# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| A             | or the                 | e 2016 calendar year, or tax year beginning JAnuary 1 , 2016, and end  | ing D         | ecember 31                   | , 20 16             |  |  |  |  |
|---------------|------------------------|--|---------------|------------------------------|---------------------|--|--|--|--|
| B             | Check if a             | applicable: C Name of organization   |               |                              | cation number       |  |  |  |  |
|               | Address o              | change Voice for Adoption  |               | 52-20                        | 11711               |  |  |  |  |
|               | Name cha               |  | ite E Tele    | E Telephone number           |                     |  |  |  |  |
| $\overline{}$ | Initial retu           | 1220   Street NW 100-344   |               | 202-210-8118                 |                     |  |  |  |  |
|               |                        | City or town, state or province, country, and ZIP or foreign postal code   | F Gr          | F Group Exemption            |                     |  |  |  |  |
|               | Amended<br>Application | on pending Washington, DC 20005  |               | umber ►                      | 311                 |  |  |  |  |
|               |                        | nting Method: ☑ Cash ☐ Accrual Other (specify) ▶   |               |                              |                     |  |  |  |  |
|               | Vebsite                | •  |               |                              | organization is not |  |  |  |  |
|               |                        | The state of despite of  |               | ed to attach \$ 990, 990-EZ, |                     |  |  |  |  |
|               |                        | mpt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 523 forganization: ☐ Corporation ☐ Trust ☐ Association ☐ Other   | T (FOITH      | 330, 330-EZ,                 | , 01 990-FF).       |  |  |  |  |
|               |                        | es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or   | f total accet |                              |                     |  |  |  |  |
| (Pa           | rt II, col             | olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   | i ioiai assei |                              |                     |  |  |  |  |
|               | art I                  |  |               |                              | Dest IV             |  |  |  |  |
|               |                        | Check if the organization used Schedule O to respend to any superties in this 5  | the instit    | actions for                  | Part I)             |  |  |  |  |
| _             | 1                      | Check if the organization used Schedule O to respond to any question in this F Contributions, gifts, grants, and similar amounts received  | arti          |                              |                     |  |  |  |  |
|               | 2                      | Drawan control services in test of the services of the service |               | 1                            | 54,085              |  |  |  |  |
|               | 3                      | Membership dues and assessments  |               | 2                            | 1,908               |  |  |  |  |
|               | 4                      | *** *** *** *** *** *** *** *** *** **   |               | 3                            | 68,220              |  |  |  |  |
|               | 5a                     | 0  |               | 4                            | 66                  |  |  |  |  |
|               | b                      |  |               | - 31                         |                     |  |  |  |  |
|               | C                      | Less: cost or other basis and sales expenses   |               | - Carrier 1                  |                     |  |  |  |  |
|               | 6                      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events  |               | 5c                           |                     |  |  |  |  |
| ine           | а                      | Gross income from gaming (attach Schedule G if greater than \$15,000)  |               |                              |                     |  |  |  |  |
| Revenue       | b                      | from fundraising events reported on line 1) (attach Schedule G if the  | utions        |                              |                     |  |  |  |  |
|               | _                      |  |               |                              |                     |  |  |  |  |
|               | d                      | Less: direct expenses from gaming and fundraising events 6c  Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and  | 1 - 1) - 1    |                              |                     |  |  |  |  |
|               | _ u                    | line 6c)   | subtract      |                              |                     |  |  |  |  |
|               | 7a                     |  |               | 6d                           |                     |  |  |  |  |
|               | b                      | 14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   |               |                              |                     |  |  |  |  |
|               | c                      |  |               |                              |                     |  |  |  |  |
|               | 8                      | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schodule C)  |               | 7c                           |                     |  |  |  |  |
|               | 9                      | Other revenue (describe in Schedule O)   |               | 8                            |                     |  |  |  |  |
| _             | 10                     | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | >             | 9                            | 124,279             |  |  |  |  |
|               | 11                     |  |               | 10                           |                     |  |  |  |  |
| S             | 12                     | Benefits paid to or for members  |               | 11                           |                     |  |  |  |  |
| Expenses      | 13                     | Professional fees and other payments to independent contractors  | 3 3 3         | 12                           | 56,230              |  |  |  |  |
| Ser           | 14                     |  | G G G         | 13                           | 48,930              |  |  |  |  |
| X             | 15                     |  | * S S         | 14                           |                     |  |  |  |  |
|               | 16                     | Printing, publications, postage, and shipping  | 8 8 4         | 15                           | 6,668               |  |  |  |  |
|               | 17                     | Other expenses (describe in Schedule O)  |               | 16                           | 21,306              |  |  |  |  |
|               | 18                     | Total expenses. Add lines 10 through 16  | >             | 17                           | 133,134             |  |  |  |  |
| ets           | 19                     | Excess or (deficit) for the year (Subtract line 17 from line 9)  |               | 18                           | (8,855)             |  |  |  |  |
| SS            |                        | Net assets or fund balances at beginning of year (from line 27, column (A)) (must a  | igree with    | 1000                         |                     |  |  |  |  |
| Net Assets    | 20                     | end-of-year figure reported on prior year's return)  | 3 3 9         | 19                           | 124,360             |  |  |  |  |
| Ne            | 20                     | Other changes in net assets or fund balances (explain in Schedule O)   |               | 20                           | (1,077)             |  |  |  |  |
| _             | 21                     | Net assets or fund balances at end of year. Combine lines 18 through 20  | >             | 21                           | 114.428             |  |  |  |  |

|                   | rt II Balance Sheets (see the inst  | ructions to                             | or Part II)   |  |  |          |  |
|-------------------|---|---|---|--|--|----------|--|
|                   | Check if the organization used  | Schedule                                | O to respond to a   | ny question in this                                    | Part II  |          |  |
|                   |   |   |   |  | (A) Beginning of year  | (        | B) End of year                               |
| 22                | Cash, savings, and investments .  |   |   |  |  | 22       | 113,60                                       |
| 23                | Land and buildings  |   | $\label{eq:energy} \varepsilon = \varepsilon - \varepsilon -$ |  |  | 23       |  |
| 24                | Other assets (describe in Schedule O)   |   |   |  |  | 24       | 82   |
| 25                | Total assets  |   |   |  |  | 25       | 114,42                                       |
| 26<br>27          | Total liabilities (describe in Schedule   | ,                                       |   |  |  | 26       | 1500 Tel                                     |
|                   | Net assets or fund balances (line 27 till Statement of Program Service              |   |   |  | Port III\  | 27       | 114,42                                       |
| T. C.             | Check if the organization used  |   |   |  |  |          | Expenses                                     |
| Wha               | t is the organization's primary exempt pu   |   | Schedule O  | ny question in this                                    | Part III 🗹   |          | ired for section                             |
|                   | cribe the organization's program service  | A                                       |   | f its three largest r                                  | rogram convices  |          | )(3) and 501(c)(4)<br>izations; optional for |
| as n              | neasured by expenses. In a clear and ons benefited, and other relevant informations | concise ma                              | anner, describe th  | e services provided                                    | d, the number of   | others   |  |
| 28                | Schedule O  |   |   |  |  |          |  |
|                   |   |   |   |  |  |          |  |
|                   | 70  |   |   |  |  |          |  |
| 29                | (Grants \$ ) If th  | is amount                               | includes foreign gra  | ants, check here .                                     | ▶ ⊔  | 28a      |  |
| 29                |   | *************************************** |   |  |  |          |  |
|                   |   |   |   |  |  |          |  |
|                   | (Grants \$ ) If th  | nis amount                              | includes foreign gra  | ants, check here .                                     | ▶ □  | 29a      |  |
| 30                |   |   |   |  |  |          |  |
|                   |   |   |   |  |  |          |  |
|                   | ***************************************   | *************************************** |   |  |  |          |  |
|                   | (Grants \$ ) If th  | is amount                               | includes foreign gra  | ants, check here .                                     | ▶ □  | 30a      |  |
| 31                | Other program services (describe in Sch   |   |   |  |  |          |  |
| 22                | (Grants \$ ) If the Total program service expenses (add                             | lis amount                              | includes foreign gra  | ants, check here .                                     | ▶ ∐  | 31a      |  |
| Par               |   |   |   |  |  | 32       |  |
|                   | List of Officers, Directors, Trustee  | es, and Key                             | Employees (list eac   | h one even if not com                                  | nensated - see the in  | etruct   | tions for Part IVA                           |
| national district |   | es, and Key<br>Schedule                 | Employees (list eac<br>O to respond to a  | h one even if not com<br>ny question in this           |  |          |  |
|                   | Check if the organization used  | Schedule                                | Employees (list eac<br>O to respond to a<br>(b) Average   | ny question in this<br>(c) Reportable                  | Part IV (d) Health benefits,   |          | 🗹  |
|                   | Check if the organization used  (a) Name and title                                  | es, and Key<br>Schedule                 | O to respond to a   | ny question in this                                    | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | 🗷  |
|                   | Check if the organization used  | es, and Key<br>Schedule                 | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
|                   | Check if the organization used  (a) Name and title                                  | es, and Key<br>Schedule                 | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount of                           |
|                   | Check if the organization used  (a) Name and title                                  | es, and Key<br>Schedule                 | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
|                   | Check if the organization used  (a) Name and title                                  | es, and Key<br>Schedule                 | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
|                   | Check if the organization used  (a) Name and title                                  | es, and Key<br>Schedule                 | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | es, and Key<br>Schedule                 | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | es, and Key<br>Schedule                 | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
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| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
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| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount o                            |
| Sche              | Check if the organization used  (a) Name and title                                  | Schedule                                | O to respond to a  (b) Average hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC | Part IV  (d) Health benefits, contributions to employ benefit plans, and | ee (e) E | stimated amount of                           |

| 34<br>35a<br>b<br>c | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  | 33<br>34<br>35a<br>35b | Yes | No V  |
|---------------------|---|------------------------|-----|-------|
| 34<br>35a<br>b<br>c | detailed description of each activity in Schedule O   | 34<br>35a              | Tes | 1     |
| 34<br>35a<br>b<br>c | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34<br>35a              |     | ¥     |
| 35a<br>b<br>c       | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  | 35a                    |     | V     |
| b<br>c              | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  | _                      |     | -     |
| c<br>36             |   |                        |     |       |
|                     | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  | 35c                    |     | 1     |
|                     | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   | 36                     |     | 1     |
|                     | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0  |                        |     |       |
| 38a                 | Did the organization file <b>Form 1120-POL</b> for this year?   | 37b<br>38a             |     | 1     |
| b                   | If "Yes," complete Schedule L, Part II and enter the total amount involved  | 304                    |     | Y     |
|                     | Initiation fees and capital contributions included on line 9  |                        |     | 1     |
| b<br>40a            | Gross receipts, included on line 9, for public use of club facilities   |                        |     |       |
|                     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b                    |     | 1     |
|                     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |                        |     |       |
| d                   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  |                        |     |       |
|                     | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  | 40e                    |     |       |
|                     | List the states with which a copy of this return is filed ▶   |                        |     |       |
| 42a                 |   | 202-21                 |     | 8     |
| b                   | Located at ▶ 1220 L Street NW, Washington, DC ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                    | 20<br>42b              | Yes | No    |
|                     | If "Yes," enter the name of the foreign country: ▶  | 120                    | , E | Y     |
|                     | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |                        |     |       |
|                     | At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  | 42c                    |     | 1     |
|                     | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year   | ÷ •                    | Yes | No No |
|                     | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a                    | ies | ₩0    |
|                     | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44b                    |     | 1     |
| c<br>d              | Did the organization receive any payments for indoor tanning services during the year?  | 44c                    |     | 4     |
| b                   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of                        | 440<br>45a             |     | V     |

| Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | or lines      |
|--|---------------|
| Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  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  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  Did the organization a school as described in section 527 organization?  Did the organization as the related organization as exempt non-charitable related organization?  Did the organization as the related organization in section 527 organization?  Did the organization as the related organization in section 527 organization?  Did the organization as the related organization in section 527 organization?  Did the organization in the organization in section 527 organization?  Did the organization organization in section 527 organization?  Did the organization in the organization in the organization in the organization. If there is none, enter "None."  Total number of other employees paid over \$100,000 .  Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  Total number of other employees paid over \$100,000 .  Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  |               |
| All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  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  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Bid the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Bid the organization make any transfers to an exempt non-charitable related organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Fleportable compensation  (d) Health benefits, contributions to employee denerify plane, and deferred compensation  (d) Health benefits, contributions to employee denerify plane, and deferred compensation  (e) Estimated Compensation  (forms W-2/1099-MISC)  For Total number of other employees paid over \$100,000 .  Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (c) Compensation  (e) Compensation   |               |
| All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  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  18 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  19 Did the organization make any transfers to an exempt non-charitable related organization?  19 Did the organization make any transfers to an exempt non-charitable related organization?  19 Did the organization make any transfers to an exempt non-charitable related organization?  20 Complete this table for the organization is five highest compensation from the organization. If there is none, enter "N (G) Health benefits, compensation (Forms W-2/1099-MISC)  10 Did the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  21 Did the organization make any transfers to an exempt non-charitable related organization?  22 Did the organization make any transfers to an exempt non-charitable related organization. If there is none, enter "N (G) Health benefits, compensation (Forms W-2/1099-MISC)  22 Did Health benefits, compensation (Forms W-2/1099-MISC)  23 Did Health benefits, compensation (Forms W-2/1099-MISC)  24 Did Health benefits, compensation (Forms W-2/1099-MISC)  25 Did Health benefits, compensation (Forms W-2/1099-MISC)  26 Did Health benefits, compensation (Forms W-2/1099-MISC)  27 Did Health benefits, compensation (Forms W-2/1099-MISC)  28 Did Health benefits, compensation (Forms W-2/1099-MISC)  29 Did Health benefits, compensation (Forms W-2/1099-MISC)  20 Did Health benefits, c                             |               |
| 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  47 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  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48 Did the organization make any transfers to an exempt non-charitable related organization?  49 Did the organization make any transfers to an exempt non-charitable related organization?  49 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  40 Name and title of each employee  41 Total number of other employees paid over \$100,000  42 Publication of the organization of the or                           |               |
| Check if the organization used Schedule O to respond to any question in this Part VI  147 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  148 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  149 Did the organization make any transfers to an exempt non-charitable related organization?  150 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  16 Total number of other employees paid over \$100,000  | Yes           |
| 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   | Yes           |
| year? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48 Did the organization make any transfers to an exempt non-charitable related organization?  49 If "Yes," was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N  (b) Avenge hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimate other compensation  Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimate other compensation  (forms W-2/1099-MISC)  (o) Type of service  (o) Compensation  (o) Compensation  (o) Compensation   | <b>√</b>      |
| year? If "Yes," complete Schedule C, Part II  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Jod the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N  All Health benefits, contributions to employee hours be week devoted to position  MONE  If Total number of other employees paid over \$100,000  Total numb | 1             |
| St the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |               |
| b If "Yes," was the related organization a section 527 organization?   |               |
| b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustee employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N (b) Average hours per week devoted to position  NONE  Total number of other employees paid over \$100,000    Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Reportable (c) Rep                              |               |
| employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "N  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimate other com  (Total number of other employees paid over \$100,000 ▶  Total number of other employees paid over \$100,000   |               |
| (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimate other com  (forms W-2/1099-MISC)  (forms W-2/1099-MISC)  (g) Total number of other employees paid over \$100,000   |               |
| (a) Name and title of each employee hours per week devoted to position (Forms W-2/1099-MISC)  NONE    Total number of other employees paid over \$100,000     Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."   | lone."        |
| Total number of other employees paid over \$100,000  | ad amoun      |
| f Total number of other employees paid over \$100,000  |               |
| f Total number of other employees paid over \$100,000 ▶  1 Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation   |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| Complete this table for the organization's five highest compensated independent contractors who each received \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  |               |
| (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  | more          |
|  |               |
| NONE   | ion           |
| NONE   |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
| ***************************************  |               |
|  |               |
|  |               |
| d Total number of other independent contractors each receiving over \$100,000 ▶  |               |
| 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a   |               |
| completed Schedule A   | s $\square$ N |
| Under penalties of perjury. Lideclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and   |               |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.   |               |
| 1 Deharter 5/8/17  |               |
| Sign Signature of officer Date   |               |
| Here Schylar Baber, Executive Director   |               |
| Type or print name and title   |               |
| Paid Print/Type preparer's name Preparer's signature ↑ Date Check ☑ if PTIN  |               |
| Preparer Joe Kroll Joe Kroll Joe Kroll Joe Kroll Self-employed   |               |
| Use Only Firm's name ► VFA Board Member Firm's EIN ► 46952   | 23802         |
| Firm's address ► 1124 Chelsa Court, New Brighton, MN 5511238 Phone no. 612-867-  |               |
| May the IRS discuss this return with the preparer shown above? See instructions  |               |
| Form 99  | -             |

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

FO 0044744

| VOIC | e for Adoption   |                                   |   |                                      |                   | 52-201  |   |
|------|--|-----------------------------------|---|--------------------------------------|-------------------|---|---|
| Pa   | Reason for Public Char   | ity Status (All                   | organizations must  | complete                             | this pa           | art.) See instruction                                   | ns.   |
| The  | organization is not a private foundat  |                                   | 10.72   |                                      | 45                |   |   |
| 1    | A church, convention of church   | es, or associati                  | on of churches descri   | bed in sec                           | tion 170          | )(b)(1)(A)(i).  |   |
| 2    | A school described in section  |                                   |   |                                      |                   |   |   |
| 3    | ☐ A hospital or a cooperative hos  |                                   |   |                                      |                   |   |   |
| 4    | A medical research organizatio<br>hospital's name, city, and state   |                                   | onjunction with a hosp  | oital descri                         | bed in s          | ection 170(b)(1)(A)(i                                   | iii). Enter the                                       |
| 5    | An organization operated for t<br>section 170(b)(1)(A)(iv). (Comp  |                                   | college or university   | owned or                             | operate           | d by a governmenta                                      | al unit described in                                  |
| 6    | A federal, state, or local govern  | ment or govern                    | mental unit described   | in section                           | 170(b)            | (1)(A)(v).  |   |
| 7    | An organization that normally described in section 170(b)(1)   |                                   |   | port from                            | a govern          | nmental unit or from                                    | the general public                                    |
| 8    | A community trust described in   | section 170(b                     | )(1)(A)(vi). (Complete I  | Part II.)                            |                   |   |   |
| 9    | An agricultural research organi-<br>or university or a non-land-granuniversity:  |                                   |   |                                      |                   |   |   |
| 10   | An organization that normally receipts from activities related support from gross investment acquired by the organization at | to its exempt fu<br>income and un | nctions—subject to corelated business taxal   | ertain exce<br>ble income            | eptions, a        | and (2) no more than<br>ection 511 tax) from            | 1 331/3% of its                                       |
| 11   |  |                                   |   |                                      |                   | (2)   |   |
| 12   | _ 3  |                                   |   |                                      |                   |   |   |
|      | of one or more publicly suppo  |                                   |   |                                      |                   |   |   |
|      | Check the box in lines 12a thro  | ugh 12d that de                   | scribes the type of sup   | porting or                           | ganizatio         | on and complete line                                    | s 12e, 12f, and 12g.                                  |
| a    |  |                                   |   |                                      |                   |   |   |
|      | the supported organization   |                                   |   |                                      | ority of the      | ne directors or truste                                  | ees of the  |
|      | supporting organization. Yo  |                                   |   |                                      | 00404107410011000 |   |   |
| k    | Type II. A supporting organ<br>control or management of t  | he supporting of                  | organization vested in  | the same                             |                   | 71/17   |   |
|      | organization(s). You must o  |                                   | dan para mana mana dan mengana mengana mengan                                       |                                      |                   |   |   |
|      | Type III functionally integrits supported organization(s)  |                                   |   |                                      |                   |   | Illy integrated with,                                 |
|      | Type III non-functionally in<br>that is not functionally integrequirement (see instruction                                   | rated. The orga                   | nization generally mu   | st satisfy a                         | distribu          | tion requirement an                                     |   |
| 6    | Check this box if the organ functionally integrated, or T  |                                   |   |                                      |                   |   | II, Type III  |
| f    | Enter the number of supported of   | rganizations .                    |   |                                      |                   |   |   |
| (    | Provide the following information  |                                   |   |                                      |                   |   |   |
|      | (i) Name of supported organization   | (ii) EIN                          | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | (iv) Is the organisted in your docum | governing         | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|      |  |                                   |   | Yes                                  | No                |   |   |
| (A)  |  |                                   |   |                                      |                   |   |   |
| (B)  |  |                                   |   |                                      |                   |   |   |
| (C)  |  |                                   |   |                                      |                   |   |   |
| (D)  |  |                                   |   |                                      |                   |   |   |
| (E)  |  |                                   |   |                                      |                   |   |   |
| -    |  |                                   |   |                                      |                   |   |   |

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

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

| Secti | on A. Public Support  |  |  |  |  |   |                            |
|-------|---|--|--|--|--|---|----------------------------|
| Calen | dar year (or fiscal year beginning in)  | (a) 2012   | <b>(b)</b> 2013                                    | (c) 2014   | (d) 2015   | (e) 2016                                | (f) Total                  |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 92,115   | 115,649  | 84,611   | 137,930  | 124,213                                 | 554,538                    |
| 2     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |  |  |  |   |                            |
| 3     | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |  |  |  |   |                            |
| 4     | Total. Add lines 1 through 3  | 92,115   | 115,649  | 84,611   | 137,930  | 124,213                                 | 554,538                    |
| 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) |  |  |  |  |   | 50,944                     |
| 6     | Public support. Subtract line 5 from line 4   | THE STATE OF THE S |  | Manada His   |  |   | 503,594                    |
| Sect  | ion B. Total Support  |  |  |  |  |   |                            |
| Caler | ndar year (or fiscal year beginning in)   | (a) 2012   | <b>(b)</b> 2013                                    | (c) 2014   | (d) 2015   | (e) 2016                                | (f) Total                  |
| 7     | Amounts from line 4   | 92,115   | 115,649  | 84,611   | 137,930  | 124,213                                 | 554,538                    |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 38   | 156  | 51   | 67   | 66                                      | 378                        |
| 9     | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |  |  |  |   |                            |
| 10    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |  |  |  |  |   |                            |
| 11    | Total support. Add lines 7 through 10   | TO SEE STATE OF  |  |  |  |   | 554,916                    |
| 12    | Gross receipts from related activities, etc   |  |  |  |  | 12                                      |                            |
| 13    | First five years. If the Form 990 is for the  |  |  |  |  |   | _                          |
| Coot  | organization, check this box and stop he  |  |  |  |  |   | •                          |
| 14    | ion C. Computation of Public Support<br>Public support percentage for 2016 (line  |  |  | 1 (4)  |  | 44                                      | 24.0/                      |
| 15    | Public support percentage for 2016 (line of Public support percentage from 2015 Sci   |  |  |  |  | 14                                      | 91 %                       |
| 1111  | 331/3% support test—2016. If the organi   |  |  | on line 13 an  | Situation Situation and  |   | 91 %                       |
|       | box and stop here. The organization qua   | lifies as a publi  | icly supported                                     | organization   |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ▶ 🗸                        |
| b     |   |  |  |  |  |   |                            |
|       | this box and stop here. The organization  | qualifies as a p   | oublicly suppor                                    | rted organizati                                      | on   |   | ▶ ┌                        |
| 17a   | 1020V (2V ) 2 120   | 016. If the orga<br>eets the "facts-<br>facts-and-circu  | anization did no<br>and-circumsta<br>umstances" te | ot check a box<br>ances" test, ch<br>st. The organiz | on line 13, 10<br>leck this box a<br>zation qualifies  | 6a, or 16b, and and stop here.          | l line 14 is<br>Explain in |
| b     | 10%-facts-and-circumstances test—2<br>15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization   | ation meets the<br>meets the "fact   | e "facts-and-c<br>s-and-circums                    | rircumstances"<br>stances" test.                     | test, check the the transfer the transfer to t | this box and son qualifies as           | a publicly                 |
| 18    | <b>Private foundation.</b> If the organization di instructions  | d not check a  | box on line 13,                                    | 16a, 16b, 17a  | , or 17b, check  | k this box and                          | see                        |

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  | n failed to qualify under Part II. |
|--|------------------------------------|
| If the organization fails to qualify under the tests listed below, please complete | e Part II.)                        |

|             | If the organization fails to qualify  | under the te   | sts listed belo  | ow, please co     | omplete Part I    | 1.)              |                                |
|-------------|---|----------------|------------------|-------------------|-------------------|------------------|--------------------------------|
|             | on A. Public Support  |                |                  |                   |                   |                  |                                |
| Calen       | dar year (or fiscal year beginning in) 🕨  | (a) 2012       | <b>(b)</b> 2013  | (c) 2014          | (d) 2015          | (e) 2016         | (f) Total                      |
| 1           | Gifts, grants, contributions, and membership fees   |                |                  |                   |                   |                  |                                |
|             | received. (Do not include any "unusual grants.")  |                |                  |                   |                   |                  |                                |
| 2           | Gross receipts from admissions, merchandise sold or services performed, or facilities   |                | 2                |                   |                   |                  |                                |
|             | furnished in any activity that is related to the  |                |                  |                   |                   |                  |                                |
|             | organization's tax-exempt purpose   |                |                  |                   |                   |                  |                                |
| 3           | Gross receipts from activities that are not an  |                |                  |                   |                   |                  |                                |
|             | unrelated trade or business under section 513   |                |                  |                   |                   |                  |                                |
| 4           | Tax revenues levied for the   |                |                  |                   |                   |                  |                                |
|             | organization's benefit and either paid  |                |                  |                   |                   |                  |                                |
| 122         | to or expended on its behalf  |                |                  |                   |                   |                  |                                |
| 5           | The value of services or facilities   |                |                  |                   |                   |                  |                                |
|             | furnished by a governmental unit to the organization without charge   |                |                  |                   |                   |                  |                                |
|             |   |                |                  |                   |                   |                  | ):                             |
| 6           | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3   |                |                  |                   |                   |                  |                                |
| 1 a         | received from disqualified persons .  |                |                  |                   |                   |                  |                                |
| h           | Amounts included on lines 2 and 3   |                |                  |                   |                   |                  | 0.5                            |
| D           | received from other than disqualified   |                |                  |                   |                   |                  |                                |
|             | persons that exceed the greater of \$5,000  |                |                  |                   |                   |                  |                                |
|             | or 1% of the amount on line 13 for the year   |                |                  |                   |                   |                  |                                |
| С           | Add lines 7a and 7b   |                |                  |                   |                   |                  |                                |
| 8           | Public support. (Subtract line 7c from  |                |                  |                   |                   |                  |                                |
|             | line 6.)  |                |                  |                   |                   |                  |                                |
| Secti       | on B. Total Support   |                |                  |                   |                   |                  |                                |
| Calen       | dar year (or fiscal year beginning in) 🕨  | (a) 2012       | <b>(b)</b> 2013  | (c) 2014          | (d) 2015          | (e) 2016         | (f) Total                      |
| 9           | Amounts from line 6   |                |                  |                   |                   |                  |                                |
| 10a         | Commence of the second |                |                  |                   |                   |                  |                                |
|             | 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   |                |                  |                   |                   |                  |                                |
|             |   |                |                  |                   |                   |                  |                                |
| 11          | Add lines 10a and 10b   |                |                  |                   | -                 |                  |                                |
| 11          | activities not included in line 10b, whether  |                |                  |                   |                   |                  |                                |
|             | or not the business is regularly carried on   |                |                  |                   |                   |                  |                                |
| 12          | Other income. Do not include gain or  |                |                  |                   |                   |                  |                                |
| -8.77       | loss from the sale of capital assets  |                |                  |                   |                   |                  |                                |
|             | (Explain in Part VI.)   |                |                  |                   |                   |                  |                                |
| 13          | Total support. (Add lines 9, 10c, 11,   |                |                  |                   |                   |                  |                                |
|             | and 12.)  |                |                  |                   |                   |                  |                                |
| 14          | First five years. If the Form 990 is for the  | e organizatio  | n's first, secon | d, third, fourth  | n, or fifth tax y | ear as a section | on 501(c)(3)                   |
|             | organization, check this box and stop he  |                |                  |                   |                   |                  | 🕨 🗆                            |
| 75557       | on C. Computation of Public Suppor  |                |                  |                   |                   |                  |                                |
| 15          | Public support percentage for 2016 (line 8  |                |                  |                   |                   |                  | %                              |
| 16<br>Socti | Public support percentage from 2015 Sch   | nedule A, Part | III, line 15 .   |                   |                   | 16               | %                              |
| 17          | on D. Computation of Investment In  |                |                  |                   | (0)               | 11               |                                |
| 18          | Investment income percentage for 2016 (   | ine Tuc, colui | nn (t) aividea t | by line 13, colu  | mn (f))           | 17               | %                              |
| 19a         | Investment income percentage from 2015 331/3% support tests—2016. If the organ  | ization did no | t check the he   | v on line 14      | nd line 15 is -   | 18               | % and line                     |
| 134         | 17 is not more than 331/3%, check this box  | and stop here  | . The organizat  | ion qualifies as  | a publicly supp   | orted organizat  | ion                            |
| b           | 331/3% support tests—2015. If the organiz   | ation did not  | check a box on   | line 14 or line   | 19a and line 16   | is more than     | 331/2% and                     |
| -           | line 18 is not more than 331/3%, check this l   | oox and stop I | here. The organ  | nization qualifie | s as a publicly s | upported organ   | nization $\blacktriangleright$ |
| 20          | Private foundation. If the organization di  |                |                  |                   |                   |                  |                                |
|             | 3   |                |                  | ,                 | C. IOON THIS DOX  | and see matri    |                                |

#### 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 Su | pporting ( | rganizations |  |
|-------------------|------------|--------------|--|
|                   |            |              |  |

determine whether the organization had excess business holdings.)

|    |   |     | Yes | No   |
|----|---|-----|-----|------|
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   |     |      |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 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.   | 3a  |     |      |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |      |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |      |
| 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.  | 4a  |     |      |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |     |      |
| С  | 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 <b>Part VI</b> 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.   | 4c  |     |      |
| 5а | 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 <b>Part VI</b> , 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). | 5a  |     |      |
| 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?   | 5b  |     | 145  |
| С  | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  | 1   |      |
| 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  |     |     |      |
| 7  | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b> 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).  | 7   |     |      |
| 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).   | 8   |     | u==i |
| 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 <b>Part VI</b> .  | 9a  |     |      |
| 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 <b>Part VI</b> .   | 9b  |     | ed:  |
| С  | 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 <b>Part VI.</b>   | 9c  |     | 77.1 |
|    | 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.  | 10a |     |      |
| b  | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to  |     | 330 |      |

10b

| Part I  | V Supporting Organizations (continued)  |         |         |           |
|---------|---|---------|---------|-----------|
|         |   |         | Yes     | No        |
| 11      | Has the organization accepted a gift or contribution from any of the following persons?   |         |         |           |
| а       | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  |         |         |           |
|         | below, the governing body of a supported organization?  | 11a     |         |           |
|         | A family member of a person described in (a) above?   | 11b     | _       |           |
|         | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c     | Ļ       |           |
| Secur   | on B. Type I Supporting Organizations   |         | Yes     | No        |
| 1       | Did the directors, trustees, or membership of one or more supported organizations have the power to   | 91.0    | res     | INO       |
| - '     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |         | H = 0   |           |
|         | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or   |         | Med     | PIE G     |
|         | controlled the organization's activities. If the organization had more than one supported organization,   |         | CVI S   |           |
|         | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported   |         |         |           |
|         | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1       |         |           |
| 2       | Did the organization operate for the benefit of any supported organization other than the supported   |         |         |           |
|         | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part   |         |         |           |
|         | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |         |         | OLYX.     |
| Conti   | on C. Type II Supporting Organizations  | 2       |         |           |
| Secur   | on C. Type if Supporting Organizations  |         | V       | NT.       |
| 1       | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  | 000     | Yes     | No        |
|         | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control  |         |         | 100       |
|         | or management of the supporting organization was vested in the same persons that controlled or managed  |         |         | E.A.      |
|         | the supported organization(s).  | 1       | 100000  | 2000      |
| Section | on 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  |         |         | URSS.     |
|         | 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? | P. LEW  | 85/     |           |
|         | X 1573  | 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |         | on's    | 1336      |
| 3       | By reason of the relationship described in (2), did the organization's supported organizations have a   | 2       | -       | No.       |
| 0       | 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 <b>Part VI</b> the role the organization's   |         |         |           |
|         | supported organizations played in this regard.  | 3       | ASSAULT | DANKE     |
| Section | on E. Type III Functionally Integrated Supporting Organizations   |         | _       |           |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  | inetr   | otion   | -1        |
| а       | The organization satisfied the Activities Test. Complete line 2 below.  | mstru   | Cuon    | s).       |
| b       | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |         |         |           |
| С       | The organization supported a governmental entity. Describe in Part VI how you supported a government entity   | (see in | struct  | ionel     |
|         |   | 300 111 | 50000   | 10113).   |
| 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  | 100     |         |           |
|         | 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,                     |         |         | and the   |
|         | how the organization was responsive to those supported organizations, and how the organization determined   |         |         | 10        |
|         | that these activities constituted substantially all of its activities.  | 2a      |         | ASSESSED. |
| b       | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more   | 20      |         | DOM'S     |
|         | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the  |         | 2007    | i ni      |
|         | reasons for the organization's position that its supported organization(s) would have engaged in these  |         |         | Be I      |
|         | activities but for the organization's involvement.  | 2b      |         | -         |
| 3       | Parent of Supported Organizations. Answer (a) and (b) below.  | 162     |         | 1315      |
| а       | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |         | 1       | Marie I   |
|         | trustees of each of the supported organizations? Provide details in Part VI.  | 3a      |         |           |
| ь       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |         |         | Block     |
|         | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard  | 3h      |         |           |

| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |
|--------|---|
|        |   |

| instructions. All other Type III non-functionally integrated supporting orga   | anization | ns must complete Sec   |                                |
|--|-----------|--|--------------------------------|
| Section A - Adjusted Net Income  |           | (A) Prior Year   | (B) Current Year (optional)    |
| 1 Net short-term capital gain  | 1         |  |                                |
| 2 Recoveries of prior-year distributions   | 2         |  |                                |
| 3 Other gross income (see instructions)  | 3         |  |                                |
| 4 Add lines 1 through 3.   | 4         |  |                                |
| 5 Depreciation and depletion   | 5         |  |                                |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6         |  |                                |
| 7 Other expenses (see instructions)  | 7         |  |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).  | 8         |  |                                |
| Section B - Minimum Asset Amount   |           | (A) Prior Year   | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |  |                                |
| a Average monthly value of securities  | 1a        |  |                                |
| b Average monthly cash balances  | 1b        |  |                                |
| c Fair market value of other non-exempt-use assets   | 1c        |  |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d        |  |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):   |           |  |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2         |  |                                |
| 3 Subtract line 2 from line 1d.  | 3         |  |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount see instructions).   | , 4       |  |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5         |  |                                |
| 6 Multiply line 5 by .035.   | 6         |  |                                |
| 7 Recoveries of prior-year distributions   | 7         |  |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8         |  |                                |
| Section C - Distributable Amount   |           |  | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1         |  |                                |
| 2 Enter 85% of line 1.   | 2         |  |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3         |  |                                |
| 4 Enter greater of line 2 or line 3.   | 4         |  |                                |
| 5 Income tax imposed in prior year   | 5         | The state of the s |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6         |  |                                |

| Schedul | e A (Form 990 or 990-EZ) 2016   |  |  | Page 7                                    |
|---------|---|--|--|---|
| Part    |   | ) Supporting Organia   | zations (continued)                    |   |
| Secti   | on D - Distributions  |  |  | Current Year                              |
| 1       | Amounts paid to supported organizations to accomplish e   |  |  |   |
| 2       | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity  | empt purposes of suppo   | rted                                   |   |
| 3       | Administrative expenses paid to accomplish exempt purp  |  |  |   |
| 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 whice (provide details in <b>Part VI</b> ). See instructions.   | h the organization is res  | ponsive                                |   |
| 9       | Distributable amount for 2016 from Section C, line 6  |  |  |   |
| 10      | Line 8 amount divided by Line 9 amount  |  |  |   |
| S       | ection E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
| 1       | Distributable amount for 2016 from Section C, line 6  |  |  |   |
| 2       | Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.   |  |  |   |
| 3       | Excess distributions carryover, if any, to 2016:  |  |  |   |
| a       |   |  |  |   |
| b       |   | Service and the service and th |  |   |
| C       | From 2013   |  |  |   |
| d       | From 2014   | Se in Fig. 5 Avenue  |  |   |
| е       | From 2015   |  |  |   |
| f       | Total of lines 3a through e   |  |  |   |
| g       |   |  |  |   |
|         | Applied to 2016 distributable amount  | great and to some the  |  |   |
| i       | Carryover from 2011 not applied (see instructions)  |  |  |   |
| j       | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |  |  |   |
| 4       | Distributions for 2016 from Section D, line 7: \$   |  |  |   |
| а       | Applied to underdistributions of prior years  |  |  |   |
| b       |   |  |  |   |
| С       | Remainder. Subtract lines 4a and 4b from 4.   |  |  |   |
| 5       | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |  |   |
| 6       | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |  |   |
| 7       | Excess distributions carryover to 2017. Add lines 3j and 4c.  |  |  |   |
| 8       | Breakdown of line 7:  |  |  |   |
| а       |   |  |  |   |
| b       | Excess from 2013  |  |  |   |
| С       | Excess from 2014  | RIVERS STATE OF  | <b>新国发展</b> 第一个                        |   |
| d       |   |  |  |   |
| е       |   |  |  |   |
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| Part VI                                 | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |                         |   |  |
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Employer identification number

| Voice fo            | or Adoption  |   |  | 52-2011711   |
|---------------------|--|---|--|--|
| Organiz             | ation type (check  | one):   |  |  |
| Filers o            | f:   | Section:  |  |  |
| Form 99             | 00 or 990-EZ   | √ 501(c)( 3 ) (enter number) c  | organization   |  |
|                     |  | 4947(a)(1) nonexempt charitable   | trust <b>not</b> treated as a private for  | undation   |
|                     |  | ☐ 527 political organization  |  |  |
| Form 99             | 90-PF  | ☐ 501(c)(3) exempt private foundat  | ion  |  |
|                     |  | 4947(a)(1) nonexempt charitable   | trust treated as a private founda  | ation  |
|                     |  | 501(c)(3) taxable private foundat   | ion  |  |
| Note: O instruction | ons.   | c)(7), (8), or (10) organization can check b  | oxes for both the General Rule a   | and a Special Rule. See  |
| abla                | For an organizati<br>or more (in mone<br>contributor's tota                          | on filing Form 990, 990-EZ, or 990-PF they or property) from any one contributor.   | at received, during the year, con<br>Complete Parts I and II. See inst   | tributions totaling \$5,000 ructions for determining a                   |
| Special             | Rules  |   |  |  |
| Ø                   | regulations unde<br>13, 16a, or 16b,   | on described in section 501(c)(3) filing For sections 509(a)(1) and 170(b)(1)(A)(vi), the and that received from any one contribute of the amount on (i) Form 990, Part VIII,   | nat checked Schedule A (Form 9) or, during the year, total contribution  | 90 or 990-EZ), Part II, line utions of the greater of (1)                |
|                     | contributor, durin   | on described in section 501(c)(7), (8), or (1 g the year, total contributions of more that tional purposes, or for the prevention of c  | an \$1,000 exclusively for religious   | s, charitable, scientific,   |
|                     | contributor, during<br>contributions total<br>during the year for<br>General Rule ap | on described in section 501(c)(7), (8), or (ag the year, contributions exclusively for raled more than \$1,000. If this box is chear an exclusively religious, charitable, etc. plies to this organization because it receir more during the year | religious, charitable, etc., purpos<br>sked, enter here the total contribu-<br>to, purpose. Don't complete any c<br>sived nonexclusively religious, cha- | ses, but no such<br>utions that were received<br>of the parts unless the |

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).

Name of organization

Employer identification number 52-2011711

Voice for Adoption 52-2

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|------------|--|----------------------------|-----------------------------|
| _1         | Dave Thomas Foundation for Adoption 716 MT Airyshire, STE 100            | \$ \$26,000                | Person                      |
|            | Columbus, OH 43235   |                            | noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
| 2          | Community Foundation for the National Capital Region  201 15th Street NW | \$\$                       | Person                      |
|            | Washington, DC 20005   |                            | noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution |
| 3          | Annie E Casey Foundation  701 St. Paul Avenue  Baltimore, MD 21202       | \$\$\$10,000               | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution |
| 4          | Maximus Foundation  1891 Metro Center Drive  Reston, VA 20190            | \$\$2,500                  | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|            | Casey Family Programs  2001 Eighth Avenue, Suite 2700  Seattle, WA 98121 | \$ \$5,000                 | Person                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |
|            |  | \$                         | Person                      |

Employer identification number

| art II Non               | ncash Property (See instructions). Use duplicate co | opies of Part II if additional space     | ce is needed.        |
|--------------------------|---|--|----------------------|
| n) No.<br>from<br>Part I | (b)  Description of noncash property given          | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                          |   | \$                                       |                      |
| n) No.<br>From<br>Part I | (b) Description of noncash property given           | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                          |   | \$                                       |                      |
| n) No.<br>From<br>Part I | (b) Description of noncash property given           | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                          |   | \$                                       |                      |
| a) No.<br>from<br>Part I | (b) Description of noncash property given           | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                          |   | \$                                       |                      |
| n) No.<br>From<br>Part I | (b) Description of noncash property given           | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                          |   | \$                                       |                      |
| i) No.<br>from<br>Part I | (b) Description of noncash property given           | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                          |   | \$                                       |                      |

Part III

Employer identification number

| tributions of \$1,000 or less for the duplicate copies of Part III if add  (b) Purpose of gift |  | (d) Description of how gift is held   |
|--|--|---|
|  |  | (d) Description of how gift is held   |
|  |  |   |
|  |  |   |
|  | (e) Transfer of gift   | t   |
| Transferee's name, address, ar   | nd ZIP + 4   | Relationship of transferor to transferee  |
| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held   |
|  |  |   |
| Transferee's name, address, a  | (e) Transfer of gif  | t  Relationship of transferor to transferee   |
| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held   |
| Transferee's name, address, a  | (e) Transfer of gif  | Relationship of transferor to transferee  |
| (h) Durnoso of sift  | (a) Use of eith  |   |
| (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held   |
| Transferee's name, address, a  | (e) Transfer of gif  | t Relationship of transferor to transferee  |
|  | Transferee's name, address, ar  (b) Purpose of gift  Transferee's name, address, ar  (b) Purpose of gift | (e) Transfer of gif  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift |

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. · Section 527 organizations: 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. Name of organization Employer identification number Voice for Adoption 52-2011711 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . 2 Enter the amount of any excise tax incurred by organization managers under section 4955 0 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . Yes No Yes No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3) (4) (5)

(6)

| Sched | ule C (Form 990 or 990-EZ) 2016   |                   |  |                 |                                  | Page 2                      |
|-------|---|-------------------|--|-----------------|----------------------------------|-----------------------------|
|       | II-A Complete if the organization section 501(h)).                              |                   |  | 1. 101.10       |                                  |                             |
| A C   | theck ► ☐ if the filing organization beloname, address, EIN, expens             |                   |  |                 |                                  | up member's                 |
| ВС    | heck > I if the filing organization che   | cked box A and    | d "limited contro  | l" provisions a | ipply.                           |                             |
|       | Limits on Lobby<br>(The term "expenditures" me                                  |                   |  |                 | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a    | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |                   |  |                 | 2,918                            |                             |
| b     | Total lobbying expenditures to influence a                                      |                   |  |                 | 5,836                            |                             |
| С     | Total lobbying expenditures (add lines 1a                                       | and 1b)           |  |                 | 8,754                            |                             |
| d     | Other exempt purpose expenditures   |                   |  |                 | 124,380                          |                             |
| е     | Total exempt purpose expenditures (add  |                   |  |                 | 133,134                          |                             |
| f     | Lobbying nontaxable amount. Enter to columns.                                   | he amount fron    | n the following t  | table in both   | 26,627                           |                             |
|       | If the amount on line 1e, column (a) or (b) is:                                 | The lobbying no   | ntaxable amount is   | :               |                                  |                             |
|       | Not over \$500,000  | 20% of the amou   | unt on line 1e.  |                 |                                  |                             |
|       | Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15 | % of the excess over   | er \$500,000.   |                                  |                             |
|       | Over \$1,000,000 but not over \$1,500,000                                       | \$175,000 plus 10 | % of the excess over   | er \$1,000,000. |                                  |                             |
|       | Over \$1,500,000 but not over \$17,000,000                                      | \$225,000 plus 59 | % of the excess over   | \$1,500,000.    |                                  |                             |
|       | Over \$17,000,000   | \$1,000,000.      |  |                 |                                  |                             |
| g     | Grassroots nontaxable amount (enter 25)   | % of line 1f) .   |  |                 |                                  |                             |
| h     | Subtract line 1g from line 1a. If zero or les                                   | ss, enter -0      |  |                 |                                  |                             |
| i     | Subtract line 1f from line 1c. If zero or les                                   |                   |  |                 |                                  |                             |
| j     | If there is an amount other than zero reporting section 4911 tax for this year? |                   | or line 1i, did t  |                 |                                  | Yes No                      |
|       | (Some organizations that made a sec   | tion 501(h) elect | riod Under section<br>tion do not have to<br>ctions for lines 2a | o complete all  | of the five column               | s below.                    |
|       | Lobbying  | Expenditures D    | uring 4-Year Ave   | raging Period   |                                  |                             |
|       | Calendar year (or fiscal year beginning in)                                     | (a) 2013          | <b>(b)</b> 2014  | (c) 2015        | (d) 2016                         | (e) Total                   |
| 2a    |   | 19,546            | 20,968   | 23,625          | 26,627                           | 90766                       |
| b     | Lobbying ceiling amount (150% of line 2a, column (e))                           |                   |  |                 |                                  |                             |

|    | Lobbying Expenditures During 4-Year Averaging Period    |          |                 |          |          |           |
|----|---|----------|-----------------|----------|----------|-----------|
|    | Calendar year (or fiscal year beginning in)             | (a) 2013 | <b>(b)</b> 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2a | Lobbying nontaxable amount                              | 19,546   | 20,968          | 23,625   | 26,627   | 90766     |
| b  | Lobbying ceiling amount (150% of line 2a, column (e))   |          |                 |          |          |           |
| С  | Total lobbying expenditures                             | 2,586    | 2,586           | 5,906    | 8,754    | 19832     |
| d  | Grassroots nontaxable amount                            | 4887     | 5242            | 5906     | 6,657    | 22,692    |
| е  | Grassroots ceiling amount (150% of line 2d, column (e)) |          |                 |          |          |           |
| f  | Grassroots lobbying expenditures                        | 1,293    | 1,293           | 2,362    | 2,918    | 7,866     |

Schedule C (Form 990 or 990-EZ) 2016

| For                           | (election under section 501(h)).  |   |                                |                      |        |       |
|-------------------------------|---|---|--------------------------------|----------------------|--------|-------|
|                               | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed  | (a                                      | 1)                             |                      | (b)    |       |
| desci                         | ription of the lobbying activity.   | Yes                                     | No                             | A                    | mount  |       |
| 1                             | 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:   |   |                                |                      |        |       |
| a<br>b                        | Volunteers?   |   |                                |                      |        |       |
| С                             | Media advertisements?   |   |                                |                      |        |       |
| d                             | Mailings to members, legislators, or the public?  |   |                                |                      |        |       |
| е                             | Publications, or published or broadcast statements?   |   |                                |                      |        |       |
| f                             | Grants to other organizations for lobbying purposes?  | _                                       |                                |                      |        |       |
| g                             | Direct contact with legislators, their staffs, government officials, or a legislative body?   | -                                       |                                |                      |        |       |
| h                             | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?   | -                                       |                                |                      |        |       |
| j                             | Other activities?  Total. Add lines 1c through 1i   | 1963                                    |                                |                      |        | _     |
| 2a                            | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   | 200,000                                 |                                | 9,8,0                | 14-18  |       |
| b                             | If "Yes," enter the amount of any tax incurred under section 4912   |   | 13                             |                      |        |       |
| С                             | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .  |   |                                |                      |        |       |
|                               | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |   |                                | PERMIT               | m/Ade  |       |
| Part                          | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).   | :)(5), (                                | or se                          | ction                |        |       |
|                               | 33 1(3)(3).   |   |                                |                      | Yes    | No    |
| 1                             | Were substantially all (90% or more) dues received nondeductible by members?  | . 85 53                                 |                                | 1                    |        |       |
|                               | 그 :   |   |                                |                      | -      |       |
| 2                             | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   | V 100 10                                |                                | 2                    | 1 1    |       |
| 2                             | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |   |                                | 3                    |        |       |
| 3                             |   | prior<br>(5),                           | year?<br>or se                 | 3<br>ction           | line 3 | 3, is |
| 3                             | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Complete it the organization is exempt under section 501(c)(4), section 501(c)  | prior<br>(5),                           | year?<br>or se                 | 3<br>ction           | line 3 | 3, is |
| 3<br>Part                     | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  | prior<br>(5), (5), (6)<br>(b)           | year?<br>or se<br>Part         | 3<br>ction           | line 3 | 3, is |
| Part                          | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)   | prior<br>(5), (5), (6)<br>(b)           | year?<br>or se<br>Part         | 3<br>ction           | line 3 | 3, is |
| Part  1 2 a b                 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year   | e prior<br>c)(5), (6)<br>DR (b)         | year? or se Part               | 3<br>ction           | line 3 | 3, is |
| Part  1 2 a b c               | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  | e prior<br>c)(5), (6)<br>DR (b)         | year? or se Part  1 2a 2b 2c   | 3<br>ction           | line 3 | 3, is |
| Pari<br>1<br>2<br>a<br>b<br>c | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | e prior<br>c)(5), (5), (b)<br>DR (b)    | year? or se Part               | 3<br>ction           | line 3 | 3, is |
| Pari<br>1<br>2<br>a<br>b      | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the following and political expenses for the following and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  | e prior<br>c)(5), (b)<br>DR (b)         | year? or se Part  1 2a 2b 2c   | 3<br>ction           | line 3 | 3, is |
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| 3 Part 1 2 a b c 3 4 5        | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?   | e prior<br>c)(5), (b)<br>CR (b)<br>s of | year? or se Part  1 2a 2b 2c 3 | 3<br>ction           | line ( | 3, is |
| 1 2 a b c 3 4 5 Par           | Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the folion of the political expenditure agree to carryover to the reasonable estimate of nondeductible lobbe and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  | e prior<br>c)(5), (b)<br>R (b)          | year? or se Part  1 2a 2b 2c 3 | 3<br>ction<br>III-A, |        |       |
| 1 2 a b c 3 4 5 Par           | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  **IV** Supplemental Information**  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground of the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground of the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground of line 1). | e prior<br>c)(5), (b)<br>R (b)          | year? or se Part  1 2a 2b 2c 3 | 3<br>ction<br>III-A, |        |       |
| 1 2 a b c 3 4 5 Par           | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  **IV** Supplemental Information**  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground of the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground of the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground of line 1). | e prior<br>c)(5), (b)<br>R (b)          | year? or se Part  1 2a 2b 2c 3 | 3<br>ction<br>III-A, |        |       |

| Schedule C (Form 990 or 990-EZ) 2016 |   |   |  |  |  |
|--------------------------------------|---|---|--|--|--|
| Part IV                              | Supplemental Information (continued)    | Page 4                                  |  |  |  |
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# SCHEDULE O

Supplemental Information to Form 990 or 990-EZ OMB

No. 1545-0047

(Form 990 or 990-EZ)

2016

Voice for Adoption

EIN: 52-2011711

# Part I. Line 16 Other Expenses

| 1. Insurance                             | \$1,381  |
|--|----------|
| 2. Portrait Project                      | \$6,934  |
| 3. Portrait Project-Community Foundation | \$1,349  |
| 4. Staff and Board Travel                | \$10,837 |
| 5. Court Project                         | \$ 55    |
| 6. Banking Expenses                      | \$ 96    |
| 7. Supplies                              | \$ 452   |
| 8. Misc.                                 | \$ 202   |
| TOTAL                                    | \$21,306 |
|  |          |

# Part I. Line 20 Other Changes in Net Assets

1. Administrative Indirect Expense (\$1,077)

## Part II. Balance Sheets Line 24 Other Assets

| 1. Accounts Receivable Verizon Deposit |       | \$<br>400 |
|--|-------|-----------|
| 2. Prepaid Insurance                   |       | \$<br>425 |
|  | TOTAL | \$<br>825 |

Voice for Adoption EIN: 52-2011711 2016 Form 990-EZ, attachment, Page 2

# Part III: Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? Voice for Adoption exists to help promote the adoption of the estimated 112,000 children in the public child welfare system who are waiting to be adopted by bringing the adoption community together to provide clear and consistent information about the adoption of children in foster care and educating the public, the media, and decision-makers about the plight of these children.

## 28. Program Service Accomplishments.

Expenditures

Coordinating Communication and Dissemination of Information Within the Adoption Field - VFA has succeeded in getting organizations and individuals to work together to inform the public, the media, and decision-makers about the plight of children waiting to be adopted into the foster care system. VFA writes and distributes a weekly e-mail newsletter which goes out to more than 1,000 recipients to alert them about current issues, legislative initiatives, and policy and practice within both the adoption field and child welfare community as a whole especially as they relate to special needs adoption efforts.

Public Awareness VFA conducted an annual public awareness event featured photos and stories of 65 families that have adopted children from foster care in offices of members of Congress. VFA also presented awards for Adoption Across Boundaries and Continuing Services to Adoptive Families.

Judicial Guide VFA is developing a youth informed training guide for court professionals responsible for guiding youth towards better permanency outcomes.

(Grants \$53,500)

Voice for Adoption EIN: 52-2011711 2016 Form 990-EZ, attachment, Page 3

# Part IV: List of Officers, Directors, and Key Employees

| Name and Address   | Title; Hrs/ Week   | Compensation Health Benefit |   | Other Comp |  |
|--|--------------------|-----------------------------|---|------------|--|
| Melinda Liz<br>Spaulding for Children<br>16250 Northland Drive, Ste. 120<br>Southfield, MI 20814                 | President, 2 Hours | 0                           | 0 | 0          |  |
| Carol Bishop' Kinship Center, A member of Seneca Family of Agencies 124 River Road Salinas, CA 93908             | Secretary, 2 Hours | 0                           | 0 | 0          |  |
| Ken Mullner<br>National Adoption Center<br>1500 Walnut Street, suite 701<br>Philadelphia, PA 19102               | Treasurer, 2 Hours | 0                           | 0 | 0          |  |
| Lauren Arnold<br>The Adoption Exchange<br>14232 E. Evans Avenue<br>Denver, CO 80014                              | Director, 1 Hour   | 0                           | 0 | 0          |  |
| Mary Boo<br>North American Council on<br>Adoptable Children<br>970 Raymond Avenue, Ste 106<br>St. Paul, MN 55114 | Director, 1 Hour   | 0                           | 0 | 0          |  |
| Kamilah Bunn<br>Adoption Exchange Association<br>8015 Corporate Drive, Suite C<br>Baltimore, MD 21236            | Director, 1 Hour   | 0                           | 0 | 0          |  |
| Kate Cleary<br>Consortium for Children<br>45 Mitchell Blvd, Suite 1<br>San Rafel, CA 94903                       | Director, 1 Hour   | 0                           | 0 | 0          |  |
| Bob Hearne<br>Sierra Forever Families<br>8928 Volunteer Lane, Suite 100<br>Sacramento, CA 95826                  | Director, 1 Hour   | 0                           | 0 | 0          |  |

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| Name and Address  | Title; Hrs/ Week C      | ompensation H | ealth Benefit | Other Comp     |
|---|-------------------------|---------------|---------------|----------------|
| Mike Kenney<br>Family Builders<br>Waiting Child Fund<br>3615 Superior Ave Ste 3103J<br>Cleveland, OH 44114  | Director, 1 Hour        | 0             | 0             | 0              |
| Ernesto Loperena<br>NY Council on Adoptable Children<br>589 Eighth Avenue, 15th Floor<br>New York, NY 10018 | Director, 1 Hour        | 0             | 0             | 0              |
| Carol Ramirez<br>Lilliput Children's Services<br>1651 Response Road, Suite 300<br>Sacramento, CA 95815      | Director, 1 Hour        | 0             | 0             | 0              |
| Charles Reaves<br>Children Awaiting Parents<br>595 Blossom Road, Suite 306<br>Rochester, NY 14610           | Director, 1 Hour        | 0             | 0             | 0              |
| John Scimanna<br>Child Welfare League of America<br>727 15th Street NW<br>Washington, DC 20005              | Director, 1 Hour        | 0             | 0             | 0              |
| Wendy Spoerl<br>Adopt America Network<br>1500 N. Superior Street, Suite 303<br>Toledo, OH 43604             | Director, 1 Hour        | 0             | 0             | 0              |
| Jackie Wilson<br>Three Rivers Adoption Council<br>307 4th Ave #310<br>Pittsburgh, PA 15222                  | Director, 1 Hour        | 0             | 0             | 0              |
| Schylar Baber   | Exec. Director, 40 Hrs. | \$51,000      | \$1,039.      | \$4,191 (FICA) |