** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

ax year beginning JUL 1 2018 and ending JUN 30 2011

Open to Public Inspection

	רטו גוו	e 20 to calendar year, or tax year beginning u	on i, zoro and	enaing u	UN 30,	4019			
В	Check if applicab	C Name of organization			D Emp	oloyer ide	ntifica	tion number	
	Addre	ge ALD TO ADOPTION OF SPECIAL KIDS/A	ARIZONA						
	Name chan	p Doing business as			1.	8	6-061	1935	
	Initial return	Number and street (or P.U. box if mail is not de	livered to street address)	Room/suite	E Tele	phone nu	mber	· · · · ·	
	□Final returr	2320 N. 20TH ST.				(60	2) 25	54-2275	
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross	receipts \$		24,138,054.	
	Amer return	PHOENIX, AZ 85006			H(a) Is	this a gro	up retu	ırn	
	Appli tion	F Name and address of principal officer: ΔΟΜ -	ADELSON		fo	r subordir	ates?	Yes X No	
	pendi	ng 2320 N. 20TH ST, PHOENIX, AZ 8500	6					ided? Yes No	
1	Tax-ex	empt status: X 501(c)(3) 501(c) (✓ (insert no.) 4947(a)(1)	or 527				t. (see instructions)	
J	Websi	te: WWW.AASK-AZ.ORG			H(c) G	гоир ехеп	nption i	number 🕨	
K	orm o	f organization: X Corporation Trust A	ssociation Other >	L Year	of formati	on: 1988	М 3	State of legal domicile: AZ	
Pa	art I	Summary							
4	1	Briefly describe the organization's mission or most	significant activities: TO BUI	LD AND ST	RENGTH	EN FAMI	LIES		
Activities & Governance		FOR THE CHILDREN IN ARIZONA'S FOSTER	CARE SYSTEM (PRIMARILY	IN					
Пa	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 259	% of its ne	t asset	S.	
š	3	Number of voting members of the governing body	(Part VI, line 1a)				3	3	
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)				4	3	
જ	5	Total number of individuals employed in calendary					5	286	
ŧ	6	Total number of volunteers (estimate if necessary)					6	1568	
Ę	7a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		,		7a	0.	
_<	b	Net unrelated business taxable income from Form	990-T, line 38				7b	0.	
						r Year		Current Year	
d)	8	Contributions and grants (Part VIII, line 1h)				2,081,2	57.	1,909,778.	
Revenue	9	Program service revenue (Part VIII, line 2g)	***************************************			8,928,8	73,	8,405,910.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4,	, and 7d)			196,1	29.	291,187.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			55,9	96.	-1,215.	
	12	Total revenue - add lines 8 through 11 (must equal		11,262,255.			10,605,660.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.			0,	
	14	·	nefits paid to or for members (Part IX, column (A), line 4)						
Ø	15	Salaries, other compensation, employee benefits (F				6,288,4	80.	5,893,005.	
Se	16a	Professional fundraising fees (Part IX, column (A), I					0.	0.	
Expenses	ь	Total fundraising expenses (Part IX, column (D), line		657.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d,				2,780,5	95.	2,725,005.	
	18	Total expenses. Add lines 13-17 (must equal Part II				9,069,0	75.	8,618,010.	
	19	Revenue less expenses, Subtract line 18 from line				2,193,1	80.	1,987,650.	
S Or				Be	ginning o	f Current Y	еаг	End of Year	
sets	20	Total assets (Part X, line 16)			2	3,498,0	37.	25,645,439.	
ASS	20 21 22	Total liabilities (Part X, line 26)				721,3	75.	770,188.	
		Net assets or fund balances. Subtract line 21 from	line 20		2	2,776,6	62,	24,875,251.	
Рε	irt II	Signature Block							
Und	er pena	itties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and t	o the best	of my ki	nowledge and belief, it is	
true,	corre	t, and complete. Declaration of preparer (other than office	er) is based on all information of wi	nich preparer	has any k	nowledge.	·	***	
							<u> </u>)	
Sigi	n	Signature of officer				Date			
Here RON ADELSON, CEO									
		Type or print name and title	<u> </u>						
		Print/Type preparer's name	Preparer's signature	1	Date 3/13/20	Che	ck	PTIN	
Paid		MY A. O'LOUGHLIN) self	employed	₽00869687	
	агег	Firm's name DBIZ MHM, LLC				Firm's Ell		34-1884125	
Use	Only	Firm's address 4722 N 24TH ST, STE 300						•	
		PHOENIX, AZ 85016				Phone no	602-2	864-6835	
May	the II	RS discuss this return with the preparer shown about	ve? (see instructions)					X Ves No	

Form	1990 (2018) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935	Page 2
Pa	Statement of Program Service Accomplishments		
9000	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).	· · · · · · · · · · · · · · · · · · ·	
	CARE SISIEM (FRIMARIE IN MARICOLA AND FINAL COUNTED).		
2	Did the organization undertake any significant program services during the year which were not listed on the		T. (=1
	prior Form 990 or 990-EZ?	L	Yes 🗓 No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	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 services, as m	easured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expen	ses, and
	revenue, if any, for each program service reported.	·	
4a	(Code:) (Expenses \$ 3 , 426 , 376 . including grants of \$) (Revenue	\$	3,377,749.)
Ta	REGULAR ADOPTION AND FOSTER CARE IDENTIFIES, RECRUITS, AND TRAINS	<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.		
4b	(Code:) (Expenses \$	\$	2,847,964.
710	FAMILY SUPPORT SERVICES (HOME COMMUNITY BASED SERVICES) IDENTIFIES	¥	
	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.		· · · · · · · · · · · · · · · · · · ·
			·
4c	(Code:) (Expenses \$ 1,660,767. including grants of \$) (Revenue	\$	2,180,197.)
40	SPECIALIZED FOSTER CARE IDENTIFIES FOSTER FAMILIES FOR CHILDREN/ADULTS	·	
	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.		
			_
ا. ۾	Other program cominger (Departure in School de C.)		-
40	Other program services (Describe in Schedule O.)		
	(Expenses \$ 329,764. including grants of \$) (Revenue \$ Total program service expenses > 7,503,005.		
<u>4e</u>	Total program service expenses ► 7,503,005.		000 // 22
		+	orm 990 (2018)

Form 990 (2018) AID TO ADOPTION OF Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
O		_		
9	Schedule D, Part III	8_		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		.
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9_		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	,,	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	10	41	
	as applicable.			
a	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	Ha		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		х
¢	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		х
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	- 1,5	-	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			47
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
11	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
		₄₀	x	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	*	
		4.	Į	x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u> </u>
b	If IVanil to line 200 did the experiently attack a service it. If I I I I I I I I I I I I I I I I I I	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	2.7. Troop Complete Conseque, Paris Land II manufacturation		~~	

	Oncokinst of Hodaired Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			110
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
	complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
	of any of these persons? If "Yes," complete Schedule L, Part III		25-0-20	
28				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	200000000000000000000000000000000000000	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
G	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	İ		
	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			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36	 	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3/	<u> </u>	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	ļ
e DA	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	, 50	·	
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Citotal Collowid College Care Care Care Care Care Care Care Car		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	and the		
CI C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	х	
83200	4 12-31-18	Form	990	(2018)

28 Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 29 28 Note, if the sum of fines 1s and 2s is greater than 250, you may be required to ending they ever? Note, if the sum of fines 1s and 2s is greater than 250, you may be required to ending the year? 30 Did the organization nave unrelated business gross incrone of \$1,000 or more during the year? 30 Did the organization from the sum of the year? If they year? 31 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a rinancial account in a foreign country (such as a bank account, securities account, or other financial account)? 32 At any time during the calendar year. 33 At any time during the calendar year. 34 At any time during the calendar year. 35 If "Yes," interest the name of the foreign country, [such as a subria account, societies account, or other financial accounts in a foreign country, (such as a subria account). 35 Was the organizations of rifting requirements for FincENT Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 36 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 37 Bid of the year of the organization fact it was or is a party to a prohibited as whether transaction? 38 Did any contributions that were not tax doductible as charitatele contributions are contributions or gifts were not tax doductible? 38 Did the organization bridge with every solicitation an express statement that such contributions or gifts were not tax doductible? 39 If "Yes," did the organization bridge with every solicitation and express statement that such contributions or gifts were not tax doductible. 39 If "Yes," did the organization bridge with every solicitation and express statement that such contributions or gifts were not tax doductible? 30 Did the organization selected bridge, or therewise dis		
filed for the calendary are anding with or within the year covered by this return 2 Note, if the sum of lines 1 and 2a is greater than 250, you may be required to de-rife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A Larry time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly feur than 3 bank account, a certification in Schedule 0 3b H*Yes, *enter the rame of the foreign country; Who to line 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 5a Was the organization a party to a prohibited trus shelter trunsaction at any time during the tax year? 5a Did any taxable party notify the organization flore The SEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax doductibles of Enn 88887? 5b If Yes, *I did the organization that were year and achieves the standard contributions? 5c Organizations that may receive deductible contributions under section 170(c). 5c Organizations that may receive deductible contributions under section 170(c). 5c Organizations and the approach of the value of the goods or services provided? 7c Organizations and the approach of the value of the goods or services provided? 7c Organizations and the approach of the value of the goods or services provided? 7c Organization and the approach of the value of the goods or services provided? 7c Organization and the approach of the value of the goods or services provided? 8c Did the organization has a contrib	Yes	No
b If at least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines at and 2s is greater than 250, you may be required to e-fig. 6ee instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, "hes it filed a Form 990-T for this year? if "No" to fine 3b, provide an explanation in Schedule 0 3b. If Yes, "hes it filed a Form 990-T for this year? if "No" to fine 3b, provide an explanation in Schedule 0 3c. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? which is the filed a Form 990-T for this year? if "No" to fine 3b, provide an explanation, or did not a financial Account? 4a 4a At any time during the calendar year, did the organization have interest in, or a dispatch or the relation of the filed organization file for ENF form 114, Report of Foreign Bank and Financial Accounts (FBAR). See linstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See linstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing form filing form filing form filing form filing form f		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3	5.22.6	200
3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3b if 1"Yes," has filled a Form 950-Th or this year? if 1"No¹ to 100, 50, provide an explanation in Schedule O 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Section 90 3c If 1"Yes," enter the name of the foreign country Section 90 3c If 1"Yes," enter the name of the foreign country Section 90 3c Was the organization approximation 1 party to a prohibited tax shelter transaction at any time during the tax year? 3c Was the organization of the organization file Form 8886-17? 3c If 1"Yes," to line 5c or 5b, did the organization file Form 8886-17? 3d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax doductible as charitable contributions? 4d If 1"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible? 4d If 1"Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax doductible? 4d If 1"Yes," include the organization notity the donor of the value of the goods or services provided? 5d If 1"Yes," include the quantization of the value of the goods or services provided? 5d If 1"Yes," include the granization notity the donor of the value of the goods or services provided? 5d If 1"Yes," include the quantization file form 8882 filed during the year 5d If 1"Yes," include the granization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization in left of the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization in left of the organization has provided to the peops of granization have excess business holdings at any time during the year? 5d Gross in	X	
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				<u> </u>		Х		
Sec	tion A. Governing Body and Management								
			1		~>.com.um_j/%	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3	THE RESERVE OF THE PERSON OF T				
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				(1964) - see		
	officer, director, trustee, or key employee?				2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision						
-	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х		
5	- the second of								
6	Did the organization have members or stockholders?				6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
. ~	more members of the governing body?				7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
_	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by th	e following:						
а	The governing body?				8a	x	<u> </u>		
b	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 read								
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
	THIS COME A STATE OF THE STATE					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х		
b	and the second s								
					10b				
11a	and the second s	y befo	re filing the form?		11a	X	1'Y YAFAYA 0		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	makes the state of								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	Х			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe						
_	in Schedule O how this was done				12c	X			
13	Did the organization have a written whistleblower policy?				13_	X			
14	Did the organization have a written document retention and destruction policy?				14	X			
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	X			
	Other officers or key employees of the organization				15b		Х		
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a						
, 50	taxable entity during the year?				16a		х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n'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, an	id 990	T (Section 501(c)	(3)s	only) a	availat	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								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			and	financ	ial			
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ok s an	d records 🕨						
	VICKY BAYSHORE - 602-930-4459								
	15396 N 83RD AVENUE, PEORIA, AZ 85381								
					_	OOO	10040		

Form **990** (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n		orga T	niza			nper	sat		· · · · · · · · · · · · · · · · · · ·	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	(do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of	
	week (list any	-	Γ	Ι'''			Ι	from	from related	other
	hours for	Just		ĺ				the organization	organizations (W-2/1099-MISC)	compensation
	related	5 9	stee			Safe		(W-2/1099-MISC)	(W-2/1098-WIGC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		yee			(11 2) 1000 11100)		and related
	below	Idual	ution	 	eg e	oyee oyee	ا ا			organizations
	line)	İndivi	Instit	Officer	Key emptoyee	Highest compensated employee	Former			019411124110110
(1) RITA MEISER	5.00									
BOARD CHAIR		x		х				0.	0.	0.
(2) TIMOTHY KAEHR	5.00					Π				
TREASURER		х		х		<u>. </u>		0.	0.	0.
(3) DENNIS GENGE	5,00									
SECRETARY		x		х				0.	0.	0.
(4) KATHLEEN FOSTER	5.00	-								
VICE CHAIR (LEFT 3/19)		x ,				İ		0.	0.	0.
(5) JULIE CHASE	5,00									
BOARD CHAIR (LEFT 3/19)		х				ı		0.	0.	0.
(6) PATRICK CLISHAM	5.00									
DIRECTOR (LEFT 3/19)		X.						0,	0.	0.
(7) RON ADELSON	40,00									
CHIEF EXECUTIVE OFFICER				x				262,893.	0.	7,358.
(8) VICKY BAYSHORE	40,00									
CHIEF FINANCIAL OFFICER				х		li		98,057,	0.	6,741.
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832007 12-31-18

Form 990 (2018)

Part VII Section A. Officers, Directors, Trus	tees. Kev Emr	olov	ees.	and	Hic	ghes	st C	ompensated Employee	s (continued)			
(A)	(B) (C)				(D)	(E)		(1	=)			
Name and title	Average Position							Reportable Reportabl			Estin	nated
(Marile and age	hours per	hours per (do not check more than one box, unless person is both an officer and a director/trustee)						compensation	compensatio	n	amol	ınt of
	week	week officer					tee)	from	from related			ner
	(list any	etor						the	organizations		compe	
	hours for	r dire				亞		organization	(W-2/1099-MIS	(O)	from	
	related	age :	ruste			eusa		(W-2/1099-MISC)	•		_	zation
	organizations	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee						elated
	below (ine)	Nida	titutik	Officer	emp/	Pest Pey	Jam				organii	zations
	ti ie)	프	l su	<u> 10</u>	<u>ş</u>	差言	ヱ					
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			İ									
							l .					
1b Sub-total							▶	360,950.		0.	: :	L4,099.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								360,950.		0.	:	L4,099.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;		
compensation from the organization												1
											Υ	es No
3 Did the organization list any former officer	director, or tru	ıste	e. ke	v en	olan	vee.	or l	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s											3	х
4 For any individual listed on line 1a, is the si												
and related organizations greater than \$15											4 3	ζ
5 Did any person listed on line 1a receive or										.,,		
rendered to the organization? If "Yes," con											5	х
Section B. Independent Contractors	ibiete Schedui	901	Or St	ICH I	Ders	<u>OU</u>						
	mnencated inc	lene	ındaı	nt co	notra	acto	rs th	nat received more than 9	100.000 of comp	ensa	tion from	
1 Complete this table for your five highest co the organization, Report compensation for										•	.,	
(A)	trie Caleridai y	Jan C	Jilan	19 17	1011	<u> </u>		(B)			(C)	
Name and business	address	NO	NE					Description of s	services	C	compens	ation
									-			
									ļ			
								-1		industrie.		
2 Total number of independent contractors (ot lir	mited	ı to			sted	above) who received m	ore man			
\$100,000 of compensation from the organ	zation 🕨					0					Farm 00	0 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (A) Revenue excluded from tax under sections 512 - 514 Total revenue Unrelated exempt function business révenue revenue 1 a Federated campaigns 302,620. Membership dues 1b c Fundraising events 53,245 10 d Related organizations 10,500. Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,543,413. similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ 27,329. 1,909,778 Total. Add lines 1a-1f B<u>usiness Code</u> GOVERNMENT CONTRACTS 624100 8,389,410 8,389,410 Program Service ADOPTION FEES 624100 16,500. 16,500. All other program service revenue 8,405,910. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 291,187. 291,187, Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 13,531,179 assets other than inventory b Less: cost or other basis 13,531,179 and sales expenses c Gain or (loss) d Net gain or (loss) 0 8 a Gross income from fundraising events (not Other Revenue including \$ 53,245. of contributions reported on line 1c). See Part IV, line 18 _____a 1,215 b Less: direct expenses b c Net income or (loss) from fundralsing events -1,215. -1,215 9 a Gross income from gaming activities. See Part IV, line 19 _____ a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total, Add lines 11a-11d Total revenue, See instructions 10,605,660, 8,405,910, 289,972.

Form 990 (2018)

AID TO ADOPTION OF

Part X Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
Do n	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				Annual Control of Cont
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	375,049.	331,141.	34,407.	9,501.
_	trustees, and key employees	373,023.	332,23		,
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B) Other salaries and wages	4,844,362.	4,284,377.	439,158.	120,827.
7	Pension plan accruals and contributions (include	, , ,			
8	section 401(k) and 403(b) employer contributions)	75,793.	63,888.	8,774.	3,131.
9	Other employee benefits	181,500.	154,042.	22,881.	4,577.
10	Payroll taxes	416,301.	370,305.	35,453.	10,543.
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·			
''a	Management				
b	Legal	,			
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch 0.)	117,766.	29,467.	88,299.	10.050
12	Advertising and promotion	55,393.	6,114.		49,279.
13	Office expenses	91,270.	52,761.	26,954.	11,555.
14	Information technology	57,041.	50,502.	4,389.	2,150.
15	Royalties		156 051	22 591	9,094.
16	Occupancy	203,616.	171,951.	22,571.	1,995.
17	Travel	141,993.	137,552.	2,446.	1,000.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	64 000	57,317.	1,960.	4,723.
19	Conferences, conventions, and meetings	64,000.	31,311,	1,700.	3,,201
20	Interest				
21	Payments to affiliates	154,297.	130,188.	17,186.	6,923.
22	Depreciation, depletion, and amortization	114,713.	102.	114,611.	
23	Insurance Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line [
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FAMILY RELATED SERVICES	1,559,499.	1,551,140.		8,359.
b	BAD DEBTS	91,838.	91,838.		
c	PRINTING AND COPYING	18,827.	16,428.	549.	1,850.
d	POSTAGE AND SHIPPING	5,001.	2,775.	1,293.	933.
· e	All other expenses	49,751.	1,117.	21,417.	27,217.
25	Total functional expenses. Add lines 1 through 24e	8,618,010.	7,503,005.	842,348.	272,657.
26	Joint costs. Complete this line only if the organization	_			
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	- 000 (no.(a)

Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 64,121. 34,892. 1 2 Savings and temporary cash investments 14,198,189. 4,789,217. Piedges and grants receivable, net 3 261,202. 239,700. 3 Accounts receivable, net 1 604 564 1,218,319. Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 63 227 25,060. 9 10a Land, buildings, and equipment: cost or other 4,760,477, basis, Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 2 142 261. 2,772,513. 10c 2,618,216. Investments - publicly traded securities 4,534,221. 11 11 16,720,035. Investments - other securities, See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 23,498,037. Total assets. Add lines 1 through 15 (must equal line 34) 16 25,645,439. Accounts payable and accrued expenses _____ 17 649,375. 17 595,960, Grants payable 18 18 19 Deferred revenue 114,228. 19 Tax-exempt bond ilabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 72,000. 60,000. 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 721,375 Total liabilities. Add lines 17 through 25 770,188. 26

> 25,645,439. Form 990 (2018)

24 875 251.

24,595,551.

269,700.

10,000.

Net Assets or Fund Balances

31

32

33

Organizations that follow SFAS 117 (ASC 958), check here \(\times \) and

Unrestricted net assets

Temporarily restricted net assets

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

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

complete lines 27 through 29, and lines 33 and 34.

Permanently restricted net assets

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

22,475,460,

22,776,662.

23,498,037.

291,202

10,000,

28

29

30

31

32

33

34

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a

Form 990 (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 86-0611935 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ina document? organization (described on lines 1-10) support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 86-061193

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

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

Sec	tion A. Public Support				1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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								
	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a		10 mm 10 mm 12 mm						
	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.			the second secon	Application of the second of t	point of the second sec			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	(4) 2511	(3) = 5 : 5						
8	Gross income from interest,								
	dividends, payments received on		· ·						
	securities loans, rents, royalties,								
	and income from similar sources				l				
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	ĺ	İ						
	assets (Explain in Part VI.)					The regulation is a to proceed the control of the regulation of th			
11	Total support. Add lines 7 through 10			The second secon					
12	Gross receipts from related activities,	, etc. (see instruction	ons)	***************************************		12			
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3)	, —		
_	organization, check this box and sto	o here							
	ction C. Computation of Publi					1241	9/		
	Public support percentage for 2018 (14	<u>%</u>		
15	Public support percentage from 2017	Schedule A, Part	II, line 14		. 1 4 to 22 1/20/ or m	15			
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	on Ime 13, and line	14 18 33 1/3% 01 11	iore, crieck tris box	\ \		
	stop here. The organization qualifies 33 1/3% support test - 2017. If the	as a publicly supp	orted organization	lino 12 or 160 on	d line 15 is 33 1/3%	or more check thi	s hox		
k	and stop here. The organization qua	organization did re	of cueck a pox ou	nne is or ioa, ari	u III IO 15 18 00 17076	or more, encor un	▶□		
	and stop nere. The organization qua 1 10% -facts-and-circumstances test	ines as a publicity	supported organization did not	check a boy on lin	ne 13 16a or 16b :	and line 14 is 10% (or more.		
178	1 10% -tacts-and-circumstances test	i - Zu io. II lile org	ganization did not loog" tost ichook fi	his hox and ston	here. Explain in Pa	art VI how the organ	nization		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
	meets the "racts-and-circumstances" 10% -facts-and-circumstances test	. 1031, THE OFGANIZA 1 - 2017 - If the ow	mon quannos as a ranization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is 1	10% or		
k	nore, and if the organization meets to	he "facts and circu	imstances" test c	heck this box and	stop here. Explai	n in Part VI how the)		
	organization meets the "facts-and-circ						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
40		on did not check a	box on line 13, 16	Sa. 16b. 17a. or 17	b, check this box a	and see instructions			
<u>18</u>	Filvate (outlinguol), it the organizate	21 dia not oncor a			Sch	edule A (Form 990	or 990-EZ) 2018		

Schedule A (Form 990 or 990-EZ) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 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.)

Se	ction A. Public Support			*****	****		
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		1		(4) 342 11	10/2010	
	membership fees received. (Do not						
	include any "unusual grants.")	1,096,995.	1,247,965.	1,707,502.	2,081,257.	1,909,778.	8,043,497.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization's tax-exempt purpose	8,592,536.	9,333,881,	9,096,978.	8,928,873.	8,405,910.	44,358,178.
3	Gross receipts from activities that are not an unrelated trade or bus-		İ				
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			:			
5	The value of services or facilities						
Ţ	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	9,689,531.	10,581,846.	10,804,480.	11,010,130.	10,315,688.	52,401,675.
7 <i>a</i>	Amounts included on lines 1, 2, and						······
	3 received from disqualified persons			24,285.	4,760.	4,610.	33,655.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b			24,285.	4,760.	4,610.	33,655.
	Public support. (Subtract line 7c from line 6.)						52,368,020.
Sec	tion B. Total Support	1 to 7 to 7 to 7 to 7 to 7 to 7 to 7 to					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	9,689,531.	10,581,846.	10,804,480.	11,010,130.	10,315,688.	52,401,675.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53,924.	73,908.	109,597.	196,129.	291,187.	724,745.
b	Unrelated business taxable income				<u></u> -		,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	53,924.	73,908.	109,597.	196,129.	291,187,	724,745.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					231,107,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12	Other income, Do not include gain or loss from the sale of capital	16.	512.		55,996.		56,524.
13	assets (Explain in Part VI.)	9,743,471.	10,656,266.	10,914,077,	11,262,255,	10,606,875.	53,182,944.
	First five years. If the Form 990 is for						
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Sec	tion C. Computation of Public	Support Per	centage				
15	Public support percentage for 2018 (li	ne 8, column (f). di	vided by line 13. co	olumn (f))		15	98.47 %
16	Public support percentage from 2017	Schedule A, Part I	II, line 15			16	98.86 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	ın (f), divided by lin	e 13, column (f))		17	1.36 %
	Investment income percentage from 2		South III Days 479			18	.93 %
	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box an						→ X
	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, chec						▶ □
	Private foundation. If the organization						
	3 10-11-18					dule A (Form 990	or 990 E7) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Old 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

### Supporting Organizations (continued) 11 Has the organization accepted a git or continuation from any of the following persone? A person with directly or influency contribution from any of the following persone? A person with directly or influency contribution from any of the following persone? A person with directly or influency contribution from any of the following persone described in (b) and (c) below, the governing body of a supported organization? 10 A facility intermed of a person described in (b) or (b) above? 11			5-0611935	P	age 5
11 Hes the organization accepted a gift or contribution from any of the following persons? A person who directly or inflexity contribs, either sclence or together with persons described in (b) and (c) below, the governing body of a supported organization? 1 A family member or a person described in (a) bubor? 2 A 3% controlled entity of a parson described in (b) or (b) above? 3 A 5% controlled entity of a parson described in (b) or (b) above? 4 The section B. Type I Supporting Organizations 1 Did the disclores, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of election or trustees at all times during the tay year? (**No.** describe in Part VI now the supported organizations discribe in Part VI now the supported organizations discribe in the supported organization of the experiment of the experiment of comments of the supported organization of the supported organization and what conditions or existed organization and provers during the tay year. 2 Did the organization specific or the benefit of any supported organization of the first the supported organization and what conditions or existed out the purposes of the supported organization of the first the supported organization of the first the supported organization of the first the supported organization of the first the supported organization of the first the supported organization of the first the supported organization of the first the supported organization of the supported organization of the supported organization of the supported organization of the first the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization of the organization of the organization of the organiza	Pa	rt IV Supporting Organizations (continued)	•		
a A person who directly or indirectly controls, either alone or together with personal described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (p) above? c. A 39% controlled entity of a person described in (p) or by above? c. A 39% controlled entity of a person described in (b) or by above? 1 Did the directors, trustees, or memberable of one or more supported organizations have the power to requisity appoint or elect at least a majority of the arganizations's directors or trustees at all times during the tax year? If "h", describe in Part VI how the supported organization, describe how the powers to appoint and/or remove directions or prescribed in the organization and who conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the directors are directly or the supported organization, describe how the powers to appoint and/or remove directlors or trustees are allocated among the supported organization, describe how the powers to appoint and/or remove directlors or trustees are allocated among the supported organization, describe how the powers to appoint and/or remove directlors or trustees are allocated and supported organization, describe how the powers to appoint and/or remove directlors or trustees are allocated and supported organization, describe how the powers to appoint and/or remove directlors or the supported organization of "Yes," explain in Part VI now provincing out-benefic carried out the purposes of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization is directors or trustees during the supported organization organization organization organization organizatio				Yes	No
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b A family member of a person described in fig at blowe? A 39% controlled entity of a reson described in fig of this above? **Yes** fig. a. b. or c., provide detail in Part VI. Section B. Type I Supporting Organizations 1 Old the directors, truevee, or membership of one or more supported organizations have the power to requisity appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year if hy, c. describe in Part VI how the supported organization's directors or trustees at all times during the tax year if hy, c. describe in Part VI how the supported organization star more than one supported organization, describe how the powers to appoint and/or memore directors or trustees ever a ellocated among the supported organization organization, describe how the powers to appoint and/or memore directors or trustees ever all ellocated among the supported organization	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
e. c. A 59% combrolled entity of a person described in fill or (fil) above? If "Yes" to a. b. or e. provided cetal in Pert VI. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to requisitly appoint or effect at least a majority of the organization is effectively operated, supervised, or controlled the organization schilles, if the organization is described from the provers to appoint another more directors or trustees at all times during the caparization is achieved. If ye is a controlled the organization and more directors or trustees were allocated among the supported organization, describe how the powers to appoint another remove directors or trustees were allocated among the supported organization paratie for the benefit of any supported organization from the supported organization paratie for the benefit carried out the purposes of the supported organization (*1*Yes, "explain in Pert VI now providing such benefit carried out the purposes of the supported organization(b) if "Yes," explain in Pert VI now providing such benefit carried out the purposes of the supported organization provided to expose the supported organization in Pert VI now control or trustees of each of the organization's experience of such provided organizations. 1. Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization as supported organizations, by the last day of the filth month of the organization provide to each of its supported organization in a provided to each of its supported organization and in a provided provided in a supported organization and in the provided organization is supported organization and in the experiment of support provided during the prior tax year. (if a oxyl) of the Firm Both that we may be a supported organization and in the experiment of the organization is apported organization in the experiment of the organization		below, the governing body of a supported organization?	11a		and the page
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2

3

<u>4</u>

Schedule A	(Form	990	or 990	-EZ)	2018

Current Year

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

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Enter 85% of line 1

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Pal	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(fi)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	Professional Control of Control o		
2	Underdistributions, if any, for years prior to 2018 (reason-	The second secon		
	able cause required- explain in Part VI). See instructions.			
_ 3	Excess distributions carryover, if any, to 2018		The American American State of the Control of the C	
а	From 2013		A CONTRACTOR OF THE PROPERTY O	
b	From 2014			
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e	200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Applied to underdistributions of prior years		A contractive of the second se	
	Applied to 2018 distributable amount			
ì	Carryover from 2013 not applied (see instructions)		Control of the Contro	printed or annual representation of the second seco
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f,			
4	Distributions for 2018 from Section D.			A Proposed in
•	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount	personnel of the first process of the control of th		
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
v	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3i	No. of the control of		
,	- ,			
8	and 4c. Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
<u>e</u>	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

	AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935
Organization type (chec	k 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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule, See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo EZ, line 1. Complete Parts I and II.	, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the	cational purposes, or for the
year, contributio is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because in the contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (
	on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its it the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990 PF, Part I, line 2, to
HA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedul	e B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

AID	TO	ADOPTION	OF	SPECIAL	KIDS	/ARIZON

(a) No. Name, address, and ZIP + 4
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Person X Payroll Noncash (Complete Part II fo noncash contribution says 2 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification number AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 86-0611935 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person **Payroll** 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person **Payroll** 10,100. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person Payroll 15,555. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 11 Person Х Payroll 18,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 12 Х Person Payroll 5,000. Noncash

(Complete Part II for noncash contributions.) Name of organization

Employer identification number

AID	TO	ADOPTION	OF	SPECIAL	KIDS/ARIZONA

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
13		\$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
14		\$ 20,000.	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
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		\$43,634.	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		\$6,773.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll

Name of organization

Employer identification number

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

86-0611935

AID TO A	DOPTION OF SPECIAL KIDS/ARIZONA	8	6-0611935
Part	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
19		\$\$	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		\$\$	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
21		\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ď) Type of contribution
22		\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	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		\$\$	Person X Payroll

Name of organization

Employer identification number

ATD	ΦO	ADOPTION	OF	SPECTAL	KIDS	/ARTZONA

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
25		\$5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$53,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$111,038.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$6,750.	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
29		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$ ··	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
— ·			

Employer identification number

ATD	ጥ	ADOPTION	OF	SPECIAL	KIDS/ARIZO	M(

Part III	4	through (e) and th e follow i ng line ent naritable, etc., contributions of \$1,000 or l	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this Info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
:		(e) Transfer of gift	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}		(e) Transfer of gift	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	tt
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Employer identification number 86-0611935

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?	***************************************	Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located 🚩	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conser	vation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	······	Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
l Da	conservation easements.	Aut Historia I Transcrupe au Olle	N: 1 - 1 - 1
	TIII Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea	· · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under SFAS 11	,	
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

٥.	ATD TO ADOD	TION OF SPECIAL	. WIDG/ADIZONA			86-0	611935	-	age 2
	dule D (Form 990) 2018 AID TO ADOP			asures o	r Other				
3	Using the organization's acquisition, accession								
3	(check all that apply):	ni, and other records	s, offect any of the	ionowing tha	t are a argi	intoant asc of the	a concour	41110111	•
_	Public exhibition	d	Loan or evo	:hange progr	ame				
a		e e		inange progr					
b	Scholarly research	e	Other						
C	Preservation for future generations	llantions and avalate	have that further th	a araanizati	on'o overn	nt nurnaca in D	ort VIII		
4	Provide a description of the organization's co		•	_			art VIII.		
5	During the year, did the organization solicit or								٦ ٨, ٥
na.	to be sold to raise funds rather than to be ma						Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	•	te if the organizatio	n answered	"Yes" on I	orm 990, Part I	v, line 9, c	or 	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
	•	•					Amou	ınt	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year							• •	
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					v?	Yes		No
	If "Yes," explain the arrangement in Part XIII.							[
Par	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	rm 990, Part	: IV, line 10).			
		(a) Current year	(b) Prior year	(c) Two yea		d) Three years ba	ck (e) Fo	ur years	back_
1a	Beginning of year balance	15,052.	15,047.		5,042.	15,03	8.	15	033.
	Contributions	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
c	Net investment earnings, gains, and losses	4.	5.		5,		4.		5.
4	Grants or scholarships								
-	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
-	End of year balance	15,056.	15,052.	1	5,047.	15,04	2.	15	038.
g	Provide the estimated percentage of the curre	<u></u>		•	7		1		
2	Board designated or guasi-endowment		%	n Hold do.					
a	Permanent endowment	%							
	Temporarily restricted endowment								
С	The percentages on lines 2a, 2b, and 2c shou								
9-	Are there endowment funds not in the posses		tion that are held ar	nd administa	rad for the	organization			
Sa		ssion of the organiza	ion mai are neio ar	ia administr	ed for the	Organization		Yes	No
	by:						3a(i		x
	(i) unrelated organizations							T	X
								4	 -
b	If "Yes" on line 3a(ii), are the related organizat						<u>เ จม</u>		
4 Da:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		vment funds.						
Fdl			Dort IV line 11e C	as Form One	Dart V II	ne 10			
	Complete if the organization answered						Ich D-	ok vet	
	Description of property	(a) Cost or ot basis (investm		or other (other)		cumulated reciation	(a) BC	ok valu	ı
	11	- ' '	maja nasia	(Ott 101)	чер	COLLECT	-		
	Land		2	,531,000.		1,006,602.		2,524,	398
	Buildings		3	706 163,		627 982			181.

Schedule D (Form 990) 2018

15,637.

2,618,216,

507,677.

523,314.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990. Part IV	line 11b. See Form 99	0. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
(1) Financial derivatives				· · · · · · · · · · · · · · · · · · ·
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				-,,-,-
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Complete if the organization answered "Yes" o (a) Description of Investment	n Form 990, Part IV, (b) Book value			
	(b) book value	(c) Method o	n valuation; Cost or e	nd-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.) ▶		200 - 100 -		
Part IX Other Assets. Complete if the organization answered "Yes" or	n Form 990. Part IV.	line 11d. See Form 99	0. Part X. line 15.	
	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.				>
Complete if the organization answered "Yes" or	n Form 990, Part IV,		orm 990, Part X, line 2	5.
(a) Description of liability		(b) Book value		
(1) Federal income taxes			The state of the s	
(2)				
(3)				
				And political for a sense best in terms and the sense best of the sense of the sens
(5)				
(6)				
(7)			The second secon	
(8)			The first part of the control of the	
(9)				
'otal. (Column (b) must equal Form 990. Part X. col. (B) line 2	25.)			

832053 10-29-18

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA			86-061	1935 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	its With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · · · ·	
1	Total revenue, gains, and other support per audited financial statements		***************************************	1	10,716,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		110,939.		
b	Donated services and use of facilities			Control of the contro	
c	Recoveries of prior year grants	1 1			
đ	Other (Describe in Part XIII.)				110,939.
	Add lines 2a through 2d			2e	10,605,660.
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	10,000,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا مه ا			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4-	0.
c	Add lines 4a and 4b Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			4c	10,605,660.
Par	TXII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			T . T	0 (10 010
1	Total expenses and losses per audited financial statements			1	8,618,010.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities	1			
b	Prior year adjustments	I I			
C	Other losses				
d	Other (Describe in Part XIII.)	2d			۸
е	Add lines 2a through 2d			2e	0,
3	Subtract line 2e from line 1			3	8,618,010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)		*		0
_	Add lines 4a and 4b			4c	8,618,010.
	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **XIII Supplemental Information.			5	0,010,010.
		V 11 4 h	al Ob. Dank I Clina 4	. Dad V III	a Or Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			; Part X, III	ie z; Part AI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai iniomia	LION.		
			· · · · · · · · · · · · · · · · · · ·		
ኮልዩጥ	V, LINE 4:				
· mici	V, 2210 2.				
THE	INTEREST AND DIVIDEND EARNINGS OF THE ENDOWMENT FUND ARE TO BE	USED TO			
SUPP	ORT SERVICES FOR FAMILIES OF ADOPTED CHILDREN WITH SPECIAL NEE:	DS.			
PART	X, LINE 2:				
				-	
AASK	QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE			
INTE	RNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THERE IS NO P	ROVISION			· · · · · · · · · · · · · · · · · · ·
50D	TWOONE MAYED THE ADDITION AND OUR TETED DOD MUS CURDIMADIE				
FOR	INCOME TAXES. IN ADDITION, AASK QUALIFIES FOR THE CHARITABLE				
CONT	RIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS BEEN				
	CONTROL OF THE PROPERTY OF THE				
CLAS	SIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.				
AASK	-PHOENIX, AASK-CHANDLER, AND AASK-PEORIA ARE DISREGARDED ENTIT	IES FOR			
ma v	PURPOSES INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE II	NCOME			

832054 10-29-18

Schedule D (Form 990) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935	Page 5
Part XIII Supplemental Information (continued)		
("UBTI") WOULD BE TAXABLE.		
		
THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A		
COMMINGIAL DAGIC MINORICH DELIZED OF MINER DOLLARS AND ADDRESS OF THE PROPERTY		
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 2016, 2017 AND 2018 ARE SUBJECT TO EXAMINATION BY THE IRS,		
GENERALLY FOR THE THREE YEARS AFTER THEY WERE FILED.		

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service	▶ Go	to www.irs.gov/Form990 for instra	uction	s and	the latest informati	on,	er er er er er er er er er er er er er e	Inspection	
Name of the organization							• -	entification number	
		PTION OF SPECIAL KIDS/ARIZO			· · ·		86-06119		
Anthrope and programme of the control of the contro	sing Activities. complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E	Z filers are not	
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	ities. (Check all that apply.				
a Mail solicitat					overnment grants				
	email solicitations				nment grants				
c Phone solici		g Special	tundra	using (events				
d In-person so		r oral agreement with any individual	(includ	lina of	ficers directors trus	tees	or		
kev employees list	ed in Form 990. Pa	art VII) or entity in connection with pr	ofessi	onal fu	undralsing services?	,	Ye	s No	
		iduals or entities (fundraisers) pursu				ne fun	draiser is to b	ю	
compensated at le									
	-		Gii	Dia		(v)	Amount paid	4 74 6	
(i) Name and addres		(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts	to (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)	
or entity (fund	draiser)		or control of contributions?		from activity	fundraiser listed in col. (i)		organization	
			Yes	No					
				<u> </u>					
				-					
				<u> </u>					
Total				<u> </u>					
3 List all states in wh or licensing.	ich the organizat i o	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration	
									
· · · · · · · · · · · · · · · · · · ·									

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

Schedule G (Form 990 or 990-EZ) 2018

Revenue			(a) Event #1	(b) Event #2	(c) Other events	i
evenue			FAMILY FUN WALK	,.,	NONE	(d) Total events (add col. (a) through
evenu			(event type)	(event type)	(total number)	col. (c))
			52.045			
~	1	Gross receipts	53,245.			53,245.
	2	Less: Contributions	53,245.			53,245.
ŀ	3	Gross income (line 1 minus line 2)				
	4	Cash prizes		71	" "	
ľ	-					
. တ္ထ	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
ı	9	Other direct expenses	1,215.			1,215.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)	***************************************		1,215,
	11	Net income summary, Subtract line 10 from I	ine 3, column (d)	***************************************	<u></u>	-1,215.
Pa	rc i		answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
—т		\$15,000 on Form 990-EZ, line 6a.			····································	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1	Gross revenue				
88	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
- 1	5	Other direct expenses				
			Yes %		Yes %	
	6	Volunteer labor	No	□ No	No	A property of the second secon
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
			and the state of t			l
9	Ente	er the state(s) in which the organization condu	cts gaming activities:			
a	ls th	ne organization licensed to conduct gaming ac	ctivities in each of these s	tates?		Yes No
		lo," explain:				
10a '		e any of the organization's gaming licenses re 'es," explain:		minated during the tax ye	ear?	Yes No
	_					

Sch	edule G (Form 990 or 990-EZ) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	36-0611935	Page 3_
11		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name	· · · · · · · · · · · · · · · · · · ·	
	Address		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
ı	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
(If "Yes," enter name and address of the third party:		
	Name >		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
		·	
	Director/officer Employee Independent contractor		
4-	Adam dadam attabuta dilama		
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
,	retain the state gaming license?	Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
,	organization's own exempt activities during the tax year > \$		
Pá	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
12011	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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832083 10-03-18

Schedule G (Form 990 or 990-EZ) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935	Page 4
Schedule G (Form 990 or 990-EZ) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA Part IV Supplemental Information (continued)		

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

86-0611935 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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 related organization: Х a Receive a severance payment or change-of-control payment? х 4b b Participate In, or receive payment from, a supplemental nonqualified retirement plan? х c Participate In, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? Х 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: х a The organization? Х b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2018

Regulations section 53,4958-6(c)?

86-0611935

Schedule J (Form 990) 2018

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

Page 2

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.

(ii) Bonus & (iii) Other reportable compensation of the deferred compensat			(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Betirement and	(D) Nontaxahla	(F) Total of columns	(E) Componention
Title (i) Base (ii) Bonus (ii) Other compensation compensation (iii) Other compensation (iii) Other compensation (iii) Other (i de la companion de la compan	other deferred	honofite	(E) TOTAL OI COLUINIS	
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Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 86-0611935 Types of Property Part (a) (b) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts Items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods 15,610.cosT Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities · Partnership, LLC, or trust Interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution · Other ... Real estate - Residential 15 Real estate · Commercial 16 Real estate · Other 17 Collectibles 18 19 Food inventory 364. FMV 20 Drugs and medical supplies _____ Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other > 20,955.FMV 26 Other > 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 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.

832141 10-18-18

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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:
COMMUNITY FUNDED INITIATIVES PROVIDES 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 \$ 329,764. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE FINANCE
COMMITTEE LED BY TIM KAEHR, THE TREASURER, REVIEWS AND APPROVES THE 990
PRIOR TO CIRCULATING IT TO THE BOARD OF DIRECTORS FOR REVIEW. THE RETURN 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. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-E2) (2018) Name of the organization AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	Employer identification number 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.	
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 IN JANUARY 2020.	
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.	
	<u> </u>

SCHEDULER

(Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

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.

2018

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 86-0611935

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

(a)	(q)	(2)	(0	(e)	()
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
AASK PHOENIX PROPERTY LLC - 86-0611935					
2320 N. 20TH ST	T				
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	29,136,	336,359	AASK
AASK PEORIA PROPERTY LLC - 86-0611935					
2320 N. 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	60,000.	1,504,318, ASK	AASK
AASK CHANDLER PROPERTY LLC - 86-0611935					
2320 N, 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	13,500.	789,554.	AASK
			-		
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.	itions. Complete if the organization an	iswered "Yes" on Form 990, Par	t IV, line 34, because	it had one or more	related tax-exempt

(b)	Section 512(b)(13)	entity?	oN S					••••	 	
	- Xeo		Yes							
Œ)	Direct controlling	entity								
(e)		status (if section	501(c)(3))							
(p)	Exempt Code	section								
(၁)	Legal domicile (state or	foreign country)					-			
(q)	Primary activity									
(a)	Name, address, and EIN	of related organization								

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

Schedule R (Form 990) 2018

45

86-0611935

Page 2

Schedule R (Form 990) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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.

General or Percentage managing ownership				e related	Section 512(b)(13) controlled entity?				 Schedule R (Form 990) 2018
				one or mor	(h) Percentage ownership				le R (Form
(I) Code V-UBI amount in box	20 of Schedule K-1 (Form 1065)			, because it had	(g) Share of Peend-of-year or assets				Schedu
(h) Disproportionate allocations?				art IV, line 34	(f) Share of total income				
(g) Share of end-of-year	assets			orm 990, F					
		 		"Yes" on F	(e) Type of entity (C corp, S corp, or trust)		-		
(f) Share of total income				answered		_	-		
(e) Predominant income (related,	im tax under 512-514)			e organization	(d) Direct controlling entity				
Keredomina (related, i	excluded fro sections			mplete if th	(c) Legal domicile (state or foreign country)				
(d) Direct controlling entity				ration or Trust. Co	(b) Primary activity				
(c) Legal domicile (state or	foreign country)			is a Corpo	Prim				
(b) Primary activity				yanizations Taxable a	<u>Z</u> c				-
(a) Name, address, and EIN of related organization				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				832162 10-02-18

86-0611935

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				\vdash	١,
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?	s with one or more re	elated organizations listed	in Parts IHV?	Les L	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		- L	
b Gift, grant, or capital contribution to related organization(s)				4	1
c Gift, grant, or capital contribution from related organization(s)				10	
				19	
e Loans or loan guarantees by related organization(s)				3 4	
				cheerd cheerd production production control	PARTY A
1 Dividends from related organization(s)				#	i
g Sale of assets to related organization(s)				19	
h Purchase of assets from related organization(s)				4	
i Exchange of assets with related organization(s)				ij	
j Lease of facilities, equipment, or other assets to related organization(s)				;	
		,		The second secon	
k Lease of facilities, equipment, or other assets from related organization(s)				+	168911 000
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			- T	
n Sharing of facilities, equipment, malling lists, or other assets with related organization(s)	on(s)			÷	
o Sharing of paid employees with related organization(s)				- 0	Ī
		, , , , , , , , , , , , , , , , , , ,			100 mm
p Reimbursement paid to related organization(s) for expenses				7,112,000	1/3034440
Reimbursement paid by related organization(s) for expenses				- Ja	1
					Court have a series of the court of the cour
•				+	
10				18	
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	ho must complete th	is 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	volved	
(1)					
(2)					1
(8)					
					1
(4)					I
(5)					
(9)					
832163 10-02-18			Schedule	Schedule R (Form 990) 2018	≝

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.

	tage ship							2018
图	Percen		·					1 990)
s	anaging arther?							Forn
()	Distropor- Code V-UBI General or Percentage literatures or Schedule K-1 partners ownership Yes No (Form 1065) Yes No							Schedule R (Form 990) 2018
(F)	rropor- mate all ations?							
	Disp tig alloca						<u></u>	
(6)	Share of end-of-year assets							
	Share of total income							
(e)	501(c)(3) er 0/05.7							
-					•			
(p)	Predominant income par (related, unrelated, excluded from tax under sections 512-514)							
	reign							
(0)	Legal domicile (state or foreign country)					-		
	۵							
(q)	Primary activity							
=	himary							
	L							
(a) (b) (c) (d)	Name, address, and EIN of entity							
	Nan							

chedule R (Form 990) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935	Page :
chedule R (Form 990) 2018 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R, See instructions.		
	+	
(11071-1)		

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 86-0611935 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for flling your 2320 N. 20TH ST. return, See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PHOENIX, AZ 85006 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Application Return **Application** Code Code Is For Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 02 Form 1041-A 08 Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 8870 Form 990-T (trust other than above) 06 VICKY BAYSHORE The books are in the care of ▶ 15396 N 83RD AVENUE - PEORIA, AZ 85381 Telephone No. ▶ 602-930-4459 Fax No. > If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) __, if this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for. MAY 15 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year _____ or ____, and ending JUN 30, 2019 ► X tax year beginning JUL 1, 2018 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by
using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form 8868 (Rev. 1.2019)

0.

instructions.

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