018, ASSISTANCE IN HUNDREDS OF		
MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850 PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		ADOPTEE-BIRTH FAMILY SEARCHES, AN ADOPTEE JOURNEYS PROGRAM WITH		
PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		WORKSHOPS ATTENDED BY 23 ADOPTEES, A CEREMONY HONORING BIRTHMOTHERS ON		
		MOTHER'S DAY WEEKEND, A PRIVATE FACEBOOK GROUP WITH OVER 850		
4c (Code:) (Expenses \$ 416,845. including grants of \$) (Revenue \$ 2,305.)		PARTICIPANTS, LENDING LIBRARY, AND OTHER SUPPORT OPPORTUNITIES.		
4c (Code:) (Expenses \$ 416,845. including grants of \$) (Revenue \$ 2,305.)				
4c (Code:) (Expenses \$ 416,845. including grants of \$) (Revenue \$ 2,305.)				
	4c		\$	2,305.)
3. FAMILY HUB - THIS PROGRAM AREA PROVIDES SERVICES TO SUPPORT CURRENT				
AND PROSPECTIVE FAMILIES CONNECTED TO ADOPTION AND FOSTER CARE,				

INCLUDING ADOPTIVE, KINSHIP, FOSTER AND BIRTH FAMILIES TO H	ELP THEM		
ADDRESS THE UNIQUE CHALLENGES THEY MAY FACE. AMONG THE SERV	ICES WITHIN		
OUR FAMILY HUB ARE TELEPHONE AND IN-PERSON SUPPORT FROM OUR	PROGRAM		
STAFF, AS WELL AS MONTHLY GATHERINGS AND WORKSHOPS, AND OVE	RALL FAMILY		
SUPPORT FOR TRANSRACIAL ADOPTION, EDUCATIONAL GUIDANCE, MEN	TORSHIP		
PROGRAMS, AND PERMANENCY NAVIGATION. DURING 2018, THE PROGR.	AM SERVED		
514 CHILDREN, PARENTS AND PROFESSIONALS CONNECTED TO ADOPTI	VE, FOSTER		
CARE AND KINSHIP FAMILIES. THE PROGRAM HOSTED 213 PARENTS A	ND 110		
CHILDREN WITH IN THE FAMILY TIES PROGRAM, INCLUDING A MONTH	LY SUPPORT		
MEETING, SOCIAL OUTINGS AND ONE-ON-ONE SUPPORT. 51 PARENTS	WERE		
Other program services (Describe in Schedule O.)			
(Expenses \$ 91,326. including grants of \$) (Revenue \$	27,625.)	
Total program service expenses 700,159.			

4e	Total program service expenses
4e	Total program service expenses

Form 990 (2017) ADOPTION NETWORK (Part IV Checklist of Required Schedules ADOPTION NETWORK CLEVELAND, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete School (C. Darte // and //	45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		<u> </u>
17		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
15	complete Schedule G. Part III	19		x

Form **990** (2017)

-	~ ~ ~	(00 (-)	
⊦orm	990	(2017)	

ADOPTION NETWORK CLEVELAND, INC.

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-		28a		х
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	-	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30	1	<u> </u>
51		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		
34		34		x
250	Part V, line 1	34 35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358		<u> </u>
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(13)2. If IVes II complete Octoorful D. Part I/ line 0.	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38		1

Form **990** (2017)

Form	990 (2017) ADOPTION NETWORK CLEVELAND, INC.		34-160376	6	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	lired			
	to file Form 8282?	1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9	•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0		
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
a b	Initiation fees and capital contributions included on Part VIII, line 12	<u>10a</u> 10b				
ь 11	Section 501(c)(12) organizations. Enter:					
'' a		11a				
b	Gross income from members or shareholders	110				
D	amounts due or received from them.)	11b				
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	эO.		14b		
-						

Form 990	(2017)
-----------------	--------

Form	990 (2017) ADOPTION NETWORK CLEVELAND, INC.		34-160376			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and for a '	'No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		100	110
14	If there are material differences in voting rights among members of the governing body, or if the governing	14				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2			-	0		x
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		
3						x
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5	x	^
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	<u>11a</u>	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T $$	(Secti	on 501(c)(3)s only) av	ailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy, and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records: 🕨			
	MS. NICOLE CHERASO - 216-325-1000					
	4614 PROSPECT AVE, STE 550, CLEVELAND, OH 44103					

Form 990 (34-1603766	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending w	/ith or within the organization's	s tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both pr/trus	n an	compensation	compensation	amount of
	week		Jer ar		recic	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trustee		yee	mper				and related
	below	In dividual trustee or director	Institutional t	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) LISA A BUESCHER	1.00									
CHAIR		Х		х				0.	0.	0.
(2) MARISSA BRYDLE	1.00									
1ST VICE CHAIR		Х		х				0.	0.	0.
(3) TED GRABOWSKI	1.00									
TREASURER		Х		х				0.	0.	0.
(4) THOMAS W. DENT, JR.	1.00									
2ND VICE CHAIR		Х		х				0.	0.	0.
(5) CATHY BELK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MOLLY CISSELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KEVEN DRUMMOND EIBER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DANIEL J. GISSER	1.00									
SECRETARY		Х		х				0.	0.	0.
(9) TONY HARRIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DANIELLE GADOMSKI LITTLETON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ALICIA A. LOVE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) VIRGINA MEDINA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KRYSIA ORLOWSKI	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(14) ROSANNE POTTER	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(15) ANTHONY C. SALLAH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ELLEN M. STEPHENS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) JULIA DEAN	1.00									
BOARD MEMBER		х						0.	0.	0.

		TWORK CLEVEL	AND), I	NC.					34-16	0376	6	P	Page 8
Par	t VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)		,		C)	0		(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		F	stimat	ed
	Name and the	hours per					than o is both		compensation	compensatio			nount	
		week					or/trus		from	from related		u	other	
		(list any	tor						the	organization		com	pensa	
		hours for	direc				_		organization	(W-2/1099-MIS			rom th	
		related	e or	tee			sated		(W-2/1099-MISC)	(112/1000 1000	,0,		anizat	
		organizations	ruste	1 trus		ee	npen		(00 2/1000 10100)				d relat	
		below	ual ti	tiona		ploy	/ee	_					anizati	
		line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	a nzac	
(18)	THOM NYKAMP	1.00	-	-		×	<u> </u>							
	AD MEMBER		x						0.		٥.			0.
	DENISE SANELLI BARONE	1.00		-			-		••		<u> </u>			••
		1.00												0
	RD MEMBER		Х				<u> </u>		0.		0.			0.
	MIMI DATTA	1.00	_											
BOAF	RD MEMBER		Х						0.		٥.			0.
(21)	BETSIE NORRIS	40.00												
EXEC	CUTIVE DIRECTOR				x				97,659.		٥.		10,	,631.
(22)	NICOLE CHERASO	40.00												
DIRE	ECTOR OF FINANCE AND OP		1		x				62,000.		٥.		6	,149.
									,				- /	, •
			-											
				-			-							
			-											
16	Sub-total			-			-		159,659.		0.		16	,780.
	Sub-total								0.		0.		,	0.
	Total from continuation sheets to Part													
d	Total (add lines 1b and 1c)								159,659.		0.		,	, /80.
2	Total number of individuals (including but	not limited to th	iose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	;			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former office	er, director, or tru	uste	e, ke	ey er	nplo	oyee,	or	highest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for				•	•	•		•			3		x
А	For any individual listed on line 1a, is the													
-												4		x
_	and related organizations greater than \$1	50,000? If "Yes,	," CC	omple	ete S	Sche	edule	ə J f	or such individual			4		
5	Did any person listed on line 1a receive o													
	rendered to the organization? If "Yes." co	mplete Schedul	e J f	or si	ich i	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of	compensated inc	depe	ende	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensat	tion fro	om	
	the organization. Report compensation for	or the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0	C)	
	Name and busines	ss address	NO	NE					Description of s	ervices	С	ompe	nsatic	on
2	Total number of independent contractors	(includina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the orga				-		0		,					

		<u> </u>		EVELAND, INC.			34-16037	66 Page
an	t VII	_						F
		Check if Schedule O cont	ains a response	or note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
ts	1 a	Federated campaigns	1a	19,521.				
uno	b	Membership dues	1b	10,516.				
, m		Fundraising events		16,256.				
ar /	d	Related organizations	1d					
mil	е	Government grants (contribut	ions) 1e	357,675.				
S	f	All other contributions, gifts, gran	ts, and					
and Other Similar Amounts		similar amounts not included abo	ve 1f	514,671.				
0 p	g	Noncash contributions included in lines	1a-1f: \$	47,909.				
an	h	Total. Add lines 1a-1f		►	918,639.			
				Business Code				
	2 a	PROGRAM SERVICE REVENU	T	900099	39,319.	39,319.		
θ	b							
Řevenue	С							
lev	d							
<u>,</u> ш	е							
		All other program service reve						
	g	Total. Add lines 2a-2f			39,319.			
	3	Investment income (including		· .				
		other similar amounts)			32,504.			32,5
	4	Income from investment of tax		· F				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						_
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,347,318.					
	b	Less: cost or other basis	1 277 047					
		and sales expenses						
		Gain or (loss)	69,371.		60 271			60.3
		Net gain or (loss)		·····	69,371.			69,3
D D	8 a	Gross income from fundraisin						
le l		including \$ 16						
		contributions reported on line	,	79,655.				
ē	b	Part IV, line 18						
5		Less: direct expenses		20,333.	58,696.			58,6
		Net income or (loss) from func			50,050.			50,0
	Ja	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gar		>				
4		Gross sales of inventory, less	-					
	u	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
	<u> </u>	Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS	-	900099	2,614.			2,6
	b				,			
	c							
		All other revenue						
		Total. Add lines 11a-11d			2,614.			
1	12	Total revenue. See instructions.			1,121,143.	39,319.	0	. 163,18

ADOPTION NETWORK CLEVELAND, INC.

Page 10 34-1603766

<u>Secti</u>	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	157,706.	121,415.	18,121.	18,170.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	434,762.	335,949.	49,390.	49,423.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,805.	8,688.	1,827.	1,290.
9	Other employee benefits	58,326.	42,872.	9,064.	6,390.
10	Payroll taxes	42,869.	33,132.	4,932.	4,805.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	14,405.	9,608.	3,195.	1,602.
	Lobbying	3,366.	3,366.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	225.		225.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
0	column (A) amount, list line 11g expenses on Sch O.)	25,698.	16,890.	5,791.	3,017.
12	Advertising and promotion				
13	Office expenses	53,528.	40,517.	2,164.	10,847.
14	Information technology				· · ·
15	Royalties				
16	Оссиралсу	51,694.	43,318.	3,911.	4,465.
17	Travel	7,661.	7,260.	154.	247.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,696.	8,295.	199.	202.
20	Interest	, -	,		-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,322.	15,360.	1,382.	1,580.
23	Insurance	5,729.	4,801.	436.	492.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	7,018.	5,677.	472.	869.
b	DUES & SUBSCRIPTIONS	4,086.	3,011.	220.	855.
c		,	,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	905,896.	700,159.	101,483.	104,254.
26	Joint costs. Complete this line only if the organization	, ,	, ,	, ,	,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 (*****

rm) 990 (ź	2017) ADOPTION NETWORK CLEV	ELANI), INC.		34-	1603766
a	rt X	Balance Sheet		·			
		Check if Schedule O contains a response or note	e to an	v line in this Part X			
					(A) Beginning of year		(End o
	1	Cash - non-interest-bearing			147.	1	
	2	Savings and temporary cash investments			627,803.	2	
	3	Pledges and grants receivable, net			144,542.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section	on 501	(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).		6			
2	7	Notes and loans receivable, net				7	
t	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges	28,217.	9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	202,547.	34,674.	10c	
	11	Investments - publicly traded securities			1,136,651.	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		······ _	20,772.	15	
	16	Total assets. Add lines 1 through 15 (must equa			1,992,806.	16	
	17	Accounts payable and accrued expenses		······ _	68,648.	17	
	18	Grants payable				18	
	19	Deferred revenue			606.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
3	22	Loans and other payables to current and former					
		key employees, highest compensated employees	s, and	disqualified persons.			
				·····		22	
•	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			60 DE4	25	
	26			h have N X and	69,254.	26	
		Organizations that follow SFAS 117 (ASC 958)		k here 🕨 🔯 and			
2	07	complete lines 27 through 29, and lines 33 and			584,997.	07	
5	27	Unrestricted net assets			545,546.	27	
Š	28	Temporarily restricted net assets		·····	545,540.	28	

Form 990 (2017)

2,141,932.

2,203,221.

(B) of year

460,191. 239,006. 248,911. 51.

18,564.

62,318. 1,147,944.

26,236. 2,203,221. 61,289.

61,289.

783,359. 565,564.

793,009.

793,009.

1,923,552.

1,992,806.

29

30

31

32

33

34

Form

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

34

Permanently restricted net assets

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Page 11

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 1 2 905, 896. 3 Revenue less expenses. Subtract line 2 from line 1 3 4 1, 923, 552. 5 3, 133. 6 Donated services and use of facilities 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 7 Reversition (B) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1 Accounting method used to prepare the Form 990: Cash X Accrual 0 Check if Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consoli	Form	990 (2017) ADOPTION NETWORK CLEVELAND, INC.	34-160376	6	Pa	_{ae} 12			
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 1, 121, 143. 2 Total expenses (must equal Part IX, column (A), line 25) 2 905, 896. 3 215, 247. 4 1, 923, 552. 5 8 revenue less expenses. Subtract line 2 from line 1 4 1, 923, 552. 5 Net unrealized gains (losses) on investments 5 3, 133. 6 0 6 7 7 8 9 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances (explain in Schedule 0) 9 0. 10 2,141,932. 10 2,141,932. Part XII Financial Statements and Reporting 10 2,141,932. 11 Accounting method used to prep						2			
2 Total expenses (must equal Part IX, column (Å), line 25) 2 905,896. 3 Revenue less expenses. Subtract line 2 from line 1 3 215,247. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (Å)) 4 1,923,552. 5 Net unrealized gains (losses) on investments 5 3,133. 6 6 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 2,141,932. 7 Part XIII Financial Statements and Reporting 7 Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 1 Accounting financial statements audited by an independent accountant? 2b X 1 Frees, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
2 Total expenses (must equal Part IX, column (Å), line 25) 2 905,896. 3 Revenue less expenses. Subtract line 2 from line 1 3 215,247. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (Å)) 4 1,923,552. 5 Net unrealized gains (losses) on investments 5 3,133. 6 6 6 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 2,141,932. 7 Part XIII Financial Statements and Reporting 7 Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 1 Accounting financial statements audited by an independent accountant? 2b X 1 Frees, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2									
3 Revenue less expenses. Subtract line 2 from line 1 3 215,247. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,923,552. 5 Net unrealized gains (losses) on investments 5 3,133. 6 0 6 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,141,932. Part XII Financial Statements and Reporting 10 2,141,932. Check if Schedule O contains a response or note to any line in this Part XII 10 2,141,932. 9 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If every incicula statements compiled or reviewed by an independent accountant? 2a X 16 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 2b X 17 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis.<	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	,121,	143.			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,923,552. 5 Net unrealized gains (losses) on investments 5 3,133. 6 Donated services and use of facilities 6 7 8 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 2,141,932. Part XII Financial Statements and Reporting 10 2,141,932. Check if Schedule O contains a response or note to any line in this Part XII 10 2,141,932. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 2b X	2	Total expenses (must equal Part IX, column (A), line 25)	2		905,	896.			
5 Net unrealized gains (losses) on investments 5 3,133. 6 0nated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 10 2,141,932. Part XII Financial Statements and Reporting - - - Check if Schedule O contains a response or note to any line in this Part XII - - - 11 Accounting method used to prepare the Form 990: Cash X Accrual Other - 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 15 Separate basis Consolidated basis Both consolidated and separate basis - - 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: - - 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were	3	Revenue less expenses. Subtract line 2 from line 1	3		215,	247.			
6 Donated services and use of facilities 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,141,932. Part XII Financial Statements and Reporting 10 2,141,932. Check if Schedule O contains a response or note to any line in this Part XII 10 2,141,932. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X I Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X I If "Yes," check a box below to ind	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	,923,	552.			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,141,932. Part XII Financial Statements and Reporting 10 2,141,932. Check if Schedule O contains a response or note to any line in this Part XII 10 2,141,932. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organi	5	5 Net unrealized gains (losses) on investments 5							
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, columm (B)) 10 2,141,932. Part XII Financial Statements and Reporting 10 2,141,932. Part XII Financial Statements and Reporting 10 2,141,932. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were aud	6		6						
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,141,932. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Consolidated basis or part in the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b	7	Investment expenses	7						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,141,932. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis O consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X	8	Prior period adjustments	8						
column (B) 10 2,141,932. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c			10	2 ,	,141,	932.			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Par	t XII Financial Statements and Reporting							
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash X Accrual Image: Cash X		Check if Schedule O contains a response or note to any line in this Part XII							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a					Yes	No			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 1 1	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," the year were audited on a separate basis, consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	D.						
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Z Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis </td <td>2a</td> <td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td> <td></td> <td>2a</td> <td></td> <td>X</td>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Z X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Consolidate or consolidat		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Image: Consolidated basis		separate basis, consolidated basis, or both:							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate whether the financial statements and separate basis If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		Separate basis Consolidated basis Both consolidated and separate basis							
consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	X				
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X		X Separate basis Consolidated basis Both consolidated and separate basis							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
		review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
	3a		gle Audit						
Act and OMB Circular A-133? 3a X				3a		X			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>			

Form **990** (2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2017	

Open to Public

		nsp)(ection	
	-	 -		-	-

Nar	ne of	the organization							identification number					
D	art I	Reason for Public (ON NETWORK CLEV						34-1603766					
							e instructions	i.						
	orgar	ization is not a private found			-	-								
1		A church, convention of chu					1)(A)(I).							
2	\square	A school described in section												
3	\square	A hospital or a cooperative						V:::) Entor	the beenitel's name					
4		A medical research organize	ation operated in co	njunction with a nospital	described	III Sectio	A)(1)(a)011 nd	(III). Enter	the hospital's name,					
-		city, and state:	r the henefit of a co	llaga or university owned	l or oporat		vorpmontol u	ait dooorib	ad in					
5		An organization operated for		nege of university owned	or operate	eu by a go	veninentai u							
6		section 170(b)(1)(A)(iv). (C A federal, state, or local gov		aantal unit daaaribad in	anation 17	0/6/4/4	()							
6 7	X	· · · ·	•				.,	o gonoral i	aublic described in					
'		An organization that norma section 170(b)(1)(A)(vi). (C		Initial part of its support in	on a gove	minentai		ie general j						
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)									
9	\square	•				n coniu	unction with a	land-grant	college					
9														
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:													
10		-	lly receives: (1) more	than 33 1/3% of its sun	oort from c	ontributio	ns memberst	nin fees an	d gross receipts from					
		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
		Income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11		An organization organized a		ivelv to test for public sa	fetv. See	section 50	09(a)(4).							
12														
	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.													
a	ı 🗌	Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting					
		organization. You must o	omplete Part IV, Se	ections A and B.										
k)	Type II. A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving					
		control or management o	f the supporting org	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
c	;	Type III functionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,					
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.							
c	1 L	Type III non-functionally	integrated. A supp	porting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)					
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distri	bution rec	quirement and	an attentiv	reness					
	_	requirement (see instructi												
e	, L	Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated supportion	ng organiza	ation.								
1		er the number of supported o	•											
		vide the following informatior (i) Name of supported	about the supporte	d organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monetany	(vi) Amount of other					
		organization		(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)					
		0		above (see instructions))	Yes	No		,	, , ,					
Tot	al													
-														

Schedule A (Form 990 or 990-EZ) 2017 ADOPTION NETWORK CLEVELAND, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	935,484.	673,116.	883,550.	773,568.	918,639.	4,184,357.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	935,484.	673,116.	883,550.	773,568.	918,639.	4,184,357.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						375,690.
6	Public support. Subtract line 5 from line 4.						3,808,667.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	935,484.	673,116.	883,550.	773,568.	918,639.	4,184,357.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	20,728.	18,561.	17,509.	39,628.	101,875.	198,301.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	45,169.	40,808.	43,430.	29,378.	58,696.	217,481.
10	Other income. Do not include gain						
	or loss from the sale of capital	01.0	0.005				
	assets (Explain in Part VI.)	819.	2,286.	1,174.	737.	2,614.	7,630.
	Total support. Add lines 7 through 10						4,607,769.
	Gross receipts from related activities,						201,307.
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stor ction C. Computation of Publi	<u> </u>	-				
	Public support percentage for 2017 (I			blumn (f))		14	82.66 %
15	Public support percentage from 2016					15	88.61 %
	33 1/3% support test - 2017. If the c					· · · ·	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2016. If the c		-				······································
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
_	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"			-	•	0	. —
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2017

Part II Sup

Schedule A (Form 990 or 990-EZ) 2017 ADOPTION NETWORK CLEVELAND, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Sec	Stion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•	•	•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			, ,	
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	nd stop here. The	e organization qual	ifies as a publicly	supported organiza	ation	
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

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

34-1603766 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	- 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		00 or 00		2017

Schedule A (Form 990 or 990-EZ) 2017

Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
		other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net s	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		
3	Othe	er gross income (see instructions)	3		
4	Add	lines 1 through 3	4		
5	Depr	reciation and depletion	5		
6	Porti	ion of operating expenses paid or incurred for production or			
	colle	ction of gross income or for management, conservation, or			
	main	tenance of property held for production of income (see instructions)	6		
7	Othe	er expenses (see instructions)	7		
8	Adju	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggr	regate fair market value of all non-exempt-use assets (see			
	instr	uctions for short tax year or assets held for part of year):			
а	Aver	age monthly value of securities	1a		
b	Aver	age monthly cash balances	1b		
с	Fair	market value of other non-exempt-use assets	1c		
d	Tota	I (add lines 1a, 1b, and 1c)	1d		
е	Disc	ount claimed for blockage or other			
	facto	ors (explain in detail in Part VI):			
2	Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3	Subt	ract line 2 from line 1d	3		
4	Casł	n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see i	nstructions)	4		
5	Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Mult	iply line 5 by .035	6		
7	Reco	overies of prior-year distributions	7		
8	Mini	mum Asset Amount (add line 7 to line 6)	8		
Sect	ion C	- Distributable Amount			Current Year
1	Adju	sted net income for prior year (from Section A, line 8, Column A)	1		
2	Ente	r 85% of line 1	2		
3	Minii	mum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Ente	r greater of line 2 or line 3	4		
5	Inco	me tax imposed in prior year	5		
6	Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
	eme	rgency temporary reduction (see instructions)	6		
		1			

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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 ADOPTION NETWORK CLEVELAND, INC.

	t V Type III Non-Functionally Integrated 509(nizations (continued)	Street Page 7
Sect	ion D - Distributions		(oontindod)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

		34-1603766	_
Part VI	Form 990 or 990-EZ) 2017 ADOPTION NETWORK CLEVELAND, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additiona (See instructions.)	7b; Part III, line 12; nd 2; Part IV, Sectic Section B, line 1e; F	Pag on C, Part V,

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
UND FOUNDATION	440,000.	347,845
T. LUKE'S FOUNDATION	120,000.	27,845
otal Excess Contributions to Schedule A, Part II, Line 5		375,690

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

Name of the	organization
-------------	--------------

Organization type (check one):

ADOPTION NETWORK CLEVELAND INC.

34-1603766

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is received exclusively religious, charitable, etc., exclusively religious, exclusively religi

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

ADOPTION NETWORK CLEVELAND, INC.

Name of organization

34-1603766

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FOREST CITY 127 PUBLIC SQUARE #3100 CLEVELAND, OH 44114	\$42,062.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE GEORGE GUND FOUNDATION 45 PROSPECT AVENUE WEST CLEVELAND, OH 44115	\$200,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OFFICE FOR VICTIMS OF CRIME 810 SEVENTH STREET NW WASHINGTON, DC 20531	\$357,675.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SAINT LUKE'S FOUNDATION 11327 SHAKER BLVD. SUITE 600W CLEVELAND, OH 44104	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 WILLIAM J. & DOROTHY K. O'NEILL FOUNDATION 7575 NORTHCLIFF AVE., SUITE 205 CLEVELAND, OH 44144	Total contributions \$25,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
------------	------------	---------	------------	--------

Name of organization	
----------------------	--

Page 3

ADOPTION NETWORK CLEVELAND, INC.

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FURNITURE		
1			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(0)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		(
		\$	00 000 F7 er 000 DF) /00

Employer identification number

34-1603766

lame of orga	nization	Employer identification number	
	NETWORK CLEVELAND, INC.		34-1603766
Part III	the year from any one contributor Complete co	plumns (a) through (e) and the fo	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for llowing line entry. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.) 🕨 \$
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·			
		(e) Transfer of g	yift
			- · · · · · · · · · ·
	Transferee's name, address, an		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name address an	Relationship of transferor to transferee	
	Transferee's name, address, and ZIP + 4		
		[
		[
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	yift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(,	(-) 3	(
_		(a) Transfor of	vitt
		(e) Transfer of g	jn t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
· · ·			

SCHEDULE C	Political Campaign and Lobbying Activities			
(Form 990 or 990-EZ)		2017		
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.	Open to Public		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection		
If the organization answ	wered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activi	ities), then		
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not complete Part I-C.			
 Section 501(c) (other 	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.			
 Section 527 organiza 	ations: Complete Part I-A only.			

.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4). 	(5), or (6) organizations:	Complete Part III.

Nam	me of organization Er					ployer identification number		
			ETWORK CLEVELAND, INC.			34-1603766		
Pa	art I-A	Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527	organization.		
1	Provide	a description of the organiz	ation's direct and indirect politica	al campaign activities i	in Part IV.			
2	Political	campaign activity expendit	ures			►\$		
3	Voluntee	er hours for political campai	gn activities					
Pa	rt I-B	Complete if the ora	anization is exempt unde	r section 501(c)(3)			
			incurred by the organization under			\$		
י י		, , , , , , , , , , , , , , , , , , ,	, 0	rs under section 4955		\$		
2	 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 							
49	4a Was a correction made?							
		describe in Part IV.						
	rt I-C	Complete if the org	anization is exempt unde	er section 501(c),	except section 50	1(c)(3).		
1	Enter the	e amount directly expended	by the filing organization for sec	tion 527 exempt funct	tion activities	►\$		
			ization's funds contributed to oth					
	exempt f	function activities				►\$		
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	3			
	line 17b					► \$		
4			1120-POL for this year?					
5			nployer identification number (EIN					
	-	• •	tion listed, enter the amount paid			-		
			omptly and directly delivered to a			arate segregated fund or a		
	political	· · · · · · · · · · · · · · · · · · ·	additional space is needed, provi					
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's			
					funds. If none, enter			
					delivered to a separate			
						political organization. If none, enter -0		

Pa	rt II-A Complete if the org section 501(h)).	anization is exen	npt under sectior	1 501(c)(3) and file	d Form 5768 (ele	ction under
A C	expenses, and sha	re of excess lobbying e	expenditures).	Part IV each affiliated	group member's name	e, address, EIN,
<u>B</u> C	Lim	ation checked box A ar its on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
b c d e		uence a legislative boo ines 1a and 1b) es (add lines 1c and 1d er the amount from the <u>pr (b) is: The lob</u> 0,000 \$100,00 (500,000 \$175,00	ly (direct lobbying) e following table in both bying nontaxable am the amount on line 1e. 10 plus 15% of the exce 10 plus 5% of the excession 10 plus 5% of	n columns. ount is: ess over \$500,000. ess over \$1,000,000.	3,366. 3,366. 696,793. 700,159. 130,024.	
-	Grassroots nontaxable amount (er Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zer If there is an amount other than zer reporting section 4911 tax for this (Some organizations t	o or less, enter -0- o or less, enter -0- ero on either line 1h or l year? 4-Year Ave hat made a section 56	eraging Period Under	ation file Form 4720 section 501(h) nave to complete all c		Yes No
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	174,840.	134,078.	128,025.	130,024.	566,967.

3,871.

33,520.

3,550.

43,710.

	212,613.

2,904.

32,006.

Schedule C (Form 990 or 990-EZ) 2017

3,366.

32,506.

850<u>,4</u>51.

13,691.

141,742.

b Lobbying ceiling amount

(150% of line 2a, column(e))

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

c Total lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	e Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	ō), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			P		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				0 :-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'NO," OR	(D) Part	m-a, me	9 3, 15	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	ai				
-	expenses for which the section 527(f) tax was paid).		20			
	Current year					
	Carryover from last year					
-	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		3			
-1	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
			4			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)					
-	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

34-1603766

00		Gunnlamanta	l Einanoial Statemente	I	OMB No. 1545-0047			
	HEDULE D n 990)	Complete if the organized part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2017			
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection			
	e of the organizati				identification number			
. tain	e er tre er gamzat	ADOPTION NETWORK CLEVELAND,	INC.	1	34-1603766			
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds or A	counts.	Complete if the			
	organizatic	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised funds	(b) Funds and	d other accounts			
1	Total number at e	nd of year						
2		of contributions to (during year)						
3	Aggregate value o	f grants from (during year)						
4	Aggregate value a							
5	Did the organizati	on inform all donors and donor advisors in v	writing that the assets held in donor advised fun	ds				
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	only				
			r donor advisor, or for any other purpose confer	0				
D.	impermissible priv	ate benefit?			Yes No			
Pa			ganization answered "Yes" on Form 990, Part IV	, line 7.				
1		servation easements held by the organization						
		n of land for public use (e.g., recreation or e		•				
		of natural habitat	Preservation of a certified h	istoric structu	ire			
-		n of open space						
2								
	day of the tax year.				at the End of the Tax Year			
	a Total number of conservation easements			2a				
b				2b				
c			ucture included in (a)	2c				
a			after 7/25/06, and not on a historic structure					
3			eased, extinguished, or terminated by the organ	2d	the tox			
3	year ►	, , ,	eased, extinguished, or terminated by the organ	ization during	lile lax			
4		where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
Ŭ	•	forcement of the conservation easements it			Yes No			
6			handling of violations, and enforcing conservation					
Ŭ					admig the year			
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements duri	ng the vear			
•	► \$				ng the year			
8	· · ·	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)				
					Yes No			
9			on easements in its revenue and expense staten		ance sheet, and			
	include, if applical	ole, the text of the footnote to the organizat	ion's financial statements that describes the or	anization's ad	counting for			
	conservation ease	ements.			-			
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Ass	ets.			
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement ar	nd balance sh	eet works of art,			
	historical treasure	s, or other similar assets held for public exh	nibition, education, or research in furtherance of	public service	e, provide, in Part XIII,			
	the text of the foo	tnote to its financial statements that describ	bes these items.					
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and b	alance sheet	works of art, historical			
	treasures, or othe	r similar assets held for public exhibition, ec	ducation, or research in furtherance of public ser	vice, provide	the following amounts			
	relating to these it	ems:						
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		. 🕨 \$				
	(ii) Assets include	ed in Form 990, Part X		▶ \$				

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1
 <u>b</u> Assets included in Form 990, Part X
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

▶ \$

▶ \$

		TWORK CLEVELAND	1			34-160		Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a s	ignificant u	se of its c	ollection i	tems	i
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or		•	-					
	to be sold to raise funds rather than to be ma		,	,			Yes		No
Par	t IV Escrow and Custodial Arrang					. Part IV. I			
	reported an amount on Form 990, Par					,,.			
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets not	included				
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a								
, N			owing table.				Amount		
~	Reginning balance				1c		Amount		
	Beginning balance								
	Additions during the year								
e 4	Distributions during the year				ie 1f				
0-	Ending balance						Yes		
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L			_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if								<u> </u>
1 41							(-) [heel
4.	Parimina ((a) Current year 1,141,067.	(b) Prior year 1,087,368.	(c) Two years back 1,055,021.	(d) Three y	/ears bacк 35,842.			
	Beginning of year balance	1,141,007.	1,007,300.	1,055,021.	±,±	<u>55,842.</u> 65.	1,061,257.		
b	Contributions	201 590	0.9 501	94 462				38,469.	
	Net investment earnings, gains, and losses	201,589.	98,521.	84,463.	-	15,347.	88,411		411.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	188,258.	44,822.	52,116.		65,539.		52,	295.
f	Administrative expenses								
g	End of year balance	1,154,398.	1,141,067.	1,087,368.	1,0	55,021.	1,:	135,	842.
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	70.00	_%						
b	Permanent endowment 28.00	%							
С	Temporarily restricted endowment	2.00 %							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for t	he organiza	ation	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)	х	
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?				Зb		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot			Accumulate	ed	(d) Book	value	
		basis (investm	• •		epreciation		(,		
1 a	Land								
	Buildings								
	Leasehold improvements			19,191.	19	191.			٥.
	Equipment				,				
				245,674.	183,	356.		62	318.
	Other			,	,				318.
Total	Add lines 1a through 1e. (Column (d) must ed	<u>quai ⊢orm 990, Part ></u>	<u>к, соіитп (В), line 1(</u>	JC.)		Soberiul-	D /Earrow	-	
						Schedule	rorm) ש	39U)	2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability (b) Book value <u>1.</u> (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) ►

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 ADOPTION NETWORK CLEVELAND, INC.	34-1603766	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,149,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 3,133.		
b	Donated services and use of facilities 2b 4,650.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 20,959.		
е	Add lines 2a through 2d	2e	28,742.
3	Subtract line 2e from line 1	3	1,120,918.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	225.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,121,143.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	931,280.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 4,650.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 20,959.		
е	Add lines 2a through 2d	2e	25,609.
3	Subtract line 2e from line 1	3	905,671.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	225.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	905,896.
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUND IS TO SUPPORT THE ADOPT CUYAHOGA'S KIDS

INITIATIVE AND FOR THE CREATION AND SUSTAINENCE OF OTHER INNOVATIVE

PROGRAMS.

PART X, LINE 2:

THE NETWORK ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH GAAP, WHICH

REQUIRE RECOGNITION OF AND DISCLOSURES RELATED TO UNCERTAIN TAX POSITIONS.

AS OF AND DURING THE YEAR ENDED SEPTEMBER 30, 2018, THE NETWORK DID NOT

HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2017 ADOPTION NETWORK CLEVELAND, INC.		34-1603766	Page 5
Schedule D (Form 990) 2017 ADOPTION NETWORK CLEVELAND, INC. Part XIII Supplemental Information (continued)			
FUNDRAISING EXPENSES NETTED WITH INCOME	20,959.		
	· · · · ·		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSES NETTED WITH INCOME	20,959.		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$15 Attach to Form 990 Go to www.jrs.gov/Form990	Form 5,000 c	990, F on For rm 99	Part IV, line 17, 18, o m 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Name of the organization							Employer id	lentification number
		ETWORK CLEVELAND, INC.					34-1603	
Part I Fundraisi	ing Activities. complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 a Mail solicitati b Internet and C c Phone solicit d In-person sol 2 a Did the organizatio key employees listed 	ons email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	es 🗌 No De
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
	ch the organizatio	n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	exempt from	registration
or licensing.								

Schedule G (Form 990 or 990-EZ) 2017

	Schedule G (Form 990 or 990-EZ) 2017	ADOPTION	NETWORK	CLEVELAND	. INC
--	--------------------------------------	----------	---------	-----------	-------

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CREATING FUTURE		NONE	(add col. (a) through
		BENEFIT AND SILENT			col. (c))
,		(event type)	(event type)	(total number)	(-//
1	Gross receipts	91,227.	4,684.		95,911
2	Less: Contributions	16,256.			16,256
3	Gross income (line 1 minus line 2)	74,971.	4,684.		79,655
4	Cash prizes				
5	Noncash prizes	1,511.			1,513
6	Rent/facility costs				
6	Food and beverages				
8	Entertainment				
9	Other direct expenses	17,783.	1,665.		19,448
10					20,959
111	Net income summary. Subtract line 10 from li	ne 3. column (d)		►	58,696

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue					
S	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
lirect E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes %		
	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	•						
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:						
		ere any of the organization's gaming licenses re Yes," explain:		• •	/ear?	Yes No	

Sch	nedule G (Form 990 or 990-EZ) 2017 ADOPTION NETWORK CLEVELAND, INC.	34-1603	3766	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Г	Yes	No
12	Indicate the percentage of gaming activity conducted in:	∟		
		1.	3a	%
	a The organization's facility			
	a An outside facility	<u>L</u>	3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	L No
ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
Ċ	s 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:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
ł	• 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 > \$	•		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III. lines	9.9b.1	0b. 15b.
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			, ,

Part IV Supplemen	ntal Information (continued)		

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

2017 Open To Public Inspection

Employer identification number

34-1603766

Name of the organization

ADOPTION	NETWORK	CLEVELAND,	INC.

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

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FURNITURE AND)	Х	116	44,420.				
26	Other (PROGRAM SUPPL)	Х	26	3,489.				
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is chec	ked,			
	describe in Part II		-					

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 ADOPTION NETWORK CLEVELAND, INC. Part II Supplemental Information. Provide the information re-**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

34-1603766

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

Employer identification number 34–1603766

ADOPTION NETWORK CLEVELAND, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES IMPACTED BY ADOPTION AND FOSTER CARE, AND WE PROVIDE A

SOURCE OF HEALING FOR THOSE IN NEED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEM; 3. DEVELOPING AND ADVOCATING FOR BEST PRACTICES IN ADOPTION

PRACTICE, POLICY, AND LAW; 4. CREATING AND IMPLANTING HIGH QUALITY

PROGRAMS AND SERVICES BASED ON BEST PRACTICES IN THE FIELD; 5.

CONVENING AND LEADING PUBLIC-PRIVATE PARTNERSHIPS, PROMOTING

PROGRESSIVE SYSTEM CHANGE; 6. PROMOTING PUBLIC AWARENESS AND SOCIAL

CHANGE REGARDING ADOPTION AND FOSTER CARE ISSUES THROUGHOUT THE BROADER

COMMUNITY; 7. CREATING POSSIBILITY THROUGH PROMOTING OPENNESS,

COOPERATION, AND COLLABORATION IN ADOPTIONS AND FOSTER CARE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TWO NEW PILOT PROGRAMS FOCUSED ON YOUTH IN FOSTER CARE OR WHO HAVE AGED

OUT OF FOSTER CARE WERE DEVELOPED AND LAUNCHED: RECONNECTIONS AND

MEDIATION. RECONNECTIONS PROVIDES SUPPORT AND GUIDANCE FOR TEENS AND

YOUNG ADULTS WHO HAVE AGED OF FOSTER CARE AND ARE SEEKING TO

REESTABLISH RELATIONSHIPS WITH SELECT MEMBERS OF THEIR BIRTH FAMILY.

MEDIATION BRINGS TOGETHER ALL THE CARING AND SUPPORTIVE ADULTS IN A

CHILD'S LIFE TO DISCUSS AND JOINTLY DETERMINE HOW TO BEST MEET THE

NEEDS OF THE CHILD.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION CEASED CONDUCTING THE PERMANENCY MENTORING PROGRAM IN

Schedule O (Form 990 or 990-E2) (2017) Name of the organization ADOPTION NETWORK CLEVELAND, INC.	Employer identification number 34-1603766
COLLABORATION WITH CUYAHOGA COUNTY AND LAUNCHED THE EMBRACE MENTORING	54 1005/00
PROGRAM.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
REESTABLISH RELATIONSHIPS WITH SELECT MEMBERS OF THEIR BIRTH FAMILY.	
MEDIATION BRINGS TOGETHER ALL THE CARING AND SUPPORTIVE ADULTS IN A	
CHILD'S LIFE TO DISCUSS AND JOINTLY DETERMINE HOW BEST TO MEET THE	
NEEDS OF THE CHILD.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
PROVIDED ASSISTANCE WITH SCHOOL ISSUES THEIR CHILDREN WERE FACING, 8	
MEETINGS WERE ATTENDED WITH PARENTS AT SCHOOL TO ADVOCATE FOR THEIR	
CHILD, AND 27 EDUCATORS WERE PROVIDED WITH INFORMATION ON THE IMPACT OF	
ADOPTION AND FOSTER CARE ON CHILDREN'S SUCCESS AT SCHOOL. SUPPORT,	
MONTHLY SOCIAL OUTINGS AND AN ACTIVE FACEBOOK GROUP WERE PROVIDED FOR	
TRANSRACIAL ADOPTIVE FAMILIES THROUGH OUR WEAVING CULTURES TRANSRACIAL	
FAMILY PROGRAMMING WITH 91 PEOPLE SERVED. IN ADDITION, 113 INDIVIDUALS	
IN THE ADOPTION AND FOSTER CARE PROCESS WERE ASSISTED THROUGH THE	
PERMANENCY NAVIGATOR SERVICES WITH ONE-ON-ONE SUPPORT. THIRTY-ONE (31)	
PROSPECTIVE ADOPTIVE PARENTS ATTENDED ADOPTION 101: WHERE DO I BEGIN	
AND 12 ATTENDED ADOPTION 201: ADOPTING INFANTS DOMESTICALLY.	
ADDITIONALLY, THERE WAS CUMULATIVE ATTENDANCE OF 287 AT PARENT	
TRAININGS ON A VARIETY OF TOPICS FOR ADOPTIVE, FOSTER AND KINSHIP	
PARENTS. A NEW MENTORING PROGRAM WAS LAUNCHED THIS YEAR CALLED EMBRACE	
(ENHANCED MENTORING, BUILDING RELATIONSHIPS AND CULTIVATING	
EXPERIENCES) TO OFFER ONE ON ONE MENTORING TO YOUTH 10+ YEARS OLD	
LIVING IN ADOPTIVE AND KINSHIP FAMILIES.	

Schedule O (Form 990 or 990-EZ) (2017)

Page 2

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization ADOPTION NETWORK CLEVELAND, INC.	Employer identification number 34-1603766
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
4. ADVOCACY AND PUBLIC POLICY - THIS PROGRAM INCLUDES ACTIVITIES TO	
EFFECTUATE CHANGES IN PUBLIC POLICY GOVERNING ADOPTION, FOSTER CARE,	
AND RELATED CHILD WELFARE IN OHIO. THIS INCLUDES LAWS, AGENCY	
PRACTICES AND SOCIETAL ATTITUDES. DURING 2018, THE NETWORK CONTINUED	
PARTICIPATION IN IMPLEMENTATION OF OHIO'S ADOPTEE RECORDS LAW, THROUGH	
WHICH OVER 12,500 RECORDS HAVE BEEN RELEASED; HELPED TO DEVELOP AND	
SUPPORT LEGISLATION TO ADDRESS SIBLING RIGHTS IN OHIO; MAINTAINED	
ACTIVE INVOLVEMENT ON THE OHIO ADOPTION PLANNING GROUP; AND SUPPORTED	
VARIOUS LEGISLATIVE INITIATIVES INCLUDING ONE TO MAKE POLICE OFFICERS	
MANDATED CHILD ABUSE REPORTERS.	
5. PROFESSIONAL AND STAKEHOLDER HUB - THIS PROGRAM CREATES A COMMUNITY	
FOR PROFESSIONAL TRAINING, DEVELOPMENT AND COLLABORATION FOR ALL OF	
THOSE WHO WORK WITH AND FOR THE ADOPTION AND FOSTER CARE POPLUATION.	
IN 2018, THE NETWORK FACILIATED AND PROCTORED 40 CHILD WELFARE	
PROFESSIONAL TRAININGS IN PARTNERSHIP WITH THE OHIO CHILD WELFARE	
TRAINING PROGRAM WITH CUMULATIVE ATTENDANCE OF 644 INDIVIDUALS. IN	
ADDITION, THE NETWORK LED THE ADOPTION AWARENESS COALITION WITH 22	
ORGANIZATIONAL MEMBERS IN A LEARNING COMMUNITY FORMAT. TWO (2) COLLEGE	
STUDENTS WERE MENTORED IN THE SCHOLARS PROGRAM AND THERE WERE 4	
UNDERGRADUATE AND GRADUATE INTERNS.	
EXPENSES \$ 91,326. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27,625.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS MEMBERS.	

FORM 990, PART VI, SECTION B, LINE 11B:

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization	Employer identification number
ADOPTION NETWORK CLEVELAND, INC.	34-1603766

THE EXECUTIVE DIRECTOR AND DEPARTMENT DIRECTORS REVIEWED THE DRAFT 990;

THEN THE FINANCE COMMITTEE REVIEWED THE DRAFT 990; THEN THE BOARD MEMBERS

REVIEWED THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH EMPLOYEE AND BOARD MEMBER REVIEWS THE POLICY WITH WRITTEN

DOCUMENTATION OF THE REVIEW ON AN ANNUAL BASIS. MONITORING IS PERFORMED BY

THE ORGANIZATION'S DIRECTORS AND RELEVANT BOARD AND COMMITTEE MEMBERS

(E.G., BOARD OFFICERS AND FINANCE COMMITTEE).

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY USING SEVERAL COMPENSATION SURVEYS AND A

THOROUGH REVIEW AND ANALYSIS OF THE MARKET AND IS APPROVED BY THE BOARD

DURING THE INITIAL HIRING PROCESS AND ANNUALLY THROUGH THE BUDGET APPROVAL

PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Application for Automatic Extension of Time To File an **Exempt Organization Return** (Rev. January 2017)

Department of the Treasury Internal Revenue Service

Form **8868**

File a separate application for each return.

OMB No. 1545-1709

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identi	ifying number		
Type or print	Name of exempt organization or other filer, see instructions. Emp				mployer identification number (EIN) or			
	ADOPTION NETWORK CLEVELAND, INC.					34-1603766		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se 4614 PROSPECT AVE., NO. 550	e instruct	ions.	Social se	curity nur	mber (SSN)		
instructions	eturn. See nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44103							
Enter the	e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1		
Applicat	tion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Telep If the If this box		in the Uni iroup Exe and atta	Fax No. ►	f this is fo all memb	r the who ers the ex	le group, check this		
for	 the organization named above. The extension is for the organization named above. The extension is for the organization representation of the organization of the organization	rganizatio	d ending <u>SEP 30, 2018</u>	Final retur				
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	enter the tentative tax, less any					
no	nrefundable credits. See instructions.			3a	\$	0.		
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
est	timated tax payments made. Include any prior year overpa	yment all	owed as a credit.	3b	\$	0.		
c Ba	lance due. Subtract line 3b from line 3a. Include your pay	ment with	n this form, if required,					
by	using EFTPS (Electronic Federal Tax Payment System). Se	ee instruc	tions.	3c	\$	0.		
instructio	: If you are going to make an electronic funds withdrawal (ons. For Privacy Act and Paperwork Reduction Act Notice, s			153-EO an		879-EO for payment m 8868 (Rev. 1-2017)		

MAIL TO: DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045