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GOVERNMENT COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax

Taxpayer identification number

AD-IN, INC.

35-1956277

Name and title of officer or person subject to tax

**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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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 <u>686,677.</u>
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 _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize INDINERO to enter my PIN 01001
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶ Meg Sterchi Date ▶ 10/05/2021

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.

94503794503
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ INDINERO Date ▶ 09/29/21

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

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STATE COPY

AD-IN, INC.
1980 E 116TH STREET
CARMEL, IN 46032

INDIANA DEPARTMENT OF REVENUE
TAX ADMINISTRATION
P.O. BOX 6481
INDIANAPOLIS, INDIANA 46206-6481

FORM NP-20

NP-20

State Form 51062
(R11 / 8-20)

Indiana Department of Revenue
**Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year**

Beginning and Ending

Place "X" in box 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

Telephone Number

Address

County

Indiana Taxpayer Identification Number

City

State

ZIP Code

Federal Employer Identification Number

Printed Name of Person to Contact

Contact's Telephone Number

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. Indicate number of years your organization has been in continuous existence: 26
2. 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 importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1

Email Address:

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.

Meg Sterchi

Signature of Officer or Trustee

EXECUTIVE DIRECTOR

Title

10/05/2021

Date

MEG STERCHI

Name of Person(s) to Contact

317 574 8950

Daytime Telephone Number



25420111019

ADOPTIONS OF INDIANA SEEKS TO IDENTIFY AND MEET THE NEEDS OF BIRTH AND
ADOPTIVE FAMILIES.

NAME AND ADDRESS

TITLE

MARY E STERCHI
11707 TIDEWATER DRIVE SOUTH
INDIANAPOLIS, IN 46236

EXECUTIVE DIRECTOR

JUSTIN ANGRICK
1980 E 116TH STREET
CARMEL, IN 46032

VICE PRESIDENT

AMY DOWNS
1980 E 116TH STREET
CARMEL, IN 46032

BOARD MEMBER

BRANDY MORRIS
1980 E 116TH STREET
CARMEL, IN 46032

BOARD MEMBER

JULIE KECK, MD
1980 E 116TH STREET
CARMEL, IN 46032

BOARD MEMBER

TRACIE MEYER
1980 E 116TH STREET
CARMEL, IN 46032

SECRETARY

ERIN KEEDY-MERK
1980 E 116TH STREET
CARMEL, IN 46032

PRESIDENT/TREASURER

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AD-IN, INC.		D Employer identification number 35-1956277
	Doing business as ADOPTIONS OF INDIANA		E Telephone number 317-574-8950
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1980 E 116TH STREET		G Gross receipts \$ 686,677.
	City or town, state or province, country, and ZIP or foreign postal code CARMEL, IN 46032		
F Name and address of principal officer: MEG STERCHI 11707 TIDEWATER DR SOUTH, IND, IN 46236		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.ADOPTIONSOFINDIANA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1995** **M** State of legal domicile: **IN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADOPTIONS OF INDIANA SEEKS TO IDENTIFY AND MEET THE NEEDS OF ADOPTEEES AND BIRTH AND ADOPTIVE		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	6
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 30,293.	Current Year 33,356.
	9 Program service revenue (Part VIII, line 2g)	715,149.	653,246.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94.	75.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	745,536.	686,677.
	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.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		359,709.	377,285.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 49,958.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		358,160.	352,172.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		717,869.	729,457.
19 Revenue less expenses. Subtract line 18 from line 12	27,667.	-42,780.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 317,485.	End of Year 378,839.
	21 Total liabilities (Part X, line 26)	24,761.	130,661.
	22 Net assets or fund balances. Subtract line 21 from line 20	292,724.	248,178.

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	<i>Meg Sterchi</i> Signature of officer	10/05/2021 Date			
	MEG STERCHI, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LILIA PAGULAYAN, EA	Preparer's signature LILIA PAGULAYAN, EA	Date 09/29/21	Check if self-employed <input type="checkbox"/>	PTIN P01891161
	Firm's name ▶ INDINERO	Firm's EIN ▶ 27-0162544			
	Firm's address ▶ 340 S. LEMON AVE #4637 WALNUT, CA 91789-2706		Phone no. 855-463-4637		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SIGNATURE CERTIFICATE




REFERENCE NUMBER

F088684D-6398-40E5-8B89-602D86AC5FA0

TRANSACTION DETAILS	DOCUMENT DETAILS
<p>Reference Number F088684D-6398-40E5-8B89-602D86AC5FA0</p> <p>Transaction Type Signature Request</p> <p>Sent At 10/04/2021 23:57 EDT</p> <p>Executed At 10/05/2021 11:51 EDT</p> <p>Identity Method email</p> <p>Distribution Method email</p> <p>Signed Checksum a4a08bd36b953063357315facd51bb1830d0af5291d05b440497c841f4d4ed78</p> <p>Signer Sequencing Disabled</p> <p>Document Passcode Disabled</p>	<p>Document Name Adoptions Of Indiana 2020 Tax Return E-Filing Authorization Forms</p> <p>Filename adoptions_of_indiana_2020_tax_return_e-filing_authorization_forms.pdf</p> <p>Pages 8 pages</p> <p>Content Type application/pdf</p> <p>File Size 195 KB</p> <p>Original Checksum 5b2713322272dbbf41104c9ab85a59cc10494571db8fb4d1ba79465247e24715</p>

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Meg Sterchi</p> <p>Email meg@adoptionsofindiana.org</p> <p>Components 6</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 9dca8820df8f41c9adad70f34616f3921f776290b863722b4db7c1382f2c66f4</p> <p>IP Address 68.45.140.205</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 1DD8D274</p>	<p>Viewed At 10/05/2021 11:47 EDT</p> <p>Identity Authenticated At 10/05/2021 11:51 EDT</p> <p>Signed At 10/05/2021 11:51 EDT</p>

AUDITS

TIMESTAMP	AUDIT
10/04/2021 23:57 EDT	Tahseen Raza Ahmad (tahseen.ahmad@indinero.com) created document 'adoptions_of_indiana_2020_tax_return_e-filing_authorization_forms.pdf' on Firefox via Windows from 152.32.100.48.
10/04/2021 23:57 EDT	Meg Sterchi (meg@adoptionsofindiana.org) was emailed a link to sign.
10/05/2021 11:47 EDT	Meg Sterchi (meg@adoptionsofindiana.org) viewed the document on Chrome via Windows from 68.45.140.205.
10/05/2021 11:51 EDT	Meg Sterchi (meg@adoptionsofindiana.org) authenticated via email on Chrome via Windows from 68.45.140.205.
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