

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

35-1956277

AD-IN, Inc.

Net Asset / Fund Balance at Beginning of Year 148,960

Revenue

Contributions	53,014
Program service revenue	633,370
Investment income	5
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	68

Total revenue 686,457

Expenses

Program services	478,060
Management and general	144,113
Fundraising	2,444

Total expenses 624,617

Excess / (deficit) 61,840

Changes

Net Asset / Fund Balance at End of Year 210,800

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	686,457

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	624,617

Balance Sheet

	Beginning	Ending	Differences
Assets	162,648	226,014	
Liabilities	13,688	15,214	
Net assets	148,960	210,800	61,840

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/18
 Failure to file penalty _____

Form **3115**
(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

Application for Change in Accounting Method

OMB No. 1545-0152

► Information about Form 3115 and its separate instructions is at www.irs.gov/form3115.

Name of filer (name of parent corporation if a consolidated group) (see instructions) AD-IN, Inc. Number, street, and room or suite no. If a P.O. box, see the instructions. 1980 E 116th Street City or town, state, and ZIP code Carmel IN 46032	Identification number (see instructions) 35-1956277 Principal business activity code number (see instructions) 624100 Tax year of change begins (MM/DD/YYYY) 01/01/2017 Tax year of change ends (MM/DD/YYYY) 12/31/2017 Name of contact person (see instructions) Mary E. Sterchi
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Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Contact person's telephone number 317-574-8950
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If the applicant is a member of a consolidated group, check this box **u**

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box **u**

<p>Check the box to indicate the type of applicant.</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Controlled foreign corporation (Sec. 957)</p> <p><input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E))</p> <p><input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2))</p> <p><input checked="" type="checkbox"/> Exempt organization. Enter Code section u 501(c)(3)</p> <p><input type="checkbox"/> Cooperative (Sec. 1381)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> S corporation</p> <p><input type="checkbox"/> Insurance co. (Sec. 816(a))</p> <p><input type="checkbox"/> Insurance co. (Sec. 831)</p> <p><input type="checkbox"/> Other (specify) u</p>	<p>Check the appropriate box to indicate the type of accounting method change being requested. See instructions.</p> <p><input type="checkbox"/> Depreciation or Amortization</p> <p><input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions</p> <p><input type="checkbox"/> Other (specify) u</p>
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Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes (1) all relevant information requested on this Form 3115 (including its instructions), and (2) any other relevant information, even if not specifically requested on Form 3115.

The taxpayer must attach all applicable statements requested throughout this form.

Part I Information for Automatic Change Request	Yes	No
1 Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions. a (1) DCN: 122 (2) DCN: _____ (3) DCN: _____ (4) DCN: _____ (5) DCN: _____ (6) DCN: _____ (7) DCN: _____ (8) DCN: _____ (9) DCN: _____ (10) DCN: _____ (11) DCN: _____ (12) DCN: _____ b Other <input type="checkbox"/> Description u _____		
2 Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation		X
3 Has the filer provided all the information and statements required (a) on this form and (b) by the List of Automatic Changes under which the applicant is requesting a change? See instructions. Note: Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.	X	
Part II Information for All Requests	Yes	No
4 During the tax year of change, did or will the applicant (a) cease to engage in the trade or business to which the requested change relates, or (b) terminate its existence? See instructions.		X
5 Is the applicant requesting to change to the principal method in the tax year of change under Regulations section 1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)? If "No," go to line 6a. If "Yes," the applicant cannot file a Form 3115 for this change. See instructions.		

Sign Here	Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.		
	Signature of filer (and spouse, if joint return)	Date	Name and title (print or type) Mary E. Sterchi Executive Director

Preparer (other than filer/applicant)	Print/Type preparer's name Ann M. Vincent, CPA	Preparer's signature u mAccounting	Date 05/13/18
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Part II Information for All Requests (continued)		Yes	No
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? If "No," go to line 7a.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions.		
c	Enter the name and telephone number of the examining agent and the tax year(s) under examination. Name u _____ Telephone no. u _____ Tax year(s) u _____		
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?		
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions. If "No," attach an explanation.	X	
b	If "Yes," check the applicable box and attach the required statement. <input checked="" type="checkbox"/> Not under exam <input type="checkbox"/> 3-month window <input type="checkbox"/> 120 day: Date examination ended u _____ <input type="checkbox"/> Method not before director <input type="checkbox"/> Negative adjustment <input type="checkbox"/> CAP: Date member joined group u _____ <input type="checkbox"/> Audit protection at end of exam <input type="checkbox"/> Other		
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? If "No," go to line 9.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions. If "Yes," attach an explanation.		
c	If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court. Name u _____ Telephone no. u _____ Tax year(s) u _____		
d	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 8c?		
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court.		
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax return of a partner, member, or shareholder of that entity?		X
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the five tax years ending with the tax year of change? If "No," go to line 12.		X
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s), (c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the specific issue(s) in the request(s).		X
13	Is the applicant requesting to change its overall method of accounting? If "Yes," complete Schedule A on page 4 of the form.		X

Part II Information for All Requests (continued)			Yes	No						
14	If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of accounting and changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions):									
a	The item(s) being changed.									
b	The applicant's present method for the item(s) being changed.									
c	The applicant's proposed method for the item(s) being changed.									
d	The applicant's present overall method of accounting (cash, accrual, or hybrid). Cash									
15a	Attach a detailed and complete description of the applicant's trade(s) or business(es).									
b	If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe (i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; (iii) the overall method of accounting for each trade or business; and (iv) which trade or business is requesting to change its accounting method as part of this application or a separate application.									
	Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete Lines 16a-c.									
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method.									
b	Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.									
c	Include either a discussion of the contrary authorities or a statement that no contrary authority exists.									
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions.	X								
	If "No," attach an explanation.									
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?			X						
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.									
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">1st preceding year ended: mo./yr.</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">2nd preceding year ended: mo./yr.</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">3rd preceding year ended: mo./yr.</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">\$ _____</td> <td style="border-bottom: 1px solid black; padding: 2px;">\$ _____</td> <td style="border-bottom: 1px solid black; padding: 2px;">\$ _____</td> </tr> </table>	1st preceding year ended: mo./yr.	2nd preceding year ended: mo./yr.	3rd preceding year ended: mo./yr.	\$ _____	\$ _____	\$ _____			
1st preceding year ended: mo./yr.	2nd preceding year ended: mo./yr.	3rd preceding year ended: mo./yr.								
\$ _____	\$ _____	\$ _____								
b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change: 4th preceding year ended: mo./yr. _____ \$ _____									
Part III Information for Non-Automatic Change Request			Yes	No						
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request?									
	If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures.									
21	Attach a copy of all documents related to the proposed change (see instructions).									
22	Attach a statement of the applicant's reasons for the proposed change.									
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed?									
	If "No," attach an explanation.									
24a	Enter the amount of user fee attached to this application (see instructions). U\$ _____									
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).									

Part IV Section 481(a) Adjustment		Yes	No
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.		X
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. u \$ <u>0</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant. See Statement 1		
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? If "Yes," check the box for the applicable elective provision used to make the election (see instructions). <input type="checkbox"/> \$50,000 de minimis election <input type="checkbox"/> Eligible acquisition transaction election		X
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		X

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.

Present method: Cash Accrual Hybrid (attach description)

Proposed method: Cash Accrual Hybrid (attach description)

2 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 2a through 2g.

	Amount
a Income accrued but not received (such as accounts receivable)	\$ None
b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method	None
c Expenses accrued but not paid (such as accounts payable)	None
d Prepaid expenses previously deducted	None
e Supplies on hand previously deducted and/or not previously reported	None
f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	None
g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. u	None
h Net section 481(a) adjustment (Combine lines 2a–2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26.	\$ None

3 Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes No

4 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

5 Is the applicant making a change to the overall cash method under Rev. Proc. 2002-28 (DCN "33")? Yes No
If "Yes," attach a statement that provides the applicant's NAICS code. See instructions.

Part II Change to the Cash Method for Non-Automatic Change Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- 1** If the applicant is requesting to change to the deferral method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
 - a** A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
 - b** If the applicant is filing under the automatic change procedures, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
 - c** If the applicant is filing under the non-automatic change procedures, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2** If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following information:
 - a** A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
 - b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
 - c** A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
 - d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a** Valuing inventory (for example, unit method or dollar-value method).
 - b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
 - c** Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
 - d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
 - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B—Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material	NA	NA
2 Direct labor	NA	NA
3 Indirect labor	NA	NA
4 Officers' compensation (not including selling activities)	NA	NA
5 Pension and other related costs	NA	NA
6 Employee benefits	NA	NA
7 Indirect materials and supplies	NA	NA
8 Purchasing costs	NA	NA
9 Handling, processing, assembly, and repackaging costs	NA	NA
10 Offsite storage and warehousing costs	NA	NA
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle	NA	NA
12 Depletion	NA	NA
13 Rent	NA	NA
14 Taxes other than state, local, and foreign income taxes	NA	NA
15 Insurance	NA	NA
16 Utilities	NA	NA
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity	NA	NA
18 Engineering and design costs (not including section 174 research and experimental expenses)	NA	NA
19 Rework labor, scrap, and spoilage	NA	NA
20 Tools and equipment	NA	NA
21 Quality control and inspection	NA	NA
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant	NA	NA
23 Licensing and franchise costs	NA	NA
24 Capitalizable service costs (including mixed service costs)	NA	NA
25 Administrative costs (not including any costs of selling or any return on capital)	NA	NA
26 Research and experimental expenses attributable to long-term contracts	NA	NA
27 Interest	NA	NA
28 Other costs (Attach a list of these costs.)	NA	NA

Part III Method of Cost Allocation (continued) See instructions.

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses	NA	NA
2 Research and experimental expenses not included in Section B, line 26	NA	NA
3 Bidding expenses not included in Section B, line 22	NA	NA
4 General and administrative costs not included in Section B	NA	NA
5 Income taxes	NA	NA
6 Cost of strikes	NA	NA
7 Warranty and product liability costs	NA	NA
8 Section 179 costs	NA	NA
9 On-site storage	NA	NA
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11	NA	NA
11 Other costs (Attach a list of these costs.)	NA	NA

Schedule E—Change in Depreciation or Amortization. See instructions.

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section.

Applicants **must** provide this information for each item or class of property for which a change is requested.

Note: See the **Summary of the List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations. See instructions.

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? Yes No
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section such as, section 263A? Yes No
If "Yes," enter the applicable section **u**
- 3 Has a depreciation, amortization, expense, or disposition election been made for the property such as, the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)? Yes No
If "Yes," state the election made **u**
- 4a To the extent not already provided, attach a statement describing the property subject to the change. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b If the property is residential rental property, did the applicant live in the property before renting it? Yes No
- c Is the property public utility property? Yes No
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
 - a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
 - b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
 - c The facts to support the asset class for the proposed method.
 - d The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
 - e The useful life, recovery period, or amortization period of the property.
 - f The applicable convention of the property.
 - g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
 - h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

Federal Statements

**Statement 1 - Form 3115, Page 4, Part IV, Line 26 - Section 481(a) Adjustment
Computation/Methodology**

Description

The taxpayer had no deferred income or expenses as of 1/1/2017.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning, 2017, and ending, 20

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service
Name of exempt organization

AD-IN, Inc.

Employer identification number

35-1956277

Name and title of officer
Mary E. Sterchi
Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	686,457
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **mAccounting** to enter my PIN **56277** as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____

Date } **05/13/18**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35059518435
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF)** Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **Ann M. Vincent, CPA**

Date } **05/13/18**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **AD-IN, Inc.**
 Doing business as: **Adoptions of Indiana**
 Number and street (or P.O. box if mail is not delivered to street address): **1980 E 116th Street**
 City or town, state or province, country, and ZIP or foreign postal code: **Carmel IN 46032**

D Employer identification number: **35-1956277**

E Telephone number: **317-574-8950**

G Gross receipts: **686,457**

F Name and address of principal officer:
Mary E. Sterchi
1980 E 116th Street
Carmel IN 46032

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **www.adoptionsofindiana.org**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1995** **M** State of legal domicile: **IN**

H(c) Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Adoptions of Indiana seeks to identify and meet the needs of birth and adoptive families through compassionate and comprehensive adoption services.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	16,069	53,014
	9 Program service revenue (Part VIII, line 2g)	568,915	633,370
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	5
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,792	68
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	589,777	686,457
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	314,821	311,255
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	2,444	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	297,484	313,362
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	612,305	624,617	
19 Revenue less expenses. Subtract line 18 from line 12	-22,528	61,840	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	162,648	226,014
	21 Total liabilities (Part X, line 26)	13,688	15,214
	22 Net assets or fund balances. Subtract line 21 from line 20	148,960	210,800

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **Mary E. Sterchi** Date: _____
 Executive Director

Paid Preparer Use Only Print/Type preparer's name: **Ann M. Vincent, CPA** Preparer's signature: **Ann M. Vincent, CPA** Date: **05/13/18** Check if PTIN self-employed **P00292186**
 Firm's name: **mAccounting** Firm's EIN: **58-2676095**
 Firm's address: **9311 N Meridian St Ste 100 Indianapolis, IN 46260-1865** Phone no.: **317-581-1820**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Seeks to identify and meet the needs of adoptees and birth and adoptive families through compassionate and comprehensive adoption services.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **478,060** including grants of \$) (Revenue \$ **633,370**)

Social services established in 1995, Adoptions of Indiana provides professional counseling and social services to women and men experiencing unexpected pregnancies, to prospective parents seeking to form their families through adoption, and to all birth and adoptive family members on a post-adoption basis. Adoptions of Indiana provides direct services, one on one, group and family counseling with expectant parents, birth parents, prospective adoptive parents, adoptees and adoptive parents.

The adoptive home study process at Adoptions of Indiana emphasizes the importance of equipping and empowering adoptive parents to feel competent and confident to discuss adoptive issues and parent effectively.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 478,060**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

Mary E. Sterchi **1980 E 116th Street**
Carmel **IN 46032** **317-574-8950**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Margaret Kantz President	2.00 0.00	X		X				0	0	0
(2) Julie Keck, MD Vice President	2.00 0.00	X		X				0	0	0
(3) Emily Schmale, JD Treasurer	2.00 0.00	X		X				0	0	0
(4) Jenny Hamblin Secretary	2.00 0.00	X		X				0	0	0
(5) Tracie Meyer Board Member	2.00 0.00	X						0	0	0
(6) Mary E. Sterchi Executive Director	40.00 0.00			X				78,260	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,014				
	g Noncash contributions included in lines 1a-1f: \$		525				
	h Total. Add lines 1a-1f	u		53,014			
Program Service Revenue	2a Adoption services	Busn. Code 900099	633,370	633,370			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		633,370			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	5			5
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a Other income			68	68			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		68				
12 Total revenue. See instructions.	u		686,457	633,438	0	5	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,260	66,521	11,739	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	196,155	166,732	29,423	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,074	9,413	1,661	
10 Payroll taxes	25,766	21,901	3,865	
11 Fees for services (non-employees):				
a Management				
b Legal	37,841	37,841		
c Accounting	28,072		28,072	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,610		5,610	
12 Advertising and promotion	29,379		29,379	
13 Office expenses	29,779	23,782	5,997	
14 Information technology	1,418	1,205	213	
15 Royalties				
16 Occupancy	46,623	39,630	6,993	
17 Travel	32,079	27,561	4,518	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	658		658	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,885	3,010	1,875	
23 Insurance	11,480	5,740	5,740	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Assistance to expectant	54,440	54,440		
b Event expense	9,532	9,532		
c Miscellaneous	5,455	2,727	2,728	
d Other expenses	4,850	2,425	2,425	
e All other expenses	11,261	5,600	3,217	2,444
25 Total functional expenses. Add lines 1 through 24e	624,617	478,060	144,113	2,444
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	120,216	127,093
	2 Savings and temporary cash investments	7,447	34,001
	3 Pledges and grants receivable, net		
	4 Accounts receivable, net	3,423	58,393
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges	19,152	4,380
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,537	
	b Less: accumulated depreciation	10b 63,390	10c 2,147
	11 Investments—publicly traded securities		
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11	5,378	
16 Total assets. Add lines 1 through 15 (must equal line 34)	162,648	226,014	
Liabilities	17 Accounts payable and accrued expenses	6,596	13,288
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties	7,092	1,926
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
	26 Total liabilities. Add lines 17 through 25	13,688	15,214
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	148,960	210,800
	28 Temporarily restricted net assets		
	29 Permanently restricted net assets		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	148,960	210,800	
34 Total liabilities and net assets/fund balances	162,648	226,014	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	686,457
2	Total expenses (must equal Part IX, column (A), line 25)	2	624,617
3	Revenue less expenses. Subtract line 2 from line 1	3	61,840
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,960
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	210,800

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Federal Statements

**Statement 1 - Form 3115, Page 4, Part IV, Line 26 - Section 481(a) Adjustment
Computation/Methodology**

Description

The taxpayer had no deferred income or expenses as of 1/1/2017.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization AD-IN, Inc.	Employer identification number 35-1956277
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test—2017; b 33 1/3% support test—2016; 17a 10%-facts-and-circumstances test—2017; b 10%-facts-and-circumstances test—2016; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,330	11,730	21,431	16,069	53,014	127,574
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	374,103	363,670	515,279	568,915	633,438	2,455,405
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	399,433	375,400	536,710	584,984	686,452	2,582,979
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						2,582,979

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	399,433	375,400	536,710	584,984	686,452	2,582,979
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				1	5	6
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				1	5	6
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	399,433	375,400	536,710	584,985	686,457	2,582,985

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** 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.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section 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 instructions).
 - a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

AD-IN, Inc.

35-1956277

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		763	763	
d Equipment		64,774	62,627	2,147
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				u 2,147

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

AD-IN, Inc.

Employer identification number

35-1956277**Form 990, Part III, Line 4a - First Accomplishment**

We assist families in determining if adoption is right for their family and what type of adoption is the right fit--domestic infant, transracial infact, special needs adoption or international adoption. In classroom adoption education is a required element of Adoptions of Indiana's home study process. This builds deeper learning and community. All of this is done with a child-centered approach teaching them to always look to what is in the best interest of the child.

Monthly informational/recruitment meetings were conducted in 2017. In addition, medical staff training in the area of adoption was conducted at hospitals and clinics throughout Indiana. Planned Parenthood of Indiana/Kentucky requested Adoptions of Indiana to provide training to their clinic staff on adoption options training at all of their clinics. In addition, Adoptions of Indiana's professional staff provide expert adoption education at local and statewide conferences.

Adoptions of Indiana offers post-adoption services to adoptive parents and adoptees on a variety of adoption related topics and issues. Adoptions of Indiana also provides monthly group support for birth parents, an on-line private support group, and special events where birth parents can establish a community and show support for each other. Adoptions of Indiana practices open adoption where birth and adoptive families have the opportunity to maintain direct contact with one another. Adoptions of

Name of the organization

Employer identification number

AD-IN, Inc.

35-1956277

Indiana provides mediation when requested or necessary if there has been a miscommunication or breakdown in the relationship.

Adoptions of Indiana seeks to identify and meet the needs of birth and adoptive families through comprehensive adoption services.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Return is reviewed by the Executive Director and CPA.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Form 990 is available via Guidestar and required disclosure documents are available upon request.

Form 990, Part XII, Line 1 - Change in Accounting Method Explanation Change in accounting method requested to report activities for tax reporting purposes under a consistent method with financials.

Form **3115**
(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

Application for Change in Accounting Method

OMB No. 1545-0152

▶ Information about Form 3115 and its separate instructions is at www.irs.gov/form3115.

Name of filer (name of parent corporation if a consolidated group) (see instructions) AD-IN, Inc. Number, street, and room or suite no. If a P.O. box, see the instructions. 1980 E 116th Street City or town, state, and ZIP code Carmel IN 46032	Identification number (see instructions) 35-1956277 Principal business activity code number (see instructions) 624100 Tax year of change begins (MM/DD/YYYY) 01/01/2017 Tax year of change ends (MM/DD/YYYY) 12/31/2017 Name of contact person (see instructions) Mary E. Sterchi
--	---

Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Contact person's telephone number 317-574-8950
--	--

If the applicant is a member of a consolidated group, check this box **u**

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box **u**

<p>Check the box to indicate the type of applicant.</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Controlled foreign corporation (Sec. 957)</p> <p><input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E))</p> <p><input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2))</p> <p><input checked="" type="checkbox"/> Exempt organization. Enter Code section u 501(c)(3)</p> <p><input type="checkbox"/> Cooperative (Sec. 1381)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> S corporation</p> <p><input type="checkbox"/> Insurance co. (Sec. 816(a))</p> <p><input type="checkbox"/> Insurance co. (Sec. 831)</p> <p><input type="checkbox"/> Other (specify) u</p>	<p>Check the appropriate box to indicate the type of accounting method change being requested. See instructions.</p> <p><input type="checkbox"/> Depreciation or Amortization</p> <p><input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions</p> <p><input type="checkbox"/> Other (specify) u</p>
--	--

Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes (1) all relevant information requested on this Form 3115 (including its instructions), and (2) any other relevant information, even if not specifically requested on Form 3115.

The taxpayer must attach all applicable statements requested throughout this form.

Part I Information for Automatic Change Request

<p>1 Enter the applicable designated automatic accounting method change number ("DCN") for the requested automatic change. Enter only one DCN, except as provided for in guidance published by the IRS. If the requested change has no DCN, check "Other," and provide both a description of the change and a citation of the IRS guidance providing the automatic change. See instructions.</p> <p>a (1) DCN: 122 (2) DCN: _____ (3) DCN: _____ (4) DCN: _____ (5) DCN: _____ (6) DCN: _____ (7) DCN: _____ (8) DCN: _____ (9) DCN: _____ (10) DCN: _____ (11) DCN: _____ (12) DCN: _____</p> <p>b Other <input type="checkbox"/> Description u</p> <p>2 Do any of the eligibility rules restrict the applicant from filing the requested change using the automatic change procedures (see instructions)? If "Yes," attach an explanation</p> <p>3 Has the filer provided all the information and statements required (a) on this form and (b) by the List of Automatic Changes under which the applicant is requesting a change? See instructions.</p> <p>Note: Complete Part II and Part IV of this form, and, Schedules A through E, if applicable.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Yes	No								
Yes	No										

Part II Information for All Requests

<p>4 During the tax year of change, did or will the applicant (a) cease to engage in the trade or business to which the requested change relates, or (b) terminate its existence? See instructions.</p> <p>5 Is the applicant requesting to change to the principal method in the tax year of change under Regulations section 1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)?</p> <p>If "No," go to line 6a.</p> <p>If "Yes," the applicant cannot file a Form 3115 for this change. See instructions.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Yes	No				
Yes	No						

Sign Here	Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.	Signature of filer (and spouse, if joint return) Date	Name and title (print or type) Mary E. Sterchi Executive Director
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Preparer (other than filer/applicant)	Print/Type preparer's name Ann M. Vincent, CPA	Preparer's signature u mAccounting	Date 05/13/18
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Part II Information for All Requests (continued)		Yes	No
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)? If "No," go to line 7a.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s))? See instructions.		
c	Enter the name and telephone number of the examining agent and the tax year(s) under examination. Name u _____ Telephone no. u _____ Tax year(s) u _____		
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?		
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions. If "No," attach an explanation.	X	
b	If "Yes," check the applicable box and attach the required statement. <input checked="" type="checkbox"/> Not under exam <input type="checkbox"/> 3-month window <input type="checkbox"/> 120 day: Date examination ended u _____ <input type="checkbox"/> Method not before director <input type="checkbox"/> Negative adjustment <input type="checkbox"/> CAP: Date member joined group u _____ <input type="checkbox"/> Audit protection at end of exam <input type="checkbox"/> Other		
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court? If "No," go to line 9.		X
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member)? See instructions. If "Yes," attach an explanation.		
c	If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a federal court. Name u _____ Telephone no. u _____ Tax year(s) u _____		
d	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 8c?		
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a federal court.		
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax return of a partner, member, or shareholder of that entity?		X
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or non-automatic change procedure) a change in method of accounting within any of the five tax years ending with the tax year of change? If "No," go to line 12.		X
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s), (c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the specific issue(s) in the request(s).		X
13	Is the applicant requesting to change its overall method of accounting? If "Yes," complete Schedule A on page 4 of the form.		X

Part II Information for All Requests (continued)			Yes	No						
14	If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of accounting and changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following (see instructions): a The item(s) being changed. b The applicant's present method for the item(s) being changed. c The applicant's proposed method for the item(s) being changed. d The applicant's present overall method of accounting (cash, accrual, or hybrid). Cash									
15a	Attach a detailed and complete description of the applicant's trade(s) or business(es). b If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe (i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; (iii) the overall method of accounting for each trade or business; and (iv) which trade or business is requesting to change its accounting method as part of this application or a separate application. Note: If you are requesting an automatic method change, see the instructions to see if you are required to complete Lines 16a-c.									
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. b Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. c Include either a discussion of the contrary authorities or a statement that no contrary authority exists.									
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions. If "No," attach an explanation.		X							
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?			X						
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">1st preceding year ended: mo./yr.</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">2nd preceding year ended: mo./yr.</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">3rd preceding year ended: mo./yr.</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">\$ _____</td> <td style="border-bottom: 1px solid black; padding: 2px;">\$ _____</td> <td style="border-bottom: 1px solid black; padding: 2px;">\$ _____</td> </tr> </table>	1st preceding year ended: mo./yr.	2nd preceding year ended: mo./yr.	3rd preceding year ended: mo./yr.	\$ _____	\$ _____	\$ _____			
1st preceding year ended: mo./yr.	2nd preceding year ended: mo./yr.	3rd preceding year ended: mo./yr.								
\$ _____	\$ _____	\$ _____								
b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change: 4th preceding year ended: mo./yr. _____ \$ _____									
Part III Information for Non-Automatic Change Request			Yes	No						
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic change procedures.									
21	Attach a copy of all documents related to the proposed change (see instructions).									
22	Attach a statement of the applicant's reasons for the proposed change.									
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation.									
24a	Enter the amount of user fee attached to this application (see instructions). U\$ _____									
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).									

Part IV Section 481(a) Adjustment		Yes	No
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the requested change in method of accounting on a cut-off basis? If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.		X
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. u \$ <u>0</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a) adjustment attributable to each applicant. See Statement 1		
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change? If "Yes," check the box for the applicable elective provision used to make the election (see instructions). <input type="checkbox"/> \$50,000 de minimis election <input type="checkbox"/> Eligible acquisition transaction election		X
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		X

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.

Present method: Cash Accrual Hybrid (attach description)

Proposed method: Cash Accrual Hybrid (attach description)

2 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 2a through 2g.

	Amount
a Income accrued but not received (such as accounts receivable)	\$ None
b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method	None
c Expenses accrued but not paid (such as accounts payable)	None
d Prepaid expenses previously deducted	None
e Supplies on hand previously deducted and/or not previously reported	None
f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	None
g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. u	None
h Net section 481(a) adjustment (Combine lines 2a–2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 26.	\$ None

3 Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes No

4 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part I, lines 2a through 2g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

5 Is the applicant making a change to the overall cash method under Rev. Proc. 2002-28 (DCN "33")? Yes No
If "Yes," attach a statement that provides the applicant's NAICS code. See instructions.

Part II Change to the Cash Method for Non-Automatic Change Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- 1** If the applicant is requesting to change to the deferral method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
 - a** A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
 - b** If the applicant is filing under the automatic change procedures, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
 - c** If the applicant is filing under the non-automatic change procedures, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2** If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following information:
 - a** A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
 - b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
 - c** A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
 - d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a** Valuing inventory (for example, unit method or dollar-value method).
 - b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
 - c** Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
 - d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
 - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B—Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material	NA	NA
2 Direct labor	NA	NA
3 Indirect labor	NA	NA
4 Officers' compensation (not including selling activities)	NA	NA
5 Pension and other related costs	NA	NA
6 Employee benefits	NA	NA
7 Indirect materials and supplies	NA	NA
8 Purchasing costs	NA	NA
9 Handling, processing, assembly, and repackaging costs	NA	NA
10 Offsite storage and warehousing costs	NA	NA
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle	NA	NA
12 Depletion	NA	NA
13 Rent	NA	NA
14 Taxes other than state, local, and foreign income taxes	NA	NA
15 Insurance	NA	NA
16 Utilities	NA	NA
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity	NA	NA
18 Engineering and design costs (not including section 174 research and experimental expenses)	NA	NA
19 Rework labor, scrap, and spoilage	NA	NA
20 Tools and equipment	NA	NA
21 Quality control and inspection	NA	NA
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant	NA	NA
23 Licensing and franchise costs	NA	NA
24 Capitalizable service costs (including mixed service costs)	NA	NA
25 Administrative costs (not including any costs of selling or any return on capital)	NA	NA
26 Research and experimental expenses attributable to long-term contracts	NA	NA
27 Interest	NA	NA
28 Other costs (Attach a list of these costs.)	NA	NA

Part III Method of Cost Allocation (continued) See instructions.

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses	NA	NA
2 Research and experimental expenses not included in Section B, line 26	NA	NA
3 Bidding expenses not included in Section B, line 22	NA	NA
4 General and administrative costs not included in Section B	NA	NA
5 Income taxes	NA	NA
6 Cost of strikes	NA	NA
7 Warranty and product liability costs	NA	NA
8 Section 179 costs	NA	NA
9 On-site storage	NA	NA
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11	NA	NA
11 Other costs (Attach a list of these costs.)	NA	NA

Schedule E—Change in Depreciation or Amortization. See instructions.

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section.

Applicants **must** provide this information for each item or class of property for which a change is requested.

Note: See the **Summary of the List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations. See instructions.

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? Yes No
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section such as, section 263A? Yes No
If "Yes," enter the applicable section **u**
- 3 Has a depreciation, amortization, expense, or disposition election been made for the property such as, the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)? Yes No
If "Yes," state the election made **u**
- 4a To the extent not already provided, attach a statement describing the property subject to the change. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b If the property is residential rental property, did the applicant live in the property before renting it? Yes No
- c Is the property public utility property? Yes No
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
 - a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
 - b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
 - c The facts to support the asset class for the proposed method.
 - d The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
 - e The useful life, recovery period, or amortization period of the property.
 - f The applicable convention of the property.
 - g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
 - h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

AD-IN, Inc.

Identifying number
35-1956277

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	875
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,875
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,750
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

AD-IN, Inc.

35-1956277

Form 4562 (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25

26 Property used more than 50% in a qualified business use:

2013 Honda Accord	04/20/13	100.00 %	27,369	16,209	5.0	200DBHY	1,875	
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L-		
		%				S/L-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28 **1,875**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	Furniture & fixtures	1/01/01	6,050			6,050	7 HY 200DB	6,050	0
2	Office furniture	10/20/04	937		X	469	7 HY 200DB	937	0
3	Used desk	8/31/04	1,075			1,075	7 HY 200DB	1,075	0
4	Rugs LS Ayres	11/30/04	450		X	225	7 HY 200DB	450	0
5	Office furniture	5/23/05	1,000			1,000	7 HY 200DB	1,000	0
6	Office furniture	6/20/05	500			500	7 HY 200DB	500	0
7	Equipment	8/31/05	505			505	7 HY 200DB	505	0
8	Furniture & fixtures	9/02/05	699			699	7 HY 200DB	699	0
9	Office equipment	2/12/10	522		X	261	7 HY 200DB	499	23
10	Office furniture	9/22/10	2,362		X	105	7 HY 200DB	2,257	105
11	Leasehold improvements	1/01/01	763			763	5 HY 200DB	763	0
12	Equipment	1/01/00	13,201			13,201	7 HY 200DB	13,201	0
13	Equipment	1/01/03	1,652		X	1,156	7 HY 200DB	1,652	0
14	Equipment	10/01/00	1,825			1,825	5 HY 200DB	1,825	0
15	Office equipment	1/19/05	430			430	5 HY 200DB	430	0
16	Office equipment	2/03/12	1,043		X	522	5 HY 200DB	1,000	43
17	Computer	12/18/12	801		X	400	5 HY 200DB	747	54
18	Computer	1/14/15	1,009		X	505	5 HY 200DB	524	194
19	Computer	4/13/15	664		X	332	5 HY 200DB	345	128
20	Computer	5/31/16	1,764		X	882	5 HY 200DB	1,058	283
23	Furniture - sofa	12/18/12	450		X	225	7 HY 200DB	337	45
			<u>37,702</u>			<u>31,130</u>		<u>35,854</u>	<u>875</u>
Listed Property:									
22	2013 Honda Accord	4/20/13	27,369		X	16,209	5 HY 200DB	13,185	1,875
			<u>27,369</u>			<u>16,209</u>		<u>13,185</u>	<u>1,875</u>
Amortization:									
21	Microsoft software	9/03/13	1,689			1,689	3 MOAmort	1,689	0
			<u>1,689</u>			<u>1,689</u>		<u>1,689</u>	<u>0</u>
Grand Totals			66,760			49,028		50,728	2,750
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>66,760</u>			<u>49,028</u>		<u>50,728</u>	<u>2,750</u>

35-1956277

IN Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
Prior MACRS:								
1	Furniture & fixtures	1/01/01	6,050	6,050	6,050	0	0	0
2	Office furniture	10/20/04	937	937	937	0	0	0
3	Used desk	8/31/04	1,075	1,075	1,075	0	0	0
4	Rugs LS Ayres	11/30/04	450	450	450	0	0	0
5	Office furniture	5/23/05	1,000	1,000	1,000	0	0	0
6	Office furniture	6/20/05	500	500	500	0	0	0
7	Equipment	8/31/05	505	505	505	0	0	0
8	Furniture & fixtures	9/02/05	699	699	699	0	0	0
9	Office equipment	2/12/10	522	522	499	23	23	0
10	Office furniture	9/22/10	2,362	2,362	2,257	105	105	0
11	Leasehold improvements	1/01/01	763	763	763	0	0	0
12	Equipment	1/01/00	13,201	13,201	13,201	0	0	0
13	Equipment	1/01/03	1,652	1,652	1,652	0	0	0
14	Equipment	10/01/00	1,825	1,825	1,825	0	0	0
15	Office equipment	1/19/05	430	430	430	0	0	0
16	Office equipment	2/03/12	1,043	1,043	1,000	43	43	0
17	Computer	12/18/12	801	801	747	54	54	0
18	Computer	1/14/15	1,009	1,009	524	194	194	0
19	Computer	4/13/15	664	664	345	128	128	0
20	Computer	5/31/16	1,764	1,764	1,058	283	283	0
23	Furniture - sofa	12/18/12	450	450	337	45	45	0
			<u>37,702</u>	<u>37,702</u>	<u>35,854</u>	<u>875</u>	<u>875</u>	<u>0</u>
Listed Property:								
22	2013 Honda Accord	4/20/13	27,369	27,369	13,185	1,875	1,875	0
			<u>27,369</u>	<u>27,369</u>	<u>13,185</u>	<u>1,875</u>	<u>1,875</u>	<u>0</u>
Amortization:								
21	Microsoft software	9/03/13	1,689	1,689	1,689	0	0	0
			<u>1,689</u>	<u>1,689</u>	<u>1,689</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			66,760	66,760	50,728	2,750	2,750	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>66,760</u>	<u>66,760</u>	<u>50,728</u>	<u>2,750</u>	<u>2,750</u>	<u>0</u>

35-1956277

AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	Furniture & fixtures	1/01/01	6,050			6,050	7 HY 150DB	0	0
2	Office furniture	10/20/04	937		X	937	7 HY 200DB	0	0
3	Used desk	8/31/04	1,075			1,075	7 HY 150DB	1,075	0
4	Rugs LS Ayres	11/30/04	450		X	450	7 HY 200DB	0	0
5	Office furniture	5/23/05	1,000			1,000	7 HY 150DB	0	0
6	Office furniture	6/20/05	500			500	7 HY 150DB	0	0
7	Equipment	8/31/05	505			505	7 HY 150DB	0	0
8	Furniture & fixtures	9/02/05	699			699	7 HY 150DB	0	0
9	Office equipment	2/12/10	522		X	261	7 HY 200DB	348	174
10	Office furniture	9/22/10	2,362		X	787	7 HY 200DB	1,575	787
11	Leasehold improvements	1/01/01	763			763	5 HY 200DB	0	0
12	Equipment	1/01/00	13,201			13,201	7 HY 150DB	0	0
13	Equipment	1/01/03	1,652		X	1,652	7 HY 200DB	0	0
14	Equipment	10/01/00	1,825			1,825	5 HY 150DB	0	0
15	Office equipment	1/19/05	430			430	5 HY 150DB	0	0
16	Office equipment	2/03/12	1,043		X	522	5 HY 200DB	695	348
17	Computer	12/18/12	801		X	400	5 HY 200DB	534	267
18	Computer	1/14/15	1,009		X	606	5 HY 200DB	403	243
19	Computer	4/13/15	664		X	399	5 HY 200DB	265	160
20	Computer	5/31/16	1,764		X	882	5 HY 200DB	1,058	283
23	Furniture - sofa	12/18/12	450		X	225	7 HY 200DB	337	45
			<u>37,702</u>			<u>33,169</u>		<u>6,290</u>	<u>2,307</u>
Listed Property:									
22	2013 Honda Accord	4/20/13	0			0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			37,702			33,169		6,290	2,307
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>37,702</u>			<u>33,169</u>		<u>6,290</u>	<u>2,307</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
2	Office furniture	10/20/04	937		0	0	468	469
4	Rugs LS Ayres	11/30/04	450		0	0	225	225
9	Office equipment	2/12/10	522		0	0	261	261
10	Office furniture	9/22/10	2,362		0	0	2,257	105
13	Equipment	1/01/03	1,652		0	0	496	1,156
16	Office equipment	2/03/12	1,043		0	0	521	522
17	Computer	12/18/12	801		0	0	401	400
18	Computer	1/14/15	1,009		0	0	504	505
19	Computer	4/13/15	664		0	0	332	332
20	Computer	5/31/16	1,764		0	0	882	882
22	2013 Honda Accord	4/20/13	27,369	100	0	0	11,160	16,209
23	Furniture - sofa	12/18/12	450		0	0	225	225
	Form 990, Page 1		<u>39,023</u>		<u>0</u>	<u>0</u>	<u>17,732</u>	<u>21,291</u>
	Grand Total		<u>39,023</u>		<u>0</u>	<u>0</u>	<u>17,732</u>	<u>21,291</u>

35-1956277

Depreciation Adjustment Report

FYE: 12/31/2017

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Furniture & fixtures	0	0	0
Page 1	1	2	Office furniture	0	0	0
Page 1	1	3	Used desk	0	0	0
Page 1	1	4	Rugs LS Ayres	0	0	0
Page 1	1	5	Office furniture	0	0	0
Page 1	1	6	Office furniture	0	0	0
Page 1	1	7	Equipment	0	0	0
Page 1	1	8	Furniture & fixtures	0	0	0
Page 1	1	9	Office equipment	23	174	-151
Page 1	1	10	Office furniture	105	787	-682
Page 1	1	11	Leasehold improvements	0	0	0
Page 1	1	12	Equipment	0	0	0
Page 1	1	13	Equipment	0	0	0
Page 1	1	14	Equipment	0	0	0
Page 1	1	15	Office equipment	0	0	0
Page 1	1	16	Office equipment	43	348	-305
Page 1	1	17	Computer	54	267	-213
Page 1	1	18	Computer	194	243	-49
Page 1	1	19	Computer	128	160	-32
Page 1	1	20	Computer	283	283	0
Page 1	1	23	Furniture - sofa	45	45	0
				<u>875</u>	<u>2,307</u>	<u>-1,432</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	Furniture & fixtures	1/01/01	6,050	0	0
2	Office furniture	10/20/04	937	0	0
3	Used desk	8/31/04	1,075	0	0
4	Rugs LS Ayres	11/30/04	450	0	0
5	Office furniture	5/23/05	1,000	0	0
6	Office furniture	6/20/05	500	0	0
7	Equipment	8/31/05	505	0	0
8	Furniture & fixtures	9/02/05	699	0	0
9	Office equipment	2/12/10	522	0	0
10	Office furniture	9/22/10	2,362	0	0
11	Leasehold improvements	1/01/01	763	0	0
12	Equipment	1/01/00	13,201	0	0
13	Equipment	1/01/03	1,652	0	0
14	Equipment	10/01/00	1,825	0	0
15	Office equipment	1/19/05	430	0	0
16	Office equipment	2/03/12	1,043	0	0
17	Computer	12/18/12	801	0	0
18	Computer	1/14/15	1,009	116	145
19	Computer	4/13/15	664	76	95
20	Computer	5/31/16	1,764	169	169
23	Furniture - sofa	12/18/12	450	45	45
			<u>37,702</u>	<u>406</u>	<u>454</u>
<u>Listed Property:</u>					
22	2013 Honda Accord	4/20/13	27,369	1,875	0
			<u>27,369</u>	<u>1,875</u>	<u>0</u>
<u>Amortization:</u>					
21	Microsoft software	9/03/13	1,689	0	0
			<u>1,689</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>66,760</u>	<u>2,281</u>	<u>454</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IN</u>
<u>Prior MACRS:</u>				
1	Furniture & fixtures	1/01/01	6,050	0
2	Office furniture	10/20/04	937	0
3	Used desk	8/31/04	1,075	0
4	Rugs LS Ayres	11/30/04	450	0
5	Office furniture	5/23/05	1,000	0
6	Office furniture	6/20/05	500	0
7	Equipment	8/31/05	505	0
8	Furniture & fixtures	9/02/05	699	0
9	Office equipment	2/12/10	522	0
10	Office furniture	9/22/10	2,362	0
11	Leasehold improvements	1/01/01	763	0
12	Equipment	1/01/00	13,201	0
13	Equipment	1/01/03	1,652	0
14	Equipment	10/01/00	1,825	0
15	Office equipment	1/19/05	430	0
16	Office equipment	2/03/12	1,043	0
17	Computer	12/18/12	801	0
18	Computer	1/14/15	1,009	116
19	Computer	4/13/15	664	76
20	Computer	5/31/16	1,764	169
23	Furniture - sofa	12/18/12	450	45
			<u>37,702</u>	<u>406</u>

Listed Property:

22	2013 Honda Accord	4/20/13	<u>27,369</u>	<u>1,875</u>
			<u>27,369</u>	<u>1,875</u>

Amortization:

21	Microsoft software	9/03/13	<u>1,689</u>	<u>0</u>
			<u>1,689</u>	<u>0</u>

Grand Totals

			<u>66,760</u>	<u>2,281</u>
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Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning _____, ending _____		

Name _____ Taxpayer Identification Number _____

AD-IN, Inc.

35-1956277

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1. 16,069	53,014	36,945
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 568,915	633,370	64,455
	5. Investment income	5. 1	5	4
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 4,792	68	-4,724
	12. Total revenue. Add lines 1 through 11	12. 589,777	686,457	96,680
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 84,500	78,260	-6,240
	16. Salaries, other compensation, and employee benefits	16. 230,321	232,995	2,674
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 55,310	71,523	16,213
	19. Occupancy, rent, utilities, and maintenance	19. 42,364	46,623	4,259
	20. Depreciation and Depletion	20. 12,647	4,885	-7,762
	21. Other expenses	21. 187,163	190,331	3,168
	22. Total expenses. Add lines 13 through 21	22. 612,305	624,617	12,312
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -22,528	61,840	84,368
Other Information	24. Total exempt revenue	24. 589,777	686,457	96,680
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 573,708	633,443	59,735
	27. Total assets	27. 162,648	226,014	63,366
	28. Total liabilities	28. 13,688	15,214	1,526
	29. Retained earnings	29. 148,960	210,800	61,840
	30. Number of voting members of governing body	30.	5	
	31. Number of independent voting members of governing body	31.	5	
	32. Number of employees	32.	6	
	33. Number of volunteers	33.		

Form 990	Tax Return History	2017
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Name AD-IN, Inc.	Employer Identification Number 35-1956277
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	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants				16,069	53,014	
Membership dues						
Program service revenue				568,915	633,370	
Capital gain or loss						
Investment income				1	5	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				4,792	68	
Total revenue				589,777	686,457	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				84,500	78,260	
Other compensation				230,321	232,995	
Professional fees				55,310	71,523	
Occupancy costs				42,364	46,623	
Depreciation and depletion				12,647	4,885	
Other expenses				187,163	190,331	
Total expenses				612,305	624,617	
Excess or (Deficit)				-22,528	61,840	
Total exempt revenue				589,777	686,457	
Total unrelated revenue						
Total excludable revenue				573,708	633,443	
Total Assets				162,648	226,014	
Total Liabilities				13,688	15,214	
Net Fund Balances				148,960	210,800	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest	\$ 5		25			
Total	\$ 5					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other expenses	\$ 5,610	\$	\$ 5,610	\$
Total	\$ 5,610	\$ 0	\$ 5,610	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Education expenses	\$ 3,873	\$ 3,873	\$	\$
Dues	3,217		3,217	
Fundraising expense	2,444			2,444
Medical pass through	1,727	1,727		
Total	\$ 11,261	\$ 5,600	\$ 3,217	\$ 2,444

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Donations	\$ 30,402
Events	22,612
Total	<u>\$ 53,014</u>

Schedule A, Part III, Line 2(e)

Description	Amount
Adoption services	\$ 633,370
Other income	68
Total	<u>\$ 633,438</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
Interest	\$ 5
Total	<u>\$ 5</u>

Form IT-20NP Return Summary

For calendar year 2017, or tax year beginning _____, and ending _____

AD-IN, INC.

35-1956277

Tax Calculation on Unrelated Business Income

Federal unrelated business taxable income		
Less: Specific deduction		
Interest on U.S. Obligations		
Deduction for qualified patents income		
Unrelated business income		
Indiana modifications		
Adjusted unrelated business income		
Indiana apportionment percentage		_____%
Unrelated business apportioned to Indiana		
Indiana NOL deduction		
Taxable Indiana unrelated business income		
Taxable income from other forms		
Total taxable income		
Indiana tax on unrelated business income		
Sales/use tax on purchases		
Total tax due		

Credit for Estimated Tax and Other Payments

Quarterly estimated tax paid		
Amount paid with extension		
Amount of overpayment credit		
Other credits		
Total credits		
Balance of tax due		
Underpayment penalty		
Late payment interest		
Late payment penalty		
Total penalties and interest		
Total payment due		
Total overpayment		
Amount to be refunded		
Amount to be applied		

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return
 Return / extended due date _____

Annual Report Information

Amended report
 Report / extended due date **05/15/18**

NP-20

State Form 51062
(R8 / 8-17)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 01 01 2017 **and Ending** 12 31 2017
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization AD-IN, INC.		Telephone Number 317 574 8950	
Address 1980 E 116TH STREET		Enter 2-Digit County Code 29	Indiana Taxpayer Identification Number
City CARMEL	State IN	Zip Code 46032	Federal Identification Number 35 1956277
Printed Name of Person to Contact MARY E. STERCHI		Contact's Telephone Number 317 574 8950	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 23
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

SEEKS TO IDENTIFY AND MEET THE NEEDS OF ADOPTEES AND BIRTH AND ADOPTIVE FAMILIES THROUGH COMPASSIONATE AND COMPREHENSIVE ADOPTION SERVICES.

Email Address: MEG@ADOPTIONSOFINDIANA.ORG

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee MARY E. STERCHI	EXECUTIVE DIRECTOR	Date
Name of Person(s) to Contact	317 574 8950	Daytime Telephone Number

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



25417111022

Indiana Statements

Statement 1 - IN Form NP-20, Line 3 - Current Officers

<u>Officer Name</u>	<u>Title</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>	<u>City</u>		
Mary E. Sterchi 1980 E 116th Street	Executive Director Carmel	IN	46032
Margaret Kantz 1980 E 116th Street	President Carmel	IN	46032
Julie Keck, MD 1980 E 116th Street	Vice President Carmel	IN	46032
Emily Schmale, JD 1980 E 116th Street	Treasurer Carmel	IN	46032
Jenny Hamblin 1980 E 116th Street	Secretary Carmel	IN	46032

Indiana Form 103-L Return Summary

For assessment period beginning **01/02/17** and ending **01/01/18**
AD-IN, Inc. **35-1956277**
Clay

Cost of exempt property	27,369
Cost and base year value of assessable depreciable personal property	36,939
Additions to True Tax Value	
True Tax Value before adjustment for Abnormal Obsolescence	11,081
Abnormal Obsolescence adjustment per Form 106	
True Tax Value of personal property other than inventory	11,081
Pool Number 1 (1 to 4 year life)	
Pool Number 2 (5 to 8 year life)	6,653
Pool Number 3 (9 to 12 year life)	
Pool Number 4 (13 year and longer life)	

**BUSINESS TANGIBLE PERSONAL
PROPERTY RETURN**

State Form 10068 (R23 / 1-17)

Prescribed by the Department of Local Government Finance

FORM 104**JANUARY 1, 2018**

For Assessor's Use Only

NOTE: If you are declaring on Form 102, Form 103-Short, or 103-Long the exemption for personal property with an acquisition cost of less than \$20,000, you do not need to complete and submit this form.

This form is filed with either the Form 102 or Form 103. Signatures on both forms (Form 104 and Form 102 or Form 103) are required per 50 IAC 4.2-2-9(e).

INSTRUCTIONS: This form must be filed with the Township Assessor, if any, or the County Assessor of the county in which the property is located not later than May 15, unless an extension of up to thirty (30) days is granted in writing. Contact information for the Assessor is available at <http://www.in.gov/dlgf/2440.htm>.

Name of taxpayer (Please type or print) AD-IN, Inc.		DLGF taxing district number	
Name under which business is conducted Adoptions of Indiana		Township Clay	
Address where property is located (number and street, city, and state) 1980 E 116th Street Carmel		County Hamilton County	ZIP code 46032
Nature of business Adoption assistance			
Name to which assessment and tax notice are to be mailed (if different than above)			
Mailing address (number and street, city, and state) (if different than above)		County	ZIP code

TOTAL TANGIBLE PERSONAL PROPERTY (Please check one) <input type="checkbox"/> Form 102 <input checked="" type="checkbox"/> Form 103			
Summary (round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY COUNTY BOARD
Schedule A - Personal Property +	\$ 11,080	\$	\$
Deduction per Form 103 ERA or Form 103-CTP -	\$ 0	\$	\$
Final Assessed Value =	\$ 11,080	\$	\$
<i>All vehicles used in farm or business and not subject to Excise Tax must be reported as depreciable personal property in the pools on Schedule A of Forms 102 or 103.</i>			

SIGNATURE AND VERIFICATION			
Under penalties of perjury, I hereby certify that this return (including accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.			
Signature of authorized person		Date signed (month, day, year) 05/13/18	
Printed name of authorized person		Title	
Signature of person preparing return, if different than authorized person		Printed name of preparer Ann M. Vincent, CPA	
Address of preparer (number and street, city, and state) 9311 N Meridian St Ste 100 Indianapolis, IN			ZIP code 46260-1865

AD-IN, Inc.**FILING REQUIREMENTS**

Property in more than one Taxing District - Due to varying tax rates, a taxpayer who has property in two or more taxing districts within the same township must have separate assessments for each district covering only property located in that district. (IC 6-1.1-3-10)

Were expenditures made since the last assessment date for improvements on any real property owned, held, possessed, controlled or occupied by the taxpayer in the township wherein this return is filed? Yes No

If Yes, attach a statement setting forth the name of owner, location of the real property, an explanation of the nature, cost, date on which construction of improvements was begun, and date on which construction was completed. If not completed as of January 1, state the percentage completed at that time. (IC 6-1.1-5-13)

PENALTIES FOR FAILURE TO FILE COMPLETE AND ACCURATE FORMS

Failure to file a return on or before the due date as required by law will result in the imposition of a twenty-five dollar (\$25.00) penalty. In addition, if a return is not filed within thirty (30) days after such return is due, a penalty equal to twenty percent (20%) of the taxes finally determined to be due with respect to the property which should have been reported will be imposed. A personal property return is not due until the expiration of any extension period granted by the Township Assessor or County Assessor under IC 6-1.1-3-7(b).

If the total assessed value that a person reports on a personal property return is less than the total assessed value that the person is required by law to report and if the amount of the undervaluation exceeds five percent (5%) of the value that should have been reported on the return, then the County Auditor shall add a penalty of twenty percent (20%) of the additional taxes finally determined to be due as a result of the undervaluation.

In completing a personal property return for a year, a taxpayer must make a complete disclosure of all information relating to the value, nature, or location of personal property owned, held, possessed or controlled on the assessment date [IC 6-1.1-3-9(a)], and information relating to improvements made since the preceding assessment date to real property owned, held, possessed or occupied. (IC 6-1.1-5-13) This information would include, but not be limited to, completion of the heading and related information, and answers to all questions and entries on all of the appropriate lines on the face of the return. If such information is not provided, the taxpayer will be contacted and directed to provide that information. In addition, a penalty of twenty-five dollars (\$25.00) shall be imposed. [IC 6-1.1-37-7(d)]

The above penalties are due on the property tax installment next due for the return, whether or not an appeal is filed pursuant to IC 6-1.1-15-5 with respect to the tax due on that installment. [IC 6-1.1-37-7(f)]

FILING BASICS

- Every person owning, holding, possessing, or controlling personal property in Indiana on January 1 is required to file a form by May 15.
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the Assessor before the filing deadline of May 15 and should include a reason for the request. The Assessor may, at his or her discretion, approve or disapprove the request in writing.
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported per IC 6-1.1-1-11(b)(3).
- It is the responsibility of the taxpayer to obtain forms from the Assessor and file a timely return. The forms are also available on-line at the department's website, www.in.gov/dlgf.
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103-N, attaching it to the appropriate personal property form, and filing it with the Assessor.
NOTE: Failure to properly disclose lease information may result in a double assessment.
- Taxpayers who discover an error was made on their original, timely-filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return.

BUSINESS TANGIBLE PERSONAL PROPERTY ASSESSMENT RETURN

State Form 11405 (R40 / 10-17)
 Prescribed by the Department of Local Government Finance

FORM 103 - LONG

JANUARY 1, 2018

PRIVACY NOTICE

This form contains information confidential pursuant to IC 6-1.1-35-9.

For Assessor's Use Only

NOTE: For taxpayers with less than \$20,000 cost to report within the county, legislation was passed in 2015 which exempts this property. If you are declaring this exemption, check this box, enter the total acquisition cost of your personal property in the county, and complete only sections I and IV of this form. If you are declaring this exemption through this form, you do not need to file a Form 104.

\$ _____

RETURN THIS FORM TO THE APPLICABLE ASSESSOR BY MAY 15, 2018.

An exemption granted under IC 6-1.1-10 or any other statute supersedes this exemption. In other words, a taxpayer whose personal property is exempt because the taxpayer applied for and was granted an exemption by the county must follow all applicable procedures for the approved exemption, which may include fully completing the personal property return.

INSTRUCTIONS:

1. Please type or print.
2. This form must be filed with the Township Assessor, if any, or the County Assessor of the county in which the property is located not later than Monday, May 15, 2018, unless an extension of up to thirty (30) days is granted in writing. Contact information for the Assessor is available at <http://www.in.gov/dlgr/2440.htm>.
3. A Form 104 must be filed with this return unless the exemption above is claimed.

SECTION I		
Name of taxpayer AD-IN, Inc.	Federal identification number ** 35-1956277	
Name under which business is conducted Adoptions of Indiana	DLGF taxing district number	
Address where property is located (number and street, city, state, and ZIP code) 1980 E 116th Street Carmel IN 46032	DLGF taxing district name Clay	
Nature of business Adoption assistance	NAICS Code number * 624100	Township Clay
Name and address to which Assessment and Tax Notice are to be mailed (If different than above)	County Hamilton County	
	Retail merchant's certification number	

SECTION II	
1. Federal income tax year ends <u>12/31/17</u> Name filed under <u>AD-IN, Inc.</u>	
2. Location of accounting records <u>same</u>	
3. Form of business <input type="checkbox"/> Partnership or Joint Venture <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Estate or Trust <input checked="" type="checkbox"/> Other, describe: <u>Non-profit</u>	
4. Do you have other locations in Indiana? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Did you own, hold, possess or control any leased, rented or other depreciable personal property on January 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 50 IAC 4.2-8)	
6. Did you own, hold, possess or control any Special Tools on January 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 50 IAC 4.2-6-2)	
7. Did you own, hold, possess or control any returnable containers on January 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 50 IAC 4.2-6-4)	

If taxpayer answers "yes" to question 5, the owner must file Form 103-O and the possessor must file Form 103-N. Failure to properly disclose lease information may result in a double assessment. (See 50 IAC 4.2-2 and 50 IAC 4.2-8).

Failure to file a return on or before the due date as required by law will result in the imposition of a twenty-five dollar (\$25) penalty. In addition, if the return is not filed within thirty (30) days after such return is due, a penalty equal to twenty percent (20%) of the taxes finally determined to be due with respect to the property which should have been reported will be imposed. A personal property return is not due until the expiration of any extension period granted by the Township Assessor or County Assessor under IC 6-1.1-3-7(b). If the total assessed value that a person reports on a personal property return is less than the total assessed value that the person is required by law to report and if the amount of the undervaluation exceeds five percent (5%) of the value that should have been reported on the return, then the County Auditor shall add a penalty of twenty percent (20%) of the additional taxes finally determined to be due as a result of the undervaluation.

In completing a personal property return for a year, a taxpayer must make a complete disclosure of all information relating to the value, nature, or location of personal property owned, held, possessed or controlled on the assessment date. (IC 6-1.1-3-9(a)). This information would include, but not be limited to, completion of the heading and related information, answers to all questions on the face of the return, and entries on all of the appropriate lines of Schedule A. If such information is not provided, the taxpayer will be contacted and directed to provide that information. In addition, a penalty of \$25 shall be imposed. (IC 6-1.1-37-7(d))

* NAICS - North American Industry Classification System - A complete list of codes may be found at www.census.gov. The Indiana Code (IC) and Indiana Administrative Code (IAC) may be found on-line at the DLGF website - www.in.gov/dlgr. For further questions, contact the County Assessor (available on the DLGF website).

NOTE: The NAICS Code Number appears on your federal income tax return.

** An individual using his Social Security Number as the Federal Identification Number is only required to provide the last four digits of that number. IC 4-1-10-3.

SECTION III			
SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY THE COUNTY BOARD
Schedule A - Personal Property	+ \$ 11,080	\$	\$
Deduction per Form 103 ERA or Form 103-CTP	- \$ 0	\$	\$
Final Assessed Valuation	= \$ 11,080	\$	\$

SECTION IV SIGNATURE AND VERIFICATION		
Under penalties of perjury, I hereby certify that this return (including any accompanying schedules, deduction claims, or statements), to the best of my knowledge and belief, is true, correct, and complete; if applicable, reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.		
Signature of authorized person	Telephone number 317-574-8950	Date (month, day, year) 05/13/18
Name and title of authorized person (please type or print)	E-mail contact meg@adoptionsofindiana.org	
Signature of person preparing return, if different than authorized person	Name and contact information of preparer (please type or print) Ann M. Vincent, CPA 9311 N Meridian St Ste 100 Indianapolis, IN 46260-1865	

35-1956277

SECTION V					
FORM 103 - LONG See 50 IAC 4.2-4		TANGIBLE PERSONAL PROPERTY CONFIDENTIAL		SCHEDULE A JANUARY 1, 2018	
Line	Report all personal property assessable to this taxpayer below. (Round all figures below to nearest dollar)			Federal Identification Number 35-1956277	
1	Total cost of tangible depreciable personal property. (50 IAC 4.2-4-2)			\$ 64,308	
2	Adjustment to federal tax basis per Form 106. (50 IAC 4.2-4-4)				
3	Total cost and base year value of tangible depreciable personal property. (Line 1 plus 2)			\$ 64,308	
Deduct Exempt Property (See 50 IAC 4.2-11.1)			COST		
4	Stationary industrial air purification systems. (Attach Form 103-P)		\$		
5	Industrial waste control facilities. (Attach Form 103-P)				
6	Enterprise information technology equipment. (Attach Form 103-IT)				
7	Vehicles / airplanes subject to excise tax.	Number of Units 1	\$ 27,369		
Total cost of exempt property (Deduct from Line 3 and enter on Line 8)					
8	Subtotal			\$ 36,939	
Additions: See 50 IAC 4.2-1-1.1 and 50 IAC 4.2-4-3(b) and 4					
9	Cost of all depreciable personal property still in use but written off. (50 IAC 4.2-4-3(b))			\$	
10	Cost of installation and foundations applicable to depreciable personal property. (50 IAC 4.2-4-2(d))				
11	Cost of interest incurred during construction and installation applicable to depreciable personal property. (50 IAC 4.2-4-3(j))				
12	Total cost and base year value of assessable depreciable personal property. (add Lines 8, 9, 10 and 11. Line 12 must agree with Line 52 Column A)			\$ 36,939	
POOLING SUMMARY (From Schedule A-1 or Form 103-P5)		TOTAL COST COLUMN A	ADJUSTMENTS COLUMN B	ADJUSTED COST COLUMN C	TRUE TAX VALUE COLUMN D
52	Total All Pools	\$ 36,939	\$	\$ 36,939	\$ 6,653
53	30% of Adjusted Cost (Line 52, Column C) (enter zero (0) if filing 103-P5 and entity is a qualified steel mill or oil refinery per IC 6-1.1-3-23).			\$	\$ 11,081
54	Greater of Lines 52D or 53.			\$	\$ 11,081
Adjustments to True Tax Value					
55	Equipment not placed in service and/or critical spare parts (50 IAC 4.2-6-1 & 6) per Form 106.	Cost \$		X 10%	\$
56	Tools, dies, jigs, fixtures, etc., per Form 103-T. (50 IAC 4.2-6-2)		Cost \$		\$
57	Permanently retired equipment (50 IAC 4.2-4-3) and/or returnable containers (50 IAC 4.2-6-4) per Form 106.		Cost \$		\$
58	Commercial aircraft and commercial bus line fleet, not subject to excise tax per Form 103-I. (50 IAC 4.2-10)		Cost \$		\$
59	Total additions to True Tax Value. (Lines 55, 56, 57 and 58)			\$	\$
60	Total True Tax Value before adjustments for "Abnormal Obsolescence." (Line 54 plus Line 59)			\$	\$ 11,081
61	Abnormal Obsolescence Adjustment per Form 106. (50 IAC 4.2-4-8)			\$	\$
62	Total True Tax Value of personal property. (To page 1, Form 103 Summary)			\$	\$ 11,081

35-1956277

FORM 103 - LONG See 50 IAC 4.2-4	TANGIBLE PERSONAL PROPERTY CONFIDENTIAL	SCHEDULE A-1 JANUARY 1, 2018
<p>** The total cost of special tools, dies, jigs, fixtures, etc., permanently retired equipment; commercial aircraft, and commercial bus line fleet, not subject to excise tax is to be deducted in full in Column B below. The true tax value of such property is to be computed on the proper Form(s) (103-T, 106 AND 103-I, respectively) and recorded on Line(s) 56, 57 and 58.</p>		

ROUND ALL FIGURES BELOW TO THE NEAREST DOLLAR.

YEAR OF ACQUISITION	COLUMN A	COLUMN B	COLUMN C	T.T.V.%	COLUMN D
POOL NUMBER 1: (1 TO 4 YEAR LIFE)	TOTAL COST OR BASE YEAR VALUE	ADJUSTMENTS ** (See Note Above)	ADJUSTED COST		TRUE TAX VALUE
13	1-2-17 To 1-1-18			65	
14	1-2-16 To 1-1-17			50	
15	3-2-15 To 1-1-16			35	
16	Prior To 3-2-15	\$	\$	20	\$
17	TOTAL POOL NUMBER 1				
POOL NUMBER 2: (5 TO 8 YEAR LIFE)					
18	1-2-17 To 1-1-18			40	
19	1-2-16 To 1-1-17	1,764	1,764	56	988
20	3-2-15 To 1-1-16	664	664	42	279
21	3-2-14 To 3-1-15	1,009	1,009	32	323
22	3-2-13 To 3-1-14			24	
23	3-2-12 To 3-1-13	1,251	1,251	18	225
24	Prior To 3-2-12	\$ 32,251	\$ 32,251	15	\$ 4,838
25	TOTAL POOL NUMBER 2	36,939	36,939		6,653
POOL NUMBER 3: (9 TO 12 YEAR LIFE)					
26	1-2-17 To 1-1-18			40	
27	1-2-16 To 1-1-17			60	
28	3-2-15 To 1-1-16			55	
29	3-2-14 To 3-1-15			45	
30	3-2-13 To 3-1-14			37	
31	3-2-12 To 3-1-13			30	
32	3-2-11 To 3-1-12			25	
33	3-2-10 To 3-1-11			20	
34	3-2-09 To 3-1-10			16	
35	3-2-08 To 3-1-09			12	
36	Prior To 3-2-08	\$	\$	10	\$
37	TOTAL POOL NUMBER 3				
POOL NUMBER 4: (13 YEAR AND LONGER LIFE)					
38	1-2-17 To 1-1-18			40	
39	1-2-16 To 1-1-17			60	
40	3-2-15 To 1-1-16			63	
41	3-2-14 To 3-1-15			54	
42	3-2-13 To 3-1-14			46	
43	3-2-12 To 3-1-13			40	
44	3-2-11 To 3-1-12			34	
45	3-2-10 To 3-1-11			29	
46	3-2-09 To 3-1-10			25	
47	3-2-08 To 3-1-09			21	
48	3-2-07 To 3-1-08			15	
49	3-2-06 To 3-1-07			10	
50	Prior To 3-2-06	\$	\$	5	\$
51	TOTAL POOL NUMBER 4				
52	TOTAL ALL POOLS	36,939	36,939		6,653

NOTE: All Column B adjustments above must be supported on Form 106, Form 103-T, or Form 103-I.

Filing Basics:

- Effective July 1, 2015, IC 6-1.1-3-7.2 was amended to allow an exemption for taxpayers with less than \$20,000 cost to be reported within a county. Failure to timely file a personal property tax return with the applicable assessor declaring the exemption will result in a \$25 penalty. For more information, refer to this link: <http://www.in.gov/dlgf/7576.htm> .
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the Assessor before the filing deadline of May 15, 2018, and should include a reason for the request. The Assessor may, at their discretion, approve or deny the request in writing.
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported per IC 6-1.1-11(b)(3).
- It is the responsibility of the taxpayer to obtain forms from the Assessor and file a timely return. The forms are also available on-line at the Indiana Department of Local Government Finance's website at www.in.gov/dlgf .
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103-N, attaching it to the Form 103-Long, and filing it with the Assessor. A taxpayer declaring the exemption on page one of this form may, as deemed necessary by the applicable assessor, need to file Form 103-O or 103-N, as applicable, to verify that he is the appropriate taxpayer to claim the exemption.
NOTE: Failure to properly disclose lease information may result in a double assessment. (IC 6-1.1-2-4(a))
- Taxpayers who discover an error was made on their original timely filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return.

Frequently Asked Questions:

A. How do I find out my Taxing District Name and Number?

You will need to contact your County Assessor for assistance since heavily populated areas can have several taxing districts within a single township.

B. How do I find out my NAICS number?

This six-digit code number appears on the federal returns filed for businesses. For a complete list of the codes, go to www.census.gov .

C. Will my local Assessor fill this form out for me?

Indiana's personal property tax system is a self-assessment system. An Assessor can offer assistance with the filing; however, an authorized person representing the business must sign the form under penalties of perjury that it is true and correct so the responsibility of filing an accurate return remains with the taxpayer.

D. How can I find contact information for the various county offices (Assessor, Auditor, or Treasurer) throughout the State of Indiana, locate forms or learn more about Indiana's personal property tax system?

Go to the Indiana Department of Local Government Finance's website at www.in.gov/dlgf .
Contact information for the Assessor is available at <http://www.in.gov/dlgf/2440.htm> .

SECTION VI

INFORMATION OF NOT-OWNED PERSONAL PROPERTY WHICH IS TO BE ASSESSED TO THE OWNER

NOTE: This form is for the reporting of two or less Operating Leases. For all other leases, the Form 103-N (for the lessee) and the Form 103-O (for the lessor) should be utilized. For more information on the reporting of leased equipment, refer to 50 IAC 4.2-8. Failure to properly disclose lease information may result in a double assessment.

Name and Address of the Owner	Location of Property	Date of Lease (month, day, year)	Model Number and Description	Quantity	Cost, If Known

35-1956277

IN Property Detail

FYE: 12/31/2017

Asset	Property Description	Date Acquired	IN Cost	IN Prior Depreciation	IN Current Depreciation	IN End Depr
Location ID#: Clay						
PPT type - IN: Pool number 2						
Date Acquired for Year End: 1/01/17						
20	Computer	5/31/16	1,764	1,058	283	1,341
Year End Total: 1/01/17			<u>1,764</u>	<u>1,058</u>	<u>283</u>	<u>1,341</u>
Date Acquired for Year End: 1/01/16						
19	Computer	4/13/15	664	345	128	473
Year End Total: 1/01/16			<u>664</u>	<u>345</u>	<u>128</u>	<u>473</u>
Date Acquired for Year End: 3/01/15						
18	Computer	1/14/15	1,009	524	194	718
Year End Total: 3/01/15			<u>1,009</u>	<u>524</u>	<u>194</u>	<u>718</u>
Date Acquired for Year End: 3/01/13						
17	Computer	12/18/12	801	747	54	801
23	Furniture - sofa	12/18/12	450	337	45	382
Year End Total: 3/01/13			<u>1,251</u>	<u>1,084</u>	<u>99</u>	<u>1,183</u>
Date Acquired for Year End: 3/01/12						
16	Office equipment	2/03/12	1,043	1,000	43	1,043
Year End Total: 3/01/12			<u>1,043</u>	<u>1,000</u>	<u>43</u>	<u>1,043</u>
Date Acquired for Year End: 3/01/11						
10	Office furniture	9/22/10	2,362	2,257	105	2,362
Year End Total: 3/01/11			<u>2,362</u>	<u>2,257</u>	<u>105</u>	<u>2,362</u>
Date Acquired for Year End: 3/01/10						
9	Office equipment	2/12/10	522	499	23	522
Year End Total: 3/01/10			<u>522</u>	<u>499</u>	<u>23</u>	<u>522</u>
Date Acquired for Year End: 3/01/06						
8	Furniture & fixtures	9/02/05	699	699	0	699
7	Equipment	8/31/05	505	505	0	505
6	Office furniture	6/20/05	500	500	0	500
5	Office furniture	5/23/05	1,000	1,000	0	1,000
Year End Total: 3/01/06			<u>2,704</u>	<u>2,704</u>	<u>0</u>	<u>2,704</u>
Date Acquired for Year End: 3/01/05						
15	Office equipment	1/19/05	430	430	0	430
4	Rugs LS Ayres	11/30/04	450	450	0	450
2	Office furniture	10/20/04	937	937	0	937
3	Used desk	8/31/04	1,075	1,075	0	1,075
Year End Total: 3/01/05			<u>2,892</u>	<u>2,892</u>	<u>0</u>	<u>2,892</u>
Date Acquired for Year End: 3/01/03						
13	Equipment	1/01/03	1,652	1,652	0	1,652
Year End Total: 3/01/03			<u>1,652</u>	<u>1,652</u>	<u>0</u>	<u>1,652</u>
Date Acquired for Year End: 3/01/01						
1	Furniture & fixtures	1/01/01	6,050	6,050	0	6,050
14	Equipment	10/01/00	1,825	1,825	0	1,825
Year End Total: 3/01/01			<u>7,875</u>	<u>7,875</u>	<u>0</u>	<u>7,875</u>
Date Acquired for Year End: 3/01/00						
12	Equipment	1/01/00	13,201	13,201	0	13,201
Year End Total: 3/01/00			<u>13,201</u>	<u>13,201</u>	<u>0</u>	<u>13,201</u>
Pool number 2			<u>36,939</u>	<u>35,091</u>	<u>875</u>	<u>35,966</u>

35-1956277

IN Property Detail

FYE: 12/31/2017

Asset	Property Description	Date Acquired	IN Cost	IN Prior Depreciation	IN Current Depreciation	IN End Depr
Location ID#: Clay (continued)						
PPT type - IN: X - Exempt vehicles subject to excise tax						
Date Acquired for Year End: 3/01/14						
22	2013 Honda Accord	4/20/13	<u>27,369</u>	<u>13,185</u>	<u>1,875</u>	<u>15,060</u>
Year End Total: 3/01/14			<u>27,369</u>	<u>13,185</u>	<u>1,875</u>	<u>15,060</u>
X - Exempt vehicles subject to excise tax						
		Clay	<u>64,308</u>	<u>48,276</u>	<u>2,750</u>	<u>51,026</u>
Grand Total			<u>64,308</u>	<u>48,276</u>	<u>2,750</u>	<u>51,026</u>

35-1956277

IN Property Detail

FYE: 12/31/2017

Location ID#: Clay

<u>PPT type - IN</u>	<u>1/01/18</u>	<u>1/01/17</u>	<u>1/01/16</u>	<u>3/01/15</u>	<u>3/01/14</u>	<u>3/01/13</u>
Pool number 2	0	1,764	664	1,009	0	1,251
X - Exempt vehicles subject to excise tax	0	0	0	0	27,369	0
	<u>0</u>	<u>1,764</u>	<u>664</u>	<u>1,009</u>	<u>27,369</u>	<u>1,251</u>
<u>PPT type - IN</u>	<u>3/01/12</u>	<u>3/01/11</u>	<u>3/01/10</u>	<u>3/01/09</u>	<u>3/01/08</u>	<u>3/01/07</u>
Pool number 2	1,043	2,362	522	0	0	0
X - Exempt vehicles subject to excise tax	0	0	0	0	0	0
	<u>1,043</u>	<u>2,362</u>	<u>522</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>PPT type - IN</u>	<u>3/01/06</u>	<u>3/01/05</u>	<u>3/01/04</u>	<u>3/01/03</u>	<u>PRIOR YEARS</u>	<u>TOTAL</u>
Pool number 2	2,704	2,892	0	1,652	21,076	36,939
X - Exempt vehicles subject to excise tax	0	0	0	0	0	27,369
	<u>2,704</u>	<u>2,892</u>	<u>0</u>	<u>1,652</u>	<u>21,076</u>	<u>64,308</u>