Form	990
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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



AF	or th	2021 calendar year, or tax year beginning $JUL 1$, 2021 and	ending J	UN 30, 2022	
B c a	heck if pplicab	c Name of organization		D Employer identif	ication number
	Addre	e AID TO ADOPTION OF SPECIAL KIDS/ARIZONA			
	Name Chang	e Doing business as		86-0611935	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final return	2320 N 2000H 900		(602) 254-22	275
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,368,655.
	Amen return	ded PHOENIX, AZ 85006		H(a) Is this a group r	eturn
	Applic dition	^{a-} F Name and address of principal officer: RON ADELSON		for subordinate	
	pendi	¹⁹ 2320 N. 20TH ST, PHOENIX, AZ 85006		H(b) Are all subordinates i	ncluded? Yes No
1 1	ax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527		a list. See instructions
J۷	Vebsi	te: WWW.AASK-AZ.ORG		H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other	L Year	· · · · · · · · · · · · · · · · · · ·	M State of legal domicile: AZ
Pa	art I	Summary		•	Υ.
	1	Briefly describe the organization's mission or most significant activities: TO BUI	LD AND ST	RENGTHEN FAMILIE	S
Governance		FOR THE CHILDREN IN ARIZONA'S FOSTER CARE SYSTEM (PRIMARILY			
nar	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
ver	3				4
ဗီ		Number of independent voting members of the governing body (Part VI, line 1b)			4
s S		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			227
itie		Total number of volunteers (estimate if necessary)			528
Activities &				7a	0.
¥				7b	
		······································		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,942,056.	3,498,987.
uue	9	Program service revenue (Part VIII, line 2g)		7,842,990.	7,289,585.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		142,127.	81,790.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,927,173.	10,870,362.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,278,470.	5,868,127.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25)	590.		
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,288,955.	2,247,302.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,567,425.	8,115,429.
		Revenue less expenses. Subtract line 18 from line 12		1,359,748.	, ,
-LS				ginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (Part X, line 16)		29,934,791.	31,815,568.
Assu Bal	21	Total liabilities (Part X, line 26)		2,263,765.	, ,
Net /	1	Net assets or fund balances. Subtract line 21 from line 20		27,671,026.	
	nrt II	Signature Block		,,	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	onts and to the hest of m	v knowledge and helief it is
Jun	or hour	and of porjary, recommendation and reacting to the reacting accompanying schedules		mo, and to the best of m	y miomougo ana bonoi, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Date Sign RON ADELSON, CEO Here Type or print name and title Date Check PTIN Print/Type preparer's name Preparer's signature AMY A. O'LOUGHLIN 03/17/23 P00869687 Paid self-employed Firm's name CBIZ MHM, LLC Preparer Firm's EIN ► 34 - 1884125Firm's address 4722 N 24TH ST, STE 300 Use Only Phone no.602-264-6835 PHOENIX, AZ 85016 X Yes May the IRS discuss this return with the preparer shown above? See instructions No 132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-06	511935 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO BUILD AND STRENGTHEN FAMILIES FOR THE CHILDREN IN ARIZONA'S FOSTER		
	CARE SYSTEM (PRIMARILY IN MARICOPA AND PINAL COUNTIES).		
2	Did the organization undertake any significant program services during the year which were not liste	ed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	tions to others, the tota	al expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,842,010. including grants of \$) (Revenue \$	2,030,450.)
	REGULAR ADOPTION AND FOSTER CARE IDENTIFIES, RECRUITS, AND TRAINS		
	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.		
	0.106.060		0.040.044
4b	(Code:) (Expenses \$ 2,196,868. including grants of \$) (Revenue \$	2,848,344.)
	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.		
	DEVELOPMENTAL DISABILITIES.		
4c	(Code:) (Expenses \$1,706,440. including grants of \$) (Revenue ¢	2,410,791.)
70	SPECIALIZED FOSTER CARE IDENTIFIES FOSTER FAMILIES FOR CHILDREN/ADULTS) (nevenue \$)
	WITH SPECIAL PHYSICAL OR DEVELOPMENTAL NEEDS AS DETERMINED BY THE		
	ARIZONA DEPARTMENT OF DEVELOPMENTAL DISABILITIES AND TWO NATIVE		
	AMERICAN COMMUNITIES. AASK ASSISTS THE FAMILIES IN OBTAINING AND		
	MAINTAINING THEIR FOSTER LICENSES AND PROVIDES ON-GOING SUPPORT AND		
	RESOURCES TO THE FAMILIES. AN AASK NURSING PROFESSIONAL PROVIDES		
	SUPPORT TO FAMILIES CARING FOR CHILDREN WITH SERIOUS ILLNESSES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 211,936. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,957,254.		
			Form 990 (2021)
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	2		

Form 990 (2021) AID TO ADOPTION OF Part IV Checklist of Required Schedules AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 86-0611935

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			
	similar amounts as defined in Rev. Proc. 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			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
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	4.5		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Δ
16		16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		<u> </u>
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			
<u> </u>	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	- 000		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	·····	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
13200/	(gambling) winnings to prize winners?	1c Form	990	1 (2021)
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Form	990 (2021) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 86-061193	5	Р	_{age} 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 227			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
, N	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-fi/e}$. See instructions.	2.5		
30		3a		x
		3b		
		30		<u> </u>
чa	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 farcian country (such as a back account account account or other financial account)?	4a		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
D	If "Yes," enter the name of the foreign country			
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)

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				X
Sec				
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a				
	more members of the governing body?	7a		x
b				
		7b		x
8				
а		. 8a	х	
b			х	
9				
		9		x
Sec				
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			X
		10b		
11a			х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	12a	х	
			х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	. 12c	х	
13		13	х	
14		14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
		·		X
16a				
	taxable entity during the year?	16a		x
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec				
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body, of the governing body degred broad unbrothy to an executive committee or similar committee, explain an Schedule O. 1a 1a				
18)(3)s only)	availa	ble
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		and finan	cial	
19				
19				
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VICKY BAYSHORE - 602-930-4459			

Page 6

Form 990 (2021)	 Compensation of Officers, Directors, Trustees, Key Employees, Highest Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Conficers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete this table for all persons required to be listed. Report compensation for the calendar year end List all of the organization's current officers, directors, trustees (whether individuals or organizations of the organization's current key employees, if any. See the instructions for definition of "key List all of the organization's five current highest compensated employees (other than an officer, director, trustees (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from List all of the organization's former officers, key employees, and highest compensated employees w 					5 Page 7
Part VII Compens	sation of Officers, D	Directors, T	rustees, Key Emplo	oyees, Highest Co	mpensated	
Employee	es, and Independer	t Contract	ors			
Check if Sch	art VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors					
Section A. Officers, D	virectors, Trustees, Key	Employees, a	nd Highest Compensate	ed Employees		
1a Complete this table	for all persons required to	be listed. Rep	port compensation for the	e calendar year ending v	with or within the orgar	nization's tax year.
0		, ,		ls or organizations), reg	ardless of amount of c	ompensation.
 List all of the organ 	nization's current key em	ployees, if any	/. See the instructions for	r definition of "key empl	oyee."	
				ated employees who re	ceived more than \$100	0,000 of
					or or trustee of the org	janization,
See the instructions for t	the order in which to list t	he persons ab	ove.			
Check this box if r	neither the organization n	or any related	organization compensate	ed any current officer, d	irector, or trustee.	
					,,	

	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	r/trus [.]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RON ADELSON	40.00	_	-		-	<u> </u>				
CHIEF EXECUTIVE OFFICER				х				316,836.	0.	20,302.
(2) VICKY BAYSHORE	40.00									
CHIEF FINANCIAL OFFICER				x				105,895.	0.	11,938.
(3) JOANNE CHIARIELLO	40.00							,		/
CHIEF CLINICAL DIRECTOR						x		106,144.	0.	11,169.
(4) RITA MEISER	5.00							,		<i>i</i>
BOARD CHAIR		х		x				0.	0.	0.
(5) DENNIS GENGE	5.00									
TREASURER		х		х				0.	0.	0.
(6) KELLY SINGER	5.00									
SECRETARY		х		x				٥.	0.	0.
(7) ADAM D CHRISTENSEN	5.00									
DIRECTOR		х						0.	Ο.	0.
			-			-				
			-	-	-	-				
		1								
		1								
132007 12-09-21		•	-	•	-		•	•	-	Form 990 (2021)

15090317 143399 177510

Form 990 (2021) AID TO ADOPT:	ION OF SPEC	IAL	ΚI	DS/	ARI	ZON	A		86-061	L1935	5	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	(do	not cl	(C Posi	C) ition		one	(D) Reportable compensation	(E) Reportable compensatior	n		(F) timate	
	week (list any hours for related		cer an		recto	r/trust	tee)	from the	from related organizations (W-2/1099-MIS 1099-NEC)	;	com fr	other pensat om the anizati	tion Ə
	organizations below line)	Individual trus	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				d relate	
1b Subtotal								528,875.		0.		43,	409.
c Total from continuation sheets to Part VI								0.		0.			٥.
d Total (add lines 1b and 1c)								528,875.		٥.		43,	409.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Vee	3
3 Did the organization list any former officer,	,	,			,	,	0		,	ſ	3	Yes	No X
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from th	ne organization		4	x	
5 Did any person listed on line 1a receive or a											-		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	bers	on .		-			5		Х
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 	•	•							•	ensat	ion fro	m	
(A)			- Tail	ig in				(B)			(C	;)	
Name and business	Name and business address NONE Description of services Compensation							า					
2 Total number of independent contractors (ii \$100,000 of compensation from the organized strength of the organized streng		ot lin	nitec	to t	thos (ted	above) who received mo	ore than				
											Form 9	990 (2	2021)

132008 12-09-21

Pa	rt VI		Statement of Rev	venu	е						
			Check if Schedule O c	contair	ns a resp	onse	or note to any lin		(D)	(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	a F	Federated campaigns		1a		248,445.				
Contributions, Gifts, Grants and Other Similar Amounts	k		Membership dues								
Å G	c	c F	Fundraising events								
ar /	c		Related organizations								
s, 0	e	э (Government grants (contri	ibutior	ns) 1e		1,469,659.				
tion S	f		All other contributions, gifts,								
ibu		5	similar amounts not included	above			1,780,883.				
ontr	ç	-	Noncash contributions included in				18,391.				
<u>a Č</u>	ŀ	<u>ו</u>	Total. Add lines 1a-1f					3,498,987.			
	-			a			Business Code 624100	7 290 595	7 200 505		
ice	2 a		GOVERNMENT CONTRACT				024100	7,289,585.	7,289,585.		
Program Service Revenue	k	-									
ven S	c	j. d									
gra Re	e	-									
Pro	f	-	All other program service	revenu	le						
	ç		Total. Add lines 2a-2f					7,289,585.			
	3		Investment income (incluc								
		C	other similar amounts)				►	81,790.			81,790.
	4		Income from investment o		-	-					
	5	F	Royalties								
					(i) Rea	al	(ii) Personal				
	6 a		Gross rents	6a							
			Less: rental expenses	6b							
	c		Rental income or (loss)	6c							
			Net rental income or (loss) Gross amount from sales of	, <u> </u>	(i) Secur	ties	(ii) Other				
	10		assets other than inventory	7a	8,498,		(
	Ŀ		Less: cost or other basis	<i>1</i>	, ,						
e			and sales expenses	7b	8,498,	293.					
/ent	c		Gain or (loss)	7c		0.					
Revenue			Net gain or (loss)				►	0.			
Jer	8 a	a (Gross income from fundraisir	ng ever	nts (not						
₹		i	including \$		of						
			contributions reported on		-						
			Part IV, line 18								
			Less: direct expenses								
Other Reven			Net income or (loss) from		•		▶				
	92		Gross income from gamin Part IV, line 19								
	r		Less: direct expenses								
			Net income or (loss) from				>				
			Gross sales of inventory, I	•	•						
			and allowances			10a					
	k		Less: cost of goods sold								
	c	1 3	Net income or (loss) from	sales o	of invento	ory	▶				
S							Business Code				
Miscellaneous <u>Revenue</u>	11 a	a _									l
cellaneo <u>Revenue</u>	Ł	о _									
Bev	c	-	A 11 - 11								
Ä			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instructio					10,870,362.	7,289,585.	0.	81,790.
	9 12-0						····· 🕨	, , •	,,,	1	Form 990 (2021

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Form 990 (2021)

9 2021.05060 aid to adoption of specia 177510_1

Page **9**

86-0611935

Part IX Statement of Functional Expenses

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

86-0611935 Page **10**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 454,971. 396,906. 49,203 8,862. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,767,226. 4,169,474. 500,168. 97,584. 7 8 Pension plan accruals and contributions (include 13,460 section 401(k) and 403(b) employer contributions) 87,731 74,197. 74. 123,462 103,973 18,450 1,039. 9 Other employee benefits 434,737 384,463 41,396 8,878. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 54,394, 54,394 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 88,099 20,477 67,622 column (A), amount, list line 11g expenses on Sch 0.) 15,951 2,979 12,972. Advertising and promotion 12 66,804 33,157. 29,511 4,136. 13 Office expenses _____ 90,295 71,197. 15,792. 3,306. Information technology 14 Royalties 15 190,634 159,242. 24,442 6,950. 16 Occupancy 82,808 82,455, 73 280. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 29,193. 27,358. 1,674. Conferences, conventions, and meetings 161. 19 20 Interest Payments to affiliates 21 5,638. 154,147 128,756, 19,753 22 Depreciation, depletion, and amortization 127,096 126,983 113. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) FAMILY RELATED SERVICES 1,296,955. 1,293,665. 3,290. а 4,607 BAD DEBTS 4,607 b POSTAGE AND SHIPPING 3,498, 979. 913 1,606. С PRINTING AND COPYING 3,002. 2,151. 65 786 d 39,819 1,686 37,028. 1,105 All other expenses е 8,115,429 6,957,254 965,585 192,590. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

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10 2021.05060 AID TO ADOPTION OF SPECIA 177510_1

Form 990 (2021)

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33

27,671,026. 32 29,934,791.

33

	3	Pledges and grants receivable, net			35,000.	3	۰.
	4	Accounts receivable, net			938,595.	4	964,110.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e person	S		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	-			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9				34,640.	9	54,586.
		Land, buildings, and equipment: cost or other				-	,
		basis. Complete Part VI of Schedule D	10a	4,890,349.			
	b	Less: accumulated depreciation		2,597,532.	2,411,498.	10c	2,292,817.
	11	Investments - publicly traded securities		, ,	10,184,709.	11	, , ,
	12	Investments - other securities. See Part IV, line 1			, ,	12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			29,934,791.	16	31,815,568.
1	17	Accounts payable and accrued expenses			765,253.	17	748,675.
	18	Grants payable			,	18	
	19	Deferred revenue			245,912.	19	382,942.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form				21	
	LL	trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrelation	•	······	36,000.	23	24,000.
	24	Unsecured notes and loans payable to unrelated			, .	24	
	25	Other liabilities (including federal income tax, pay				27	
	20	parties, and other liabilities not included on lines					
		of Schedule D	,	· .	1,216,600.	25	245,912.
	26				2,263,765.	26	1,401,529.
t	20	Organizations that follow FASB ASC 958, chee		▶ X	, , , -	20	, , -
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			27,661,026.	27	30,404,039.
	28	Net assets with donor restrictions			10,000.	28	10,000.
	20	Organizations that do not follow FASB ASC 95			,		,
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated inc				31	· · · · · · · · · · · · · · · · · · ·
	32	Total net assets or fund balances			27,671,026.	32	30,414,039.
	02		• • • • • • • • • • • • • • • • • • • •	······		52	,,,,,,,,,,,,,-

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Total liabilities and net assets/fund balances

86-0611935

(B) End of year

(A) Beginning of year

326,164.

35,000.

16,004,185.

1

2

3

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334,250.

31,815,568.

Form 990 (2021)

Ο.

28,169,805.

Form 990 (2021) Part X Balance Sheet

1

2

3

Assets

Liabilities

Net Assets or Fund Balances

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VIII, column (A), line 25) 2 8, 115, 422. 2 8, 115, 423. 3 2, 7, 54, 933. 4 427, 671, 026. 5 -11, 920. 6 -11, 920. 6 -11, 920. 7 Net unrealized gains (losses) on investments 6 -11, 920. 7 Investment expenses 8 -11, 920. 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 30, 414, 039. Part XII Financial Statements and Reporting Column (B) -10 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 1 Accounting method used to prepare the Form 990: Cash< Accrual Other <th>Form</th> <th>1990 (2021) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA</th> <th>86-061193</th> <th>5</th> <th>Pad</th> <th>_{ge} 12</th>	Form	1990 (2021) AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-061193	5	Pad	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 10,870,362. 2 Total expenses (must equal Part IX, column (A), line 25) 2 8,115,423. 3 2,754,933. 4 4 27,671,028. 4 427,671,028. 4 427,671,028. 5 1.1,920. 6 -11,920. 6 6 -11,920. 7 7 -11,920. 8 9 0. -11,920. 9 Other changes in et assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 30,414,039. Part XII Financial Statements and Reporting - - - 11 Accounting method used to prepare the Form 990: Cash X Accrual Other - - 2a X	Pa	rt XI Reconciliation of Net Assets				4
1 Total revenue (must equal Part VIII, column (A), line 12) 1 10,870,362. 2 Total expenses (must equal Part IX, column (A), line 25) 2 8,115,423. 3 2,754,933. 4 4 27,671,028. 4 427,671,028. 4 427,671,028. 5 1.1,920. 6 -11,920. 6 6 -11,920. 7 7 -11,920. 8 9 0. -11,920. 9 Other changes in et assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10 30,414,039. Part XII Financial Statements and Reporting - - - 11 Accounting method used to prepare the Form 990: Cash X Accrual Other - - 2a X		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 115, 429. 3 Revenue less expenses. Subtract line 2 from line 1 3 2, 754, 933. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 27, 671, 026. 5 Net unrealized gains (losses) on investments 6 -11, 920. 6 0 -11, 920. 6 7 1 6 -11, 920. 8 0 0 for changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 30, 414, 039. Part XII Financial Statements and Reporting - - Check if Schedule O contains a response or note to any line in this Part XII - - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. - 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other -						
3 Revenue less expenses. Subtract line 2 from line 1 3 2,754,933. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 27, 671,026. 5 Net unrealized gains (losses) on investments 5 -11,920. 6 0 6 7 8 7 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 30, 414, 039. Part XIII Financial Statements and Reporting 10 30, 414, 039. Check if Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Yes, 'check ab ox below	1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,	870,	362.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 27, 671, 026. 5 Net unrealized gains (losses) on investments 5 -11, 920. 6 6 -11, 920. 7 8 7 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 30, 414, 039. Part XII Financial Statements and Reporting - - Check if Schedule O contains a response or note to any line in this Part XII - Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. - 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: - 2b X - If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: -	2	Total expenses (must equal Part IX, column (A), line 25)	2	8 ,	115,	429.
5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 9 9 10 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: 1 1 Accounting method used to prepare the Form 990: 1 2a 2a 2a 2a 2a 2a 2b X 1 1 1 1 2a 2a 2a 2a 2a 3 2b 3 2c 3 2a 3 3 3 3 3 4 3 4 3 4 3 4 5 5 5 4 5 5 5 5 5 6 3 5 5 6 3 6 3 7 5 6 6 6 <t< th=""><th>3</th><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td>2 ,</td><td>754,</td><td>933.</td></t<>	3	Revenue less expenses. Subtract line 2 from line 1	3	2 ,	754,	933.
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 30, 414, 039. Part XII Financial Statements and Reporting 10 30, 414, 039. Check if Schedule O contains a response or note to any line in this Part XII 10 30, 414, 039. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization is financial statements compiled or reviewed by an independent accountant? Yes No If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," the ine 2a or 2b, does the organization h	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27	671,	026.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the form 990: Cash X Accounting method used to prepare the form 990: Cash X Accounting method used to prepare the form 990: Cash X Mer the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or	5	Net unrealized gains (losses) on investments	5		-11,	920.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the form 990: Cash X Accounting method used to prepare the form 990: Cash X Accounting method used to prepare the form 990: Cash X Mer the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or	6	Donated services and use of facilities	6			
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
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	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		l

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

Name of the organization	
--------------------------	--

Internal R	levenue Service		Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection				
Name	of the organiza	ation						Employer	identification number				
				ECIAL KIDS/ARIZONA					86-0611935				
Part	I Reaso	n for Public (Charity Status.	harity Status. (All organizations must complete this part.) See instructions.									
The or	ganization is no	t a private found	lation because it is: (I	For lines 1 through 12, c	nes 1 through 12, check only one box.)								
1	A church, d												
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)												
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5 🗌		-		liege or university owned	or operate	ed by a go	ivernmental u	nit describe	a in				
e [_		Complete Part II.)	aantal unit daaarihad in	anation 17	70/6//4//4/	(.)						
6 ∟ 7 □		· ·	-	nental unit described in a ntial part of its support fr				o gonoral r	ublic described in				
' _	-		complete Part II.)	Initial part of its support if	on a gove	minentai		ie general j					
8	_			(1)(A)(vi). (Complete Par	ни)								
9	_	-		in section 170(b)(1)(A)(-	ed in coniu	inction with a	land-grant	college				
	-	-	-	ulture (see instructions).		-		-	-				
	university:					·····, ··· ,	,						
10 X	An organiz	ation that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
				t to certain exceptions; a									
	income and	d unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.				
	See sectio	n 509(a)(2). (Co	mplete Part III.)										
11 🗋	An organiz	ation organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).						
12	-	-	-	vely for the benefit of, to	-			-					
				d in section 509(a)(1) o					Check the box on				
		-	• •	f supporting organizatior				-					
а			-	upervised, or controlled	•	-							
		•		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the sl	ipporting				
h			complete Part IV, Se		ion with it	oupporto	d organizatio	n(a) by bay	ina				
b			-	or controlled in connect anization vested in the sa			-		-				
		-	at complete Part IV,		ame perso	113 11 121 001		ge the supp	Jonted				
с			-	g organization operated	in connect	tion with. a	and functional	lv integrate	d with.				
-		-). You must complete I				.,					
d	· ·	-		oorting organization oper				ted organiz	zation(s)				
	that is no	t functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness				
	requirem	ent (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .						
е	Check th	is box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III					
	functiona	ally integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.							
		er of supported of	•										
g F	Provide the follo (i) Name of su		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other				
	organizat			(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)				
				above (see instructions))	Yes	No		,					
Total													

OMB No. 1545-0047

2021

Open to Public

	A (Form 990) 2021
Part II	Suppor	rt Sc

Form 990) 2021 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA 86-061193 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

86-0611935 Page 2

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	ction A. Public Support	-	-	-	_	-	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
	•						
	•						
6							
	••	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(4) 2011		(0) 2010	(4) 2020		
0							
~							
9							
10							
11	ii v						
12	-						
13	-	-			•		. —
<u> </u>							
						· · · ·	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
		g in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total nd oo not					
D							
		t t t t t t t t t t t t t t t t t t t					
17a		-					
	-			-	-	-	
		•	• •		•		
b						-	10% or
	· -						. —
	-		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,081,257 1,909,778 1,526,277 1,942,056. 3,498,987 10,958,355. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 8,928,873. 8,405,910. 8,406,777. 7,842,990. 7,289,585 40,874,135. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 11,010,130, 10,315,688. 9,933,054 9,785,046. 10,788,572. 51,832,490. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 4,760 4,610 8,910. 2,523. 4,323. 25,126. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 4,760. 4,610. 2,523. c Add lines 7a and 7b 8,910 4,323 25,126, 51,807,364. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 11,010,130 10,315,688 9,933,054 9,785,046 10,788,572 51,832,490. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 196,129 1,036,912. 291,187. 325,679 142,127. 81,790, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 291,187 325,679 81,790 196,129 142,127. 1,036,912. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 55,996. 55,996 assets (Explain in Part VI.) 52,925,398. 11,262,255. 10,606,875. 10,258,733. 9,927,173. 10,870,362. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 97.89 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 97.80 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 1.96 17 % 2.01 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

15

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

AID '	то	ADOPTION	OF	SPECIAL	KIDS/ARIZONA

Yes

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>. or controlled the su</u>	ipporting organization.
Section C. T	pe II Supportin	g Organizations

Schedule A (Form 990) 2021

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box ne	ext to the method the	t the organization use	d to satisfv the Integral P	Part Test during the year	(see instructions).
--------------------	-----------------------	------------------------	-----------------------------	---------------------------	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization	supported a	a governmental	entity.	Describe in	Part VI ho	w you su	pported a	governmental entity	/ (see instruction <u>s</u>	.).
---	--	------------------	-------------	----------------	---------	-------------	------------	----------	-----------	---------------------	-----------------------------	-----

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 AID TO ADOPTION OF SPECIAL KIDS/A	RIZONA		86-0611935	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	-	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see	

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

instructions).

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$		-		
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	 lines 1 and 2; Part IV, Sectior Part V, Section B, line 1e; Part V, Section B, line 1e;	۱C,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:		
BAD DEBT RECOVERIES		
2017 AMOUNT: \$ 55,996.		
132028 01-04-22 20	Schedule A (Form S	990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

0		
	AID TO ADOPTION OF SPECIAL KIDS/ARIZONA	86-0611935
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$32,305.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,165.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,564.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll Noncash

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

(b)

Schedule B (Form 990) (2021)

Name of organization

Part I

(a)

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Schedule B (Form 990) (2021)

Employer identification number

(d)

86-0611935

(c)

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Schedule B (Form 990) (2021)

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Name of organization

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Employer identification number

86-0611935

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$12,000.	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
9		\$62,729.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$210,000.	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
11		\$8,441.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$8,008.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

23 2021.05060 AID TO ADOPTION OF SPECIA 177510_1

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Schedule B (Form 990) (2021)

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Name of organization

Page 2 Employer identification number

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

86-0611935

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$200,000.	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		\$75,459.	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		\$16,407.	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		\$14,652.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

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Name of organization

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

Employer identification number

86-0611935

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$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
20		\$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
		\$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
22	, , , , , , , , , , , , , , , , ,	\$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
		\$1,216,600.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

15090317 143399 177510

Name of organization			Employer identification number
AID TO A	DOPTION OF SPECIAL KIDS/ARIZONA		86-0611935
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule B (Form 990) (2021)

15090317 143399 177510

2021.05060 AID TO ADOPTION OF SPECIA 177510_1

Schedule B (Form 990) (2021)

Name of o	organization			Employer identification number	
AID TO A	ADOPTION OF SPECIAL KIDS/ARIZONA			86-0611935	
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described	in section 501	(c)(7), (8), or (10) that total more than \$1,000 for the yea	
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	ne entry. For org 00 or less for the	ganizations 9 year. (Enter this info. once.) > \$	
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer o	of gift		
			_		
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee	
(a) No.		1	1		
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer o	of gift		
-	Transferee's name, address, a		<u> </u>	lationship 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 o	of gift		
	Transferee's name, address, a	nd 7 IP + 4	Re	lationship of transferor to transferee	
			110		
		_			
		_			
(a) No. from				(d) Deceriation of how with in hold	
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer o	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee	
ľ					
		_			
		_			
123454 11-11	1-21	1		Schedule B (Form 990) (20)	

15090317 143399 177510

SCI	HEDULE D	Supplementa	I Financial Statem	ents		OMB No. 1545-0047
	n 990)	Complete if the orga	inization answered "Yes" on Fo	r m 990,		2021
·			11a, 11b, 11c, 11d, 11e, 11f, 12 Attach to Form 990.	a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service		0 for instructions and the latest	information.		Inspection
Name	e of the organizati	on			Emp	ployer identification number
		AID TO ADOPTION OF SPECIAL P				86-0611935
Par	t I Organiza	ations Maintaining Donor Advised	I Funds or Other Similar F	^F unds or Ac	cour	nts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.			
			(a) Donor advised funds	(b) Fun	nds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	Did the organization	on inform all donors and donor advisors in w	riting that the assets held in done	or advised fund	ls	
	are the organization	on's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization	on inform all grantees, donors, and donor ac	dvisors in writing that grant funds	can be used or	nly	
	for charitable purp	ooses and not for the benefit of the donor or	donor advisor, or for any other pr	urpose conferri	ng	
	impermissible priv					
Par	rt II Conserv	ation Easements. Complete if the org	anization answered "Yes" on Forr	m 990, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organizatio	n (check all that apply).			
	Preservation	n of land for public use (for example, recreat	ion or education) 🛛 🗌 Preserv	ation of a histo	rically	important land area
	Protection o	of natural habitat	Preserv	ation of a certi	fied his	storic structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualified	ed conservation contribution in th	e form of a cor	nserva	tion easement on the last
	day of the tax year	r.				Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	Total acreage rest	ricted by conservation easements			2b	
с	Number of conser	vation easements on a certified historic stru	cture included in (a)		2c	
d	Number of conser	vation easements included in (c) acquired at	fter 7/25/06, and not on a historic	structure		
	listed in the Nation	nal Register			2d	
3		vation easements modified, transferred, rele			zation	during the tax
	voar					

year 🕨 _ 4 Number of states where property subject to conservation easement is located

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?	Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements	during the ye	ear	
	▶			

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶\$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	

9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
	organization's accounting for conservation easements.

	organization's accounting for conservation easements.		
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
10 If the	ergenization elected as permitted under EASP ASC 059, pet to report in its revenue statement and belance sheet works		

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990. Part VIII. line 1	▶ \$

	(i) Revenue included on Form 990, Part VIII, line 1		Ф					
	(ii) Assets included in Form 990, Part X	•	\$					
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide							
	the following amounts required to be reported under FASB ASC 958 relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1	•	\$					
b	Assets included in Form 990, Part X	•	\$					

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

No No

28							
2021.05060	AID	то	ADOPTION	OF	SPECIA	177510_	_1

		ION OF SPECIAL						86-061			_{age} 2
Pa	t III Organizations Maintaining Co	llections of Art	t, Hist	orical Tre	asures, o	r Othe	r Simila	ar Assets	s (conti	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, checł	k any of the f	ollowing that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	how th	nev further th	le organizatio	on's exe	mot ouro	ose in Part	XIII.		
5	During the year, did the organization solicit or								,		
•	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part			c organizatio		103 01		0,1 arriv,	iii ie 0, 0i		
10	Is the organization an agent, trustee, custodia		iony for	contributions	or other as	ente not	included				
Ia									Yes		No
	on Form 990, Part X?							L			
D	If "Yes," explain the arrangement in Part XIII ar	na complete the foll	lowing	table:					Amoun	+	
	_ · · · · ·								Amoun	ι	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance								7.,		.
	Did the organization include an amount on For						• • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. C										
Par	t V Endowment Funds. Complete if								(-) [heel
		(a) Current year	(d) I	Prior year	(c) Two yea		(a) Three	years back	(e) Fou		
	Beginning of year balance	15,061.		15,060.	1:	5,056.		15,052.		15,	047.
b	Contributions										
	Net investment earnings, gains, and losses	4.		1.		4.		4.			5.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	15,065.		15,061.	15	5,060.		15,056.		15,	052.
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%								
b	Permanent endowment 100	%									
с	Term endowment										
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
3a	Are there endowment funds not in the possess	sion of the organiza	tion tha	at are held ar	nd administer	ed for th	ne organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on S	Schedule R?							
4	Describe in Part XIII the intended uses of the c										
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part I	V, line 11a. S	ee Form 990	, Part X	, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) /	Accumula	ted	(d) Boo	k valu	e
		basis (investm		basis			preciatio		(4) 200	it raid	•
19	Land		,		. ,						
	Buildings			.3	,531,001.		1,359	.703.	2	171	298.
	Leasehold improvements				809,862.			,444.			418.
					549,486.			,385.			101.
	Equipment				,100,			,		_°,	
	Other		V /	(D) // /	0)				2	292	817.
rota	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990, Part)	<u>x, colur</u>	<u>тп (В). Iine 1</u>	UC.)			. 💌			

Schedule D (Form 990) 2021

Part VII	Investments -	Other Se	curities.			
Schedule D	(Form 990) 2021	AID T	O ADOPTION	OF	SPECIAL	KIDS/ARIZONA

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 AID TO ADOPTION OF SPECIAL KIDS/ARIZO			86-0611935	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				9,641,842.
1				1	9,041,042.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-11,920.		
a L	Net unrealized gains (losses) on investments		11,520.	-	
b	Donated services and use of facilities				
ر اہ	Recoveries of prior year grants				
d				20	-11,920.
e 2	Add lines 2a through 2d			2e 3	9,653,762.
3 ⊿	Subtract line 2e from line 1			3	5,000,102.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a ⊾	Investment expenses not included on Form 990, Part VIII, line 7b		1,216,600.		
b	Other (Describe in Part XIII.)			10	1,216,600.
_	Add lines 4a and 4b			4c	1,210,000.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	ments With	Expenses per F		10,070,302.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			lotarin	
1	Total expenses and losses per audited financial statements			1	8,115,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,115,429.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	8,115,429.
	t XIII Supplemental Information.				, , .
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV. lines 1b	and 2b: Part V. line 4	: Part X. line 2: I	Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, , , .	,
PART	V, LINE 4:				
THE	INTEREST AND DIVIDEND EARNINGS OF THE ENDOWMENT FUND ARE TO	BE USED TO			
CIIDI	ORT SERVICES FOR FAMILIES OF ADOPTED CHILDREN WITH SPECIAL N	זפפחפ			
3011	OKI SERVICES FOR FRMILIES OF ADOFIED CHILDREN WITH SPECIAL K	LEDS.			
PART	X, LINE 2:				
AASH	QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)	(3) OF THE			
INTE	RNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THERE IS NO	PROVISION			
	INCOME TAXES. IN ADDITION, AASK QUALIFIES FOR THE CHARITABLE				

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CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

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

TAX PURPOSES. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME

132054 10-28-21

Schedule D (Form 990) 2021

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("UBTI") WOULD BE TAXABLE.	
(UBII / WOULD BE TRARBLE.	
THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A	
CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF	
THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.	
AASK'S FEDERAL RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX (FORM 990)	
FOR FISCAL YEAR 2018, 2019 AND 2020 ARE SUBJECT TO EXAMINATION BY THE IRS,	
GENERALLY FOR THE THREE YEARS AFTER THEY WERE FILED.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FORGIVENESS ON PAYCHECK PROTECTION PROGRAM LOAN 1,216,600.	

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE J	Compensatio	on Information	1	OMB No. 1	545-004	47	
(Form 990)	-	stees, Key Employees, and Highest		20	91		
		ed Employees		20		1	
Department of the Treasury	Complete if the organization answere Attach to			Open to	Publ	ic	
Internal Revenue Service		structions and the latest information.		Inspe	ction		
Name of the organization	1		Employer id	entificatio	on nur	nber	
	AID TO ADOPTION OF SPECIAL KIDS/	/ARIZONA	86-06	11935			
Part I Question	Regarding Compensation						
					Yes	No	
1a Check the appropri	ate box(es) if the organization provided any of the f	ollowing to or for a person listed on Form	990,				
Part VII, Section A,	ine 1a. Complete Part III to provide any relevant int	formation regarding these items.					
First-class or c	harter travel	Housing allowance or residence for perso	nal use				
Travel for com	panions	Payments for business use of personal res	sidence				
Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees	6				
Discretionary :	pending account	Personal services (such as maid, chauffeu	r, chef)				
b If any of the boxes	on line 1a are checked, did the organization follow a	a written policy regarding payment or					
reimbursement or p	rovision of all of the expenses described above? If	"No," complete Part III to explain		. 1b			
2 Did the organization	require substantiation prior to reimbursing or allow	wing expenses incurred by all directors,					
trustees, and office	s, including the CEO/Executive Director, regarding	the items checked on line 1a?		. 2			
3 Indicate which, if an	y, of the following the organization used to establis	sh the compensation of the organization's					
CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes	for methods used by a related organization	on to				
establish compensa	tion of the CEO/Executive Director, but explain in F	Part III.					
X Compensatior	committee	Written employment contract					
		Compensation survey or study					
Form 990 of o	her organizations	Approval by the board or compensation c	ommittee				
4 During the year, did	any person listed on Form 990, Part VII, Section A	, line 1a, with respect to the filing					
organization or a re	ated organization:						
a Receive a severand	e payment or change-of-control payment?			4a		x	
b Participate in or rec	eive payment from a supplemental nonqualified ret	irement plan?		. 4b		Х	
	eive payment from an equity based compensation			4.		x	
If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable						
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.					
	n Form 990, Part VII, Section A, line 1a, did the org	-	n				
contingent on the r							
a The organization?				5a		х	
	ation?					X	
	r 5b, describe in Part III.						
6 For persons listed of	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensatio	n				
contingent on the r	et earnings of:						
	-			6a		X	
	ation?					X	
	r 6b, describe in Part III.						
7 For persons listed of	n Form 990, Part VII, Section A, line 1a, did the org	ganization provide any nonfixed payments					
	es 5 and 6? If "Yes," describe in Part III			7	х		
	reported on Form 990, Part VII, paid or accrued put						
	ption described in Regulations section 53.4958-4(a			. 8		х	
	d the organization also follow the rebuttable presur	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	53.4958-6(c)?		<u></u>	. 9			
	eduction Act Notice, see the Instructions for For			le J (Forn	n 990)	2021	

132111 11-02-21

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RON ADELSON	(i)	276,490.	40,000.	346.	3,797.	16,505.	337,138.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page 3

Part III Supplemental Information

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

PART I, LINE 7

BONUS PAYMENTS ARE GIVEN FOR MEETING ORGANIZATIONAL GOALS AND ARE GIVEN

WITH THE APPROVAL OF THE INDEPENDENT BOARD MEMBERS.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



86-0611935

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

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

MARICOPA AND PINAL COUNTIES.

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

MENTORING AND SIBLING PROGRAMS: 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 \$ 211,936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990) 2021

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

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132161 11-17-21 LHA

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.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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

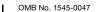
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AASK PHOENIX PROPERTY LLC - 86-0611935					
2320 N. 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	26,404.	316,304.	AASK
AASK PEORIA PROPERTY LLC - 86-0611935					
2320 N. 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	85,207.	1,308,770.	AASK
AASK CHANDLER PROPERTY LLC - 86-0611935					
2320 N. 20TH ST					
PHOENIX, AZ 85007	REAL PROPERTY	ARIZONA	14,404.	719,680.	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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	foreign country) section status (if section		(f) Direct controlling entity	contr	(g) n 512(b)(13) entrolled entity?	
			501(c)(3))		Yes	No
	1					
	1					

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



2021

86-0611935

Employer identification number

Open to Public Inspection

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

erganizatione treated de a pa	······································	· j									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
											+
	4										
	-										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?				
		country)				400010		Yes	No				
	1			7									
	1												

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

Neter Complete line 1 if any entity is listed in Darte II. III. or IV of this school us		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		res	
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?			-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)			<u> </u>
c Gift, grant, or capital contribution from related organization(s)			_
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		
k Lease of facilities, equipment, or other assets from related organization(s)			
I Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			
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		•	·

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

Schedule R (Form 990) 2021 AID TO ADOPTION OF SPECIAL KIDS/ARIZONA

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Dispro tiona allocation Yes	Code V-UBI amount in box 2 ons? of Schedule K-	(j) General of managin partner? Yes No	(k) Percentage ownership
						103			

Schedule R (Form 990) 2021

AID TO ADOPTION OF SPECIAL KIDS/ARIZONA Schedule R (Form 990) 2021 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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