** PUBLIC DISCLOSURE COPY ** **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) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For t	he 2022 calendar year, or tax year beginning JUL 1, 2022 and	ending J	JN 30, 2023									
B Check applica	f C Name of organization		D Employer ider	ntificatio	n number							
Ado	ress ace AID TO ADOPTION OF SPECIAL KIDS/ARIZONA											
Nar			86-06119	35								
Init		Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number										
Fin	2320 N 20TH ST		(602) 254									
terr	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		33,591,702.							
Am retu	PHOENIX, AZ 85006 H(a) Is this a group return											
tior	F Name and address of principal officer: RON ADELSON		for subordin	ates?	Yes X No							
per	ding 2320 N. 20TH ST, PHOENIX, AZ 85006		H(b) Are all subordina	tes included	? Yes No							
I Tax-e	xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 📃 527	If "No," attac	ch a list. S	See instructions							
J Web			H(c) Group exem	ption nur	nber							
	of organization: X Corporation Trust Association Other	L Year	of formation: 1988	M Stat	e of legal domicile: AZ							
Part												
1	Briefly describe the organization's mission or most significant activities: TO BUIL		RENGTHEN FAMII	JIES								
Activities & Governance 2 9 5 6 2 7	FOR THE CHILDREN IN ARIZONA'S FOSTER CARE SYSTEM (PRIMARILY	IN										
2	Check this box if the organization discontinued its operations or dispos			t assets.								
8 3	Number of voting members of the governing body (Part VI, line 1a)			3	5							
ି ଏ ଅଧି	Number of independent voting members of the governing body (Part VI, line 1b)			4	209							
se 5	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)5											
1 <u>1</u>	Total number of volunteers (estimate if necessary)			6	299							
7 GT	a Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.							
_	o Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		7b	0.							
			Prior Year		Current Year							
<u>ه</u> 8	Contributions and grants (Part VIII, line 1h)	·····	3,498,98		2,198,610.							
en 9	Program service revenue (Part VIII, line 2g)		7,289,58		7,630,750.							
9 9 10 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		81,79		573,774.							
- 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40.050.04	0.	17,774.							
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,870,30		10,420,908.							
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.							
14	Benefits paid to or for members (Part IX, column (A), line 4)		F 0.00 1/	0.	0.							
_ອ 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,868,12		6,289,915.							
a 1	a Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.							
ă	o Total fundraising expenses (Part IX, column (D), line 25)		0.045.00		0 420 004							
''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,247,30		2,432,824.							
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,115,42		8,722,739.								
19	Revenue less expenses. Subtract line 18 from line 12		2,754,93		1,698,169.							
Net Assets or Fund Balances			ginning of Current Ye		End of Year							
20 Bala	Total assets (Part X, line 16)		31,815,56		33,045,731.							
12 Bar	Total liabilities (Part X, line 26)		1,401,52		1,150,149.							
_≝ <u>∃</u> 22 Part	Net assets or fund balances. Subtract line 21 from line 20		30,414,03	• در	31,895,582.							
		and atotas	unto and to the heart -	f my line and	ladge and helief it '-							
	nalties of perjury, I declare that I have examined this return, including accompanying schedules ect. and complete. Declaration of preparer (other than officer) is based on all information of wh			I IIIY KIIOW	neuge and bellet, it is							

Sign	Signature of officer			Date						
Here	RON ADELSON, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	AMY A. O'LOUGHLIN		04/15/24	self-employed P00869687						
Preparer	Firm's name CBIZ MHM, LLC			Firm's EIN 34-1884125						
Use Only	Firm's address 4722 N 24TH ST, STE 300									
	PHOENIX, AZ 85016 Phone no.602-264-6835									
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2022) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-061	1935	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission: TO BUILD AND STRENGTHEN FAMILIES FOR THE CHILDREN IN ARIZONA'S FOSTER			
	CARE SYSTEM (PRIMARILY IN MARICOPA AND PINAL COUNTIES).			
2	Did the organization undertake any significant program services during the year which were not liste	ed on the		
_	prior Form 990 or 990-EZ?		Yes	X 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	m services?	Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	tions to others, the total	expenses, and	
4-	revenue, if any, for each program service reported.) /- ·	1 979	607 V
4a	(Code:) (Expenses \$2,937,190. including grants of \$ REGULAR ADOPTION AND FOSTER CARE IDENTIFIES, RECRUITS, AND TRAINS) (Revenue \$	1,070,	<u>, , , , , , , , , , , , , , , , , , , </u>
	COMMUNITY AND KINSHIP FAMILIES TO FOSTER CHILDREN IN THE ARIZONA FOSTER			
	CARE SYSTEM. THE PROGRAM ASSISTS THE FAMILIES IN BECOMING LICENSED TO			
	FOSTER BY THE STATE OF ARIZONA. AFTER THE FAMILIES ARE LICENSED, THE			
	AASK PROGRAM MONITORS THE HOMES ON A REGULAR BASIS AND PROVIDES SUPPORT			
	AND RESOURCES TO THE FAMILIES.			
46	(Code:) (Expenses \$2,658,273including grants of \$) (Revenue \$	3 511	978 \
4b	(Code:) (Expenses \$2,000,275. including grants of \$ FAMILY SUPPORT SERVICES (HOME COMMUNITY BASED SERVICES) IDENTIFIES) (Revenue \$	5,511,	<u> </u>
	SERVICE PROVIDERS TO PROVIDE RESPITE AND HABILITATION SERVICES TO			
	FAMILIES WITH CHILDREN AND ADULTS DETERMINED TO BE IN NEED OF THESE			
	SERVICES BY THE AHCCCS COMPLETE CARE AND THE ARIZONA DEPARTMENT OF			
	DEVELOPMENTAL DISABILITIES.			
4.0	(Code:) (Expenses \$1,674,438. including grants of \$) (Revenue \$	2 240	075 \
4c	(Code:) (Expenses \$, 0.4, 450. including grants of \$ SPECIALIZED FOSTER CARE IDENTIFIES FOSTER FAMILIES FOR CHILDREN/ADULTS) (Revenue \$	2,240,	<u>, , , , , , , , , , , , , , , , , , , </u>
	WITH SPECIAL PHYSICAL OR DEVELOPMENTAL NEEDS AS DETERMINED BY THE			
	ARIZONA DEPARTMENT OF DEVELOPMENTAL DISABILITIES AND TWO NATIVE			
	AMERICAN COMMUNITIES. AASK ASSISTS THE FAMILIES IN OBTAINING AND			
	MAINTAINING THEIR FOSTER LICENSES AND PROVIDES ON-GOING SUPPORT AND			
	RESOURCES TO THE FAMILIES. AN AASK NURSING PROFESSIONAL PROVIDES			
	SUPPORT TO FAMILIES CARING FOR CHILDREN WITH SERIOUS ILLNESSES.			
4d	Other program services (Describe on Schodulo O)			
чu	Other program services (Describe on Schedule O.) (Expenses \$ 206,414. including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,476,315.		1	
			Form 99	0 (2022)
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	2			

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA Form 990 (2022) AID TO ADOPTION OF Part IV Checklist of Required Schedules

86-0611935

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Δ
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		х
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Par	TIV Checklist of Required Schedules (continued)			3-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		00	x	
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33	x	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
9E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		<u>35a</u>		А
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~7	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~-	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Da	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 3	•		
b		•		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X 000	(0000)
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Form	990 (2022) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA		86-061193	5	Р	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	209				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	х		
				3a		x	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x	
b	If "Yes," enter the name of the foreign country		,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccoun	ts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x	
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
ou	any contributions that were not tax deductible as charitable contributions?			6a		x	
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			u		<u> </u>	
D.			•	6b			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	•••••		0.0			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicos r	rovidad to the pover?	7a		x	
		-		7a 7b		<u> </u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			70		<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		x	
	to file Form 8282?			7c		-	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		x	
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
t							
-							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	-			
				8			
9	Sponsoring organizations maintaining donor advised funds.			-			
				9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>	
10	Section 501(c)(7) organizations. Enter:	I	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	I	1				
	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a				14a		x	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			1	
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		x	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	8				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
232005	12-13-22			Form	990	(2022)	

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	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	5		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion 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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	í		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	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			
	VICKY BAYSHORE - 602-930-4459			
	15396 N 83RD AVENUE, PEORIA, AZ 85381			
			990	

Form 990 (2022)	AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935	Page 1					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employee	es, and Independent Contractors							
Check if Sch	nedule O contains a response or note to any line in this Part VII							
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year en	ding with or within the organization'	s tax year.					

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	ox, unless perso					compensation	compensation	amount of
	week		cer ar T	nd a d I	lirecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RON ADELSON	40.00		-		-		<u> </u>			
CHIEF EXECUTIVE OFFICER				x				279,989.	0.	15,813.
(2) JOANNE CHIARIELLO	40.00									
CHIEF CLINICAL DIRECTOR						x		114,070.	0.	11,210.
(3) VICKY BAYSHORE	40.00									
CHIEF FINANCIAL OFFICER				х				90,742.	0.	4,012.
(4) RITA MEISER	5.00									
BOARD CHAIR		х		х				0.	0.	0.
(5) DENNIS GENGE	5.00									
TREASURER		х		х				0.	0.	0.
(6) KELLY SINGER	5.00									
SECRETARY		х		x				0.	0.	0.
(7) ADAM D CHRISTENSEN	5.00									
DIRECTOR		х						0.	0.	0.
(8) TIFFANY HILL	5.00									
DIRECTOR		х						0.	0.	0.
			-			-				
		1								
222007 12 12 22										Form 990 (2022)

Form 990 (2022)

12070415 143399 177510

2022.05080 AID TO ADOPTION OF SPECIA 177510_1

Form 990 (2022) AID TO ADOPTI	ION OF SPEC	IAL	KI	DS/	ARI	ZON	A		86-06	1193!	5	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both r/trust	tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC/		(F) Estimated amount of other compensation			
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-271099-MIS 1099-NEC)		orga and	anizati d relate inizatio	ion ed
1b Subtotal								484,801.		٥.		31,	035.
c Total from continuation sheets to Part VI	, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								484,801.		0.		31,	035.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				2
compensation nom the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for su											3	_	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
 Complete this table for your five highest con the organization. Report compensation for t 	•	•							•	ensat	ion fro	m	
(A)	ne calendar ye	are	nuin	ig w				(B)			(C	;)	
Name and business	address	NO	NE					Description of s	ervices	C	omper		۱
							_						
2 Total number of independent contractors (ir \$100,000, of componentian from the organi		ot lin	nited	tot		se lis [.] D	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	allUll					-					Form	990 (2	2022)

232008 12-13-22

Ра	rt VII								
		Check if Schedule O o	contains a resp	onse	or note to any line	e in this Part VIII	(B)	(^)	[] (D)
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					212 070				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns			213,970.				
Gra	b		<u>1b</u>						
ts, An	c	0							
Gif ilar	d	Related organizations			216,956.				
ons, Sim	e	5 (210,950.				
utio Ier (т	All other contributions, gifts,			1,767,684.				
Oth		similar amounts not included		¢	201,007.				
ont nd	g					2,198,610.			
Oe		Total. Add lines 1a-1f			Business Code	2,190,010.			
•	2 a	GOVERNMENT CONTRACT	S		624100	7,630,750.	7,630,750.		
Program Service Revenue	z a b					.,	,,,		
Ser	c								
m S	d	-							
gra Re	e								
Pro	f	All other program service	revenue						
	g	Total. Add lines 2a-2f			7,630,750.				
	3	Investment income (incluc							
		other similar amounts)	-			573,774.			573,774.
	4	Income from investment o							
	5	Royalties	. <u></u>						
			(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss))						
	7 a	Gross amount from sales of	(i) Secur		(ii) Other				
		assets other than inventory	7a 23,170,	794.					
	b	Less: cost or other basis							
anı		and sales expenses							
Revenue		Gain or (loss)	7c	0.	L	•			
Re		Net gain or (loss)				0.			
Othei	8 a	Gross income from fundraisin							
Ò			of						
		contributions reported on	-						
		Part IV, line 18							
			6						
		Net income or (loss) from	•						
	9 a	Gross income from gamin							
	"	Part IV, line 19							
		Less: direct expenses							
		Gross sales of inventory, I							
	10 a	and allowances		10a					
	ь	Less: cost of goods sold							
		Net income or (loss) from							
					Business Code				
sno	11 a	MISCELLANEOUS			900099	17,774.			17,774.
scellaneo Revenue	b								
:ella eve	с								
Miscellaneous Revenue	d	All other revenue							
2	е	Total. Add lines 11a-11d				17,774.			
	12	Total revenue. See instruction	ons			10,420,908.	7,630,750.	0.	591,548.
23200	9 12-13	-22							Form 990 (2022

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AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

232009 12-13-22

Form 990 (2022)

2022.05080 AID TO ADOPTION OF SPECIA 177510_1

Page **9**

86-0611935

Part IX Statement of Functional Expenses

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

86-0611935 Page **10**

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 390,556 trustees, and key employees 341,010. 6,098. 43,448 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,262,615. 4,604,894. 576,041. 81,680. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 92,572 77,319 14,431 822. 131,377 110,197 18,568, 2,612. 9 Other employee benefits 412,795. 363,361 43,423 6,011. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 57,161, 57,161 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 116,161 45,805 70,356 column (A), amount, list line 11g expenses on Sch 0.) 20,431 6,866, 13,565. Advertising and promotion 12 65,977. 51,239 9,026. 126,242. 13 Office expenses _____ 88,526. 74,034. 11,772. 2,720. 14 Information technology Royalties 15 191,905 165,019. 21,544 5,342. 16 Occupancy 95,225 92,916, 279 2,030. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 29,347. 1,631. 346. Conferences, conventions, and meetings 31,324. 19 20 Interest Payments to affiliates 21 154,563, 131,148, 18,763 4,652. 22 Depreciation, depletion, and amortization 127,112. 129 126,983 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) FAMILY RELATED SERVICES 1,249,498. 1,238,005. 11,493. а 123,915 123,915 BAD DEBTS b PRINTING AND COPYING 4,509. 966. 92 3,451. С 2,480. POSTAGE AND SHIPPING 4,020. 755 785 d 42,232 35,749. 4,652 1,831 All other expenses е 8,722,739 7,476,315 1,058,347 188,077. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

10

232010 12-13-22

Form 990 (2022)

12070415 143399 177510

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			334,250.	1	795,532.
	2	Savings and temporary cash investments			28,169,805.	2	2,100,828.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			964,110.	4	1,097,035.
	5	Loans and other receivables from any current or			,		, ,
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif		Ū			
	Ŭ	under section 4958(f)(1)), and persons described	•	•		6	
	7	Notes and loans receivable, net				7	
Assets	8					8	
Ass	9		ventories for sale or use				38,145.
-		Land, buildings, and equipment: cost or other	I		54,586.	9	,
	104	basis. Complete Part VI of Schedule D	102	5,051,376.			
	h			2,752,095.	2,292,817.	10c	2,299,281.
	11	Less: accumulated depreciation	, ,	_,,	11	26,714,910.	
	12	Investments - other securities. See Part IV, line 1				12	,,,
	13	Investments - program-related. See Part IV, line 1		13			
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			31,815,568.	16	33,045,731.
	17	Accounts payable and accrued expenses			748,675.	17	522,392.
	18	Grants payable			,	18	
	19	Deferred revenue	382,942.	19	369,845.		
	20	Tax-exempt bond liabilities	,	20	, ,		
	21	Escrow or custodial account liability. Complete F		21			
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			24,000.	23	12,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			245,912.	25	245,912.
	26	Total liabilities. Add lines 17 through 25			1,401,529.	26	1,150,149.
		Organizations that follow FASB ASC 958, chee	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			30,404,039.	27	31,885,582.
Ba	28	Net assets with donor restrictions		<u></u>	10,000.	28	10,000.
pur		Organizations that do not follow FASB ASC 9	k here				
ц		and complete lines 29 through 33.					
o N	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or eq				30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			30,414,039.	32	31,895,582.
	33	Total liabilities and net assets/fund balances	<u></u>		31,815,568.	33	33,045,731.
							Form 990 (2022)

Form 990 (2022)

Form	1990 (2022) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935		Pag	_{ge} 12
Pa	rt 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	10,	420,	908.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	722,	739.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	698,	169.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,	414,	039.
5	Net unrealized gains (losses) on investments	5	-	216,	626.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	31,	895,	582.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047 ſ 2 ΖU **Open to Public**

Inspection	

Name of the organization

Nam	e of t	he organization						Employer	identification number	
				ECIAL KIDS/ARIZONA					86-0611935	
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in	
	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 describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10	Х	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	-	•	•					
12		An organization organized a	-	-				•		
		more publicly supported or	-						Check the box on	
	_	lines 12a through 12d that						-		
а		Type I. A supporting orga		-	• • • •	-				
		the supported organization			majority o	f the direc	tors or truste	es of the su	upporting	
_		organization. You must o	-							
b		Type II. A supporting org	-				•		-	
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
	_	organization(s). You mus	-							
С		Type III functionally inte						ly integrate	a with,	
		its supported organization	.,.,,	•			-			
d		J Type III non-functionally						-		
		that is not functionally int requirement (see instructi			•		-	anallenin	reness	
•		- · ·		•						
е		Check this box if the orga functionally integrated, or					Type I, Type	п, туре п		
f	Ente	er the number of supported of		any integrated supportin						
a		vide the following information	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Tota										

Schedule A	(Form 990	0) 2022	

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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Schedule A	(Form 990) 2022 AID	TO ADOPTION O	F SPECIAL	KIDS/ARIZONA	00-0011935	Pag
Part II	Support Schedule for O	ganizations D	escribed in	n Sections 170(b)(1)(A)	(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked t	he box on line 5, 7,	, or 8 of Part I	l or if the organization failed t	o qualify under Part III. If the organiz	zation
	fails to qualify under the tests list	sted below, please	complete Par	t III.)		
O .	Dudalla Ourses and					

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		-	-		-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	,	,			12	
13	First 5 years. If the Form 990 is for the	0		,	,	()()	
0.	organization, check this box and stop	bhere					
	ction C. Computation of Publi		-			11	
	Public support percentage for 2022 (I		•			14	%
15						15	. %
168	33 1/3% support test - 2022. If the o						
L	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2021. If the c						
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact			-	-	. vi now the organi	
L	meets the facts-and-circumstances test	-				17a and line 15 is	10% or
Ľ	10% -facts-and-circumstances test more and if the organization meets the	-	-				
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization						······
10	The organization in the organization	an dia not oneon a		a, 100, 17a, 01 17	b, oncor this box a		. (Form 990) 2022

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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) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,909,778 1,526,277 3,498,987. 2,198,610 11,075,708. include any "unusual grants.") 1,942,056 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 8,405,910 8,406,777. 7,842,990. 7,289,585. 7,630,750. 39,576,012. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 10,315,688, 9,933,054. 9,785,046 10,788,572. 9,829,360, 50,651,720. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 8,910 2,523 4,323. 10,520. 30,886. 4,610 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 0. amount on line 13 for the year c Add lines 7a and 7b 4,610. 8,910. 2,523 4,323, 10,520 30,886, 50,620,834. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 10,315,688 9,933,054 9,785,046 10,788,572 9,829,360 50,651,720. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 325,679 142,127 81,790. 573,774. 291,187. 1,414,557. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 325,679 81,790 573,774 291,187 142,127 1,414,557. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 17,774. 17,774 assets (Explain in Part VI.) 10,258,733. 9,927,173. 10,870,362. 10,420,908. 52,084,051. 10,606,875. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 97.19 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 97.89 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 2.72 17 % 1.96 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. 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 X 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 - 2021. 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 Schedule A (Form 990) 2022 232023 12-09-22

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1

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

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2	11110	10	11001 11010	01	DI DOTID	ICTDD/IMCTDOIMI

Yes

1

2

З

2a

2b

3a

Yes No

No

No

No

		Yes	No
1 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 on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
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.	
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
 Image: Control organization 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 managed
 Image: Control organization organization organization organization organization or the same persons that controlled or managed
 Image: Control organization organizati

Sec	ction D. All Type III Supporting Organizations		
			Yes
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, 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.

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 in

- 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "No" 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 AID TO ADOPTION
Part IV Supporting Organizations (continued)

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	nizations		
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.				
Sect	Section A - Adjusted Net Income (A) Prior Year				
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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	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 0.85 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			

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	3 3	3	
4	Amounts paid to acquire exempt-use assets		4	L
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		6	6
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2022 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount		10)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
С	Excess from 2020			

Schedule A (Form 990) 2022

Current Year

Chedule A	(Form 990) 2022 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Sectio art V, Section B, line 1e; P	n C, art V,
HEDULE	A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
HER			
022 AMO	JNT: \$ 17,774.		
32028 12-09-	22 20	Schedule A (Form	990) 2(

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

AI	D TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935			
Organization type (check of	Prganization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$6,099.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$11,254.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
4	Name, address, and ZIP + 4	\$60,770.	Type of contribution Person X Payroll
(a)	(b) Name address and ZID + 4	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
No. 6 223452 11-15	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll

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Schedule B (Form 990) (2022)

Name of organization

Employer identification number

86-0611935

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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

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Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022)
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Name of organization

Page **2**

Employer identification number

TAL KIDS/ARIZONA TO ADOPTION OF SP A

86-0611935

AID	то	ADOPTION	OF	SPECIAL	KIDS/ARIZON

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$6,717.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$7,348	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$217,610.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$35,495.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Employer identification number

86-0611935

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$6,300	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$20,807.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Employer identification number

86-0611935

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$135,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$14,713.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$10,664.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,869	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$39,303	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (20	22)
Name of organization	

Employer identification number

86-0611935

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	21 SCHWINN BICYCLES AND 44 SKATEBOARDS		
-		\$5,558.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	TOYS, BICYCLES AND HELMETS		
		\$6,300.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	QUILTS		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	SOLAR PANELS AND INSTALLATION		
		\$135,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. .		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			
		\$	

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Page 4

from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III entry to total declawled writelyos. Contributors of \$1,000 or less for the year. (Enter this into. once.) \$	ame of organiz	zation			Employer identification number		
art III Exclusive/reliques, chartable, etc. contributions to organization described in section 50 (e)(7), (8), or (10) that total more than \$1,000 for the y to organization company part II, etc. the star of each sector distributions (15 or 000) or these is to reach sector. IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held IND (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift IND (b) Purpose of gift (c) Use of gift (d) Description of how gift is held IND (e) Transfer of gift (f) Description of how gift is held IND </th <th>ID TO ADOPI</th> <th>TION OF SPECIAL KIDS/ARIZONA</th> <th></th> <th></th> <th>86-0611935</th>	ID TO ADOPI	TION OF SPECIAL KIDS/ARIZONA			86-0611935		
Use duplicate copies of part III and difficult space is needed. 1 No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transfer of gift (g) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transfer of gift (g) Transfer of gift (h) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transfer of gift (g) Transfer of gift (h) Purpose of gift (e) Transfer of gift (f) Transfer of gift (g) Transfer of gift (h) Purpose of gift <td>Part III Exc</td> <td>lusively religious, charitable, etc., contributio</td> <td>ons to organizations described in set through (e) and the following line en</td> <td>ection 501(c)(7), (8), or (10) t try. For organizations</td> <td></td>	Part III Exc	lusively religious, charitable, etc., contributio	ons to organizations described in set through (e) and the following line en	ection 501(c)(7), (8), or (10) t try. For organizations			
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sc	HEDULE D	Supplementa				OMB No. 1545-0047
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d,			2022
	ment of the Treasury I Revenue Service	م Go to www.irs.gov/Form99	Attach to Form 990. IO for instructions an	d the latest information.		Open to Public Inspection
-	e of the organizat				Emp	oloyer identification number
	-	AID TO ADOPTION OF SPECIAL				86-0611935
Pa	tl Organiz	ations Maintaining Donor Advise	d Funds or Othe	r Similar Funds or A	ccour	Its. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	ne 6.			
			(a) Donor ad	vised funds	(b) Fun	ds and other accounts
1	Total number at e	nd of year				
2	Aggregate value of	of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	on inform all donors and donor advisors in	-			
-		on's property, subject to the organization's				Yes No
6	0	on inform all grantees, donors, and donor a	0	0	,	
		poses and not for the benefit of the donor o			•	
Pa	impermissible priv	vate benefit? vation Easements. Complete if the or				
1		servation easements held by the organizati			/, III le 7.	
		n of land for public use (for example, recrea		Preservation of a his	torically	important land area
		of natural habitat		Preservation of a cer	-	
		n of open space			uneu m	
2		a through 2d if the organization held a quali	fied conservation con	tribution in the form of a c	onserva	tion easement on the last
	day of the tax yea					Held at the End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage rest				2b	
с	Number of conser	rvation easements on a certified historic str	ucture included in (a)		2c	
d	Number of conser	rvation easements included in (c) acquired a	after July 25,2006, an	d not on a		
	historic structure	listed in the National Register			2d	
3	Number of conser	rvation easements modified, transferred, rel	leased, extinguished,	or terminated by the organ	nization	during the tax
	year					
4		where property subject to conservation eas	-			
5		ation have a written policy regarding the per				
~	,	forcement of the conservation easements it		and onforcing concorret		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	nandling of violations	s, and enforcing conservati	on ease	ements during the year
7	Amount of oxpon	 ses incurred in monitoring, inspecting, hand	lling of violations, and	l onforcing concervation of		te during the year
'	Amount of expent	ses incurred in monitoring, inspecting, nanc	ang of violations, and	a emotering conservation ea	136111611	is during the year
8	Does each conse	 rvation easement reported on line 2(d) abov	e satisfy the requiren	nents of section 170(h)(4)(E	3)(i)	
	and section 170(h					Yes No
9	-	be how the organization reports conservati				
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization	on's financial statements th	nat desc	ribes the
		counting for conservation easements.				
Pa	t III Organiz	ations Maintaining Collections of	f Art, Historical 1	Freasures, or Other	Simila	r Assets.
	Complete	if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	n elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and ba	lance sł	neet works
	of art, historical tr	easures, or other similar assets held for put	olic exhibition, educat	tion, or research in furthera	ince of p	oublic
	· •	n Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	c exhibition, education	n, or research in furtheranc	e of pul	olic service,
		ving amounts relating to these items:				^
		uded on Form 990, Part VIII, line 1				ቅ
0	.,			ar acceto for financial acin		\$
2	-	n received or held works of art, historical tre			provide	;
а	° °	ounts required to be reported under FASB A	•			\$
u						T

	cluded on Form 990, Part VIII, line 1	
I. Assets Santa		

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

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-		TION OF SPECIAL					86-061		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, o	r Othe	er Simila	r Assets	s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	t make s	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progr	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further	the organizatio	on's exe	mpt purpa	ose in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		ine in the englishment				o, . u ,			
1a	Is the organization an agent, trustee, custodia		ary for contributio	ns or other as	sets not	included				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						∟		L	
U.			owing table.					Amoun	+	
-	Designing belonce					10		74110411		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo					• • • • • •	L	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
1 41		(a) Current year	(b) Prior year	(c) Two yea		1	years back	(e) Fou	r veare	hack
4.	Design in a fear whether a	15,065.	15,061		5,060.		15,056.	(e) i ou	,	052.
	Beginning of year balance	15,005.	15,001	• 1	5,000.		15,050.		15,	052.
	Contributions	20			1					
	Net investment earnings, gains, and losses	28.	4	•	1.		4.			4.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	15,093.	15,065	• 1	5,061.		15,060.		15,	056.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
	Board designated or quasi-endowment		_%							
b	Permanent endowment 100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held a	and administe	red for tl	he		i		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R'	?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a.	See Form 990), Part X	, line 10.				
	Description of property	(a) Cost or ot basis (investm		st or other s (other)		Accumulat epreciatior		(d) Boo	k valu	е
1a	Land		,	. /						
	Buildings			3,531,001.		1,477	403.	2	,053,	598.
	Leasehold improvements			970,889.			,180.		237,	
	Equipment			549,486.			,512.			974.
	Other			,,,			,		. 1	
				10-1	I			2	,299	281
TUL	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>, column (B), line</u>	10C.)						

Schedule D (Form 990) 2022

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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes FUND LIABILITY 245,912 (2)(3) (4) (5) (6) (7)(8) (9) 245,912. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 AID TO ADOPTION OF SPECIAL KIDS/ARIZO			86-06119	935 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			10.004.000
1				1	10,204,282.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		216 626		
а	Net unrealized gains (losses) on investments		-216,626.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	, , , , , , , , , , , , , , , , , , , ,	2d			016 606
е	Add lines 2a through 2d			2e	-216,626.
3	Subtract line 2e from line 1			3	10,420,908.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			<u>,</u>
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	nonto With F		5	10,420,908.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		zpenses per H	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				0 500 520
1	Total expenses and losses per audited financial statements			1	8,722,739.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
с	Other losses				
d	, , , , , , , , , , , , , , , , , , , ,	2d			0
е	•			2e	0.
3	Subtract line 2e from line 1			3	8,722,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а					
b	Other (Describe in Part XIII.)	-			<u>,</u>
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,722,739.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			Part X, line	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional informa	tion.		
PAR'	Y, LINE 4:				
THE	INTEREST AND DIVIDEND EARNINGS OF THE ENDOWMENT FUND ARE TO	BE USED TO			
SUPI	PORT SERVICES FOR FAMILIES OF ADOPTED CHILDREN WITH SPECIAL N	EEDS.			
PAR'	YX, LINE 2:				
		(2) 07			
AASI	QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)	(3) OF THE			
TNTT	RNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THERE IS NO	PROVISION			
	MALL ALVENDE CODE (THE CODE / AND, ACCONDINGED, THERE IS NO	INCUBION			

31

FOR INCOME TAXES. IN ADDITION, AASK QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

AASK-PHOENIX, AASK-CHANDLER, AND AASK-PEORIA ARE DISREGARDED ENTITIES FOR

TAX PURPOSES. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

("UBTI") WOULD BE TAXABLE.

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A

CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF

THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

AASK'S FEDERAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX (FORM 990)

FOR FISCAL YEAR 2020, 2021 AND 2022 ARE SUBJECT TO EXAMINATION BY THE IRS,

GENERALLY FOR THE THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2022

232055 09-01-22

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47	
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•	
Depa	tment of the Treasury	Attach to Form 990.	_	Open to			
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organization		Employer id		on nui	mber	
		AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-06	11935			
Pa		s Regarding Compensation				T	
	<u>.</u>		~~~		Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffer	ir, chei)				
h	If any of the boyce	on line 1a are checked, did the organization follow a written policy regarding payment or					
D	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2							
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onice						
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's					
U		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of					
		ation of the CEO/Executive Director, but explain in Part III.	01110				
	X Compensation						
		ompensation consultant X Compensation survey or study					
	·	ther organizations X Approval by the board or compensation of	ommittee				
			ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	•	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?				x	
c	·	eive payment from an equity-based compensation arrangement?				x	
•	•	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	j						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the re						
а	•			. 5a		x	
		ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the n	et earnings of:					
а	The organization?	-		. 6a		X	
	Any related organiz					X	
	If "Yes" on line 6a c	r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;				
		ies 5 and 6? If "Yes," describe in Part III		. 7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in					
	Regulations section		<u></u>	. 9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ıle J (Forn	n 990)) 2022	

232111 10-18-22

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) RON ADELSON	(i)	279,455.	0.	534.	1,751.	14,062.	295,802.	0
CHIEF EXECUTIVE OFFICER	(ii)	٥.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

. 2

to Public

on Form 990, Part IV, lines 29 or 30.	2022
990.	Open to Publ
ns and the latest information.	Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

		AID TO ADOPT	ION OF	' SPECIAL	KIDS/ARIZONA		86-0	61193	5	
Par	tl Ty	pes of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	•	s
1	Art - Works	s of art								
2		rical treasures								
3	Art - Fracti	onal interests								
4	Books and	publications								
5	Clothing a	nd household goods		X		44,923.	FAIR MARKET VALU	JE		
6	Cars and c	other vehicles								
7	Boats and	planes								
8	Intellectua									
9	Securities	- Publicly traded								
10	Securities	- Closely held stock								
11	Securities	- Partnership, LLC, or								
	trust intere	ests								
12	Securities	- Miscellaneous								
13	Qualified c Historic str	onservation contribution - ructures								
14	Qualified c	conservation contribution - O								
15	Real estate	e - Residential								
16	Real estate	e - Commercial								
17		e - Other								
18		s								
19		ntory		Х	1	660.	FAIR MARKET VALU	JE		
20		medical supplies								
21										
22		artifacts								
23		specimens								
24		ical artifacts								
25	Other	(SOLAR PANELS &)	Х	1	135,000.	FAIR MARKET VALU	JE		
26	Other	(OTHER)	X	1	20,424.	FAIR MARKET VALU	JE		
27	Other (()							
28	Other ()							
29	Number of	Forms 8283 received by the	e organiz	zation during	g the tax year for co	ontributions				
	for which t	he organization completed F	Form 828	83, Part V, D	onee Acknowledg	ement				
									Yes	No
30a	During the	year, did the organization re	eceive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
		for at least 3 years from the								
	exempt pu	rposes for the entire holding	period?	?				30a		X
b	If "Yes," de	escribe the arrangement in F	Part II.							
31	Does the c	organization have a gift acce	ptance p	policy that re	quires the review o	of any nonstandard contribu	tions?	31	х	
32a	Does the c	organization hire or use third	parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributio	ons?						32a		X
b	If "Yes." de	escribe in Part II.								

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

232142 09-09-22	Sc	chedule M (Form 990) 2022

86-0611935

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 86-0611935

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

MARICOPA AND PINAL COUNTIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MENTORING AND SIBLING PROGRAMS: COMMUNITY FUNDED INITIATIVES PROVIDES

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

SUPPORT TO POPULATIONS THAT EXTEND THE BOUNDARIES OF FOSTER CARE AND

ADOPTON: 1) WENDY'S WONDERFUL KIDS PROGRAM RECRUITS FAMILIES FOR

CHILDREN IN CARE WHO ARE CONSIDERED "TOUGHER TO PLACE." 2) THE

MENTORING PROGRAM FOCUSES ON TWO POPULATIONS: YOUTH (AGES 12 TO 18)

LIVING IN CONGREGATE CARE AND OLDER YOUTH AGING OUT OF THE FOSTER CARE

SYSTEM (18 TO 21 YEARS OLD). 3) THE SIBLING PROGRAM REUNITES SIBLINGS

SEPARATED BY FOSTER CARE AT CAMPS AND EVENTS. 4) ARIZONA FAMILY

RESOURCES ASSISTS KINSHIP FAMILIES TO FIND RESOURCES NEEDED TO SUPPORT

KINSHIP CHILDREN IN FOSTER CARE.

EXPENSES \$ 206,414. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER FINANCE

COMMITTEE AND MANAGEMENT REVIEW OF THE FORM 990, IT WILL BE DISTRIBUTED TO

ALL BOARD MEMBERS IT IS THEN FILED WITH THE INTERNAL REVENUE SERVICE.

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

MEMBERS OF THE AASK BOARD OF DIRECTORS, WHO AS INDIVIDUAL CONTRACTORS OR

PART OF A BUSINESS OR PROFESSIONAL FIRM WHICH IS INVOLVED IN BUSINESS

TRANSACTIONS OR CURRENT PROFESSIONAL SERVICES OF THE AGENCY, OR WHO HAVE A

DIRECT OR INDIRECT INTEREST (INCLUDING THROUGH A FAMILY MEMBER) IN ANY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

12070415 143399 177510

38

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935
ENTITY INVOLVED IN BUSINESS TRANSACTIONS OR CURRENT PROFESSIONAL SERVICES	
OF THE AGENCY, MUST DISCLOSE THIS RELATIONSHIP AND ALL MATERIAL FACTS	
RELATED THERETO TO THE BOARD OF DIRECTORS AND NOT PARTICIPATE IN ANY VOTE	
TAKEN REGARDING SUCH TRANSACTIONS OR SERVICES AND SHALL RECUSE HIMSELF OR	
HERSELF FROM ANY DISCUSSIONS OR DELIBERATIONS REGARDING THE SAME AT THE	
REQUEST OF EITHER THE CHAIR OF THE BOARD OR THE BOARD OF DIRECTORS. BOARD	
OF DIRECTORS REVIEW ANNUALLY CONFLICT OF INTEREST DISCLOSURES SUBMITTED BY	
BOARD MEMBERS. MANAGEMENT REVIEWS ANNUALLY CONFLICT OF INTEREST DISCLOSURES	
SUBMITTED BY STAFF.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS DOES AN ANNUAL REVIEW	
OF SALARIES OF OTHER NOT-FOR-PROFITS IN THE AREA AND USES THIS INFORMATION	
TO SET COMPENSATION AND COMPENSATION RANGES FOR THE CEO. THE DATE OF THE	
LAST REVIEW WAS SEPTEMBER 2021.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS, CONFLICT	
OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON	
REQUEST.	

232212 10-28-22

Schedule O (Form 990) 2022 39 2022.05080 AID TO ADOPTION OF SPECIA 177510_1

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

86-0611935

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

Name of the organization

Department of the Treasury Internal Revenue Service

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AASK PHOENIX PROPERTY LLC - 86-0611935					
2320 N. 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	44,635.	306,415.	AASK
AASK PEORIA PROPERTY LLC - 86-0611935					
2320 N. 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	78,165.	1,240,516.	AASK
AASK CHANDLER PROPERTY LLC - 86-0611935					
2320 N. 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	13,238.	690,258.	AASK

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or Exempt Code		(e) Public charity status (if section 501(c)(3))	blic charity Direct controlling s (if section entity		
						Yes	No

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
]										
	1										
	1										
											+
	1										
	1										
	1										
	1		l	l							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	
									<u> </u>
									<u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
			Tes	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		<u> </u>
	Gift, grant, or capital contribution to related organization(s)	1b		<u> </u>
	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
	Exchange of assets with related organization(s)	1i		
	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
_(5)			
_(6)			

Schedule R (Form 990) 2022 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(f Dispr tior alloca Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022

Schedule R		ION OF SPECIAL	KIDS/ARIZONA		86-0611935	Page 5
Part VII	Supplemental Information Provide additional information for responses	to questions on Sc	hodulo P. Soo instruc	tions		
		s to questions on Sc	nedule n. See instruc	uons.		
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