Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u> _	For the	2017 cale	endar year, or tax year beginning	<u>01/01</u> ,	2017, and en	ding 1:	2/31	<u>, 20 17 </u>
В	Check If	applicable	C Name of organization ARIEL CL	NICAL SERVICES			D Employ	er identification number
	Address	change	Doing business as		-			84-1255228
	Name ch	nange	Number and street (or P O box if m	nail is not delivered to street addre	ess) Room	/suite	E Telepho	one number
\Box	Initial ret	um	2938 NORTH AVENUE STE G					970-245-1616
$\overline{\sqcap}$		m/terminated	***	ntry, and ZIP or foreign postal coo	de			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\exists	Amende		GRAND JUNCTION, CO, 81504				G Gross r	ecelpts \$ 17,484,206
\exists			F Name and address of principal office		-	T.,, , , , ,		
ш	Applicati	ion penaing	ì					subordinates? Yes No
_			2938 NORTH AVE STE G, GRA					es included? Yes No
<u> </u>		mpt status	501(c)(3) 501(c) (() ◀ (insert no) ☐ 4947(i	a)(1) or 27			see instructions)
<u>J</u> _	Website		IELCPA.ORG		<u> </u>			number ►
K			Corporation Trust Associa	ation _ Other ▶	L Year of for	mation 1993	M State	of legal domicile. CO
۲	art I	Summ			l			
	1	Briefly de	escribe the organization's miss	sion or most significant act	tıvities: <u>Ari</u> e	el provides ther	apeutic fo	oster care to children
Governance	1	with spe	cial behavioral, mental and phys	ical health needs; adoption	assistance;	comprehensive	residenti	ial, supportive living,
nat			ed on Schedule O, Statement 1)			·		
Ver			ns box ▶ ☐ if the organization					its net assets.
မွ	3	Number	of voting members of the gove	erning body (Part VI, line 1:	a)		3	7
∞5	4	Number	of independent voting membe	rs of the governing body (Part VI, line 1	b)	4	7
ţį	5	Total nur	mber of individuals employed i	n calendar year 2017 (Pari	t V, line 2a)		5	311
Activities &	6	Total nur	mber of volunteers (estimate if	necessary)			6	7
¥	7a	Total unr	related business revenue from	Part VIII, column (C), line	12		7a	0
	b	Net unre	lated business taxable income	from Form 990-T, line 34			7b	0
		_				Prior Y	ear	Current Year
ø	8	Contribu	tions and grants (Part VIII, line	1h)			53,942	105,376
Š	9	Program	service revenue (Part VIII, line	5,589,180	17,051,042			
Revenue	10	_	ent income (Part VIII, column (A	-			32,741	69,191
œ			venue (Part VIII, column (A), line	· · · · · · · · · · · · · · · · · · ·			-5,849	-58
	12		enue-add lines 8 through 11 (r		•	15	,670,014	17,225,551
_			nd similar amounts paid (Part I			 `	0	0
			paid to or for members (Part I)	• •		0	0	
m	1		other compensation, employee				,533,044	6,318,958
Se			onal fundraising fees (Part IX, o			<u> </u>	0	0,510,750
Expenses	1		draising expenses (Part IX, col				_	<u>-</u>
ŭ	17	Other ex	penses (Part IX, column (A), lin	es 11a-REMEANET	3		3,721,728	9,606,626
	18	Total eve	penses. Add lines 13-17 (must	equal Part IX column (A)	linal		,254,772	15,925,584
	19		less expenses. Subtract line 1) ' _ 1	- 1251		415,242	1,299,967
_ 9		Ticveniae	less expenses. Cubitact line			Beginning of Cu		End of Year
sets or	20	Total acc	sets (Part X, line 16)	<u> </u>				
Asse	20		114 · · · /D · · · · // 1 · · · · 00\	OGDEN, U	T · · ·		1,109,703	9,537,888
Net As Fund B	21						,640,837	1,610,529
	22 art		ts or fund balances. Subtract I	ine 21 from line 20	- · · · ·		,468,866	7,927,359
_			ture Block	-,,				
tru	aer penai e. correct	ities of perju t. and comp	iry, I declare that I have examined this lete. Declaration of preparer (other than	retum, including accompanying s a officer) is based on all informatio	chedules and sta	atements, and to t arer has any know	he best of I ledge	my knowledge and belief, it is
_		T		0.00			-/	00/10
Sig	ın	Sign	acture of officer	salf			<u>- 8 / :</u>	28/18
-	-			•		Da	ile /	,
He	ı e		RAH MARSHALL, CFO					
_		 	e or print name and title	Orange are store		D-4-		IDTIN
Pa	id	Printily	pe preparer's name	Preparer's signature	}	Date	Check	
Pr	epare	r		L			self-em	ployed
	e Onl	1	name ►	_ 		Firm	n's EIN ►	
		Firm's a	address ►			Pho	ne no.	
Ma	y the IR	RS discus	s this return with the preparer	shown above? (see instruc	ctions)	<u></u>	<u> </u>	🗌 Yes 🗌 No
For	Paneru	vork Redu	ction Act Notice, see the senara	te instructions	Car	t No. 11282V		Form 990 (2017)



o) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses

o including grants of \$

14,279,565

(Expenses \$



endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V IVI, VIII, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Ind V 11c d 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 XI Ind V 11c d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Ind V 11d v 11e v 11d v 11d v 11e v 11	² art	Checklist of Required Schedules			
complete Schedule A 1	,			Yes	No
3 Dut 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 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization have over or hold a conservation easement, including easements to preserve open space, the environment, historical organization is environed to works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V 10 Did the organization services? If "Yes," complete Schedule D, Part V 11 The organization services? If "Yes," complete Schedule D, Part V 12 The organization services? If "Yes," complete Schedule D, Part V 13 Publication services? If "Yes," complete Schedule D, Part V 14 The organization is answer to any of the following questions is "Yes," complete Schedule D, Part V 15 Did the organization is answer to any of the following questions is "Yes," complete Schedule D, Part V 16 Did the organization services? If "Yes," complete Schedule D, Part X 17 Link to organization services? If "Yes," complete Schedule D, Part X 18 Ly Did the organization is part an amount for investments—program related in Part X, line 12 that is 5% or more of its total asse	1		1	~	
acandidates for public office? If "Yes," complete Schedule C, Part II Section Sofio(s) 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lend areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V If the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for runvestments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for runvestments—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 XIII Did the organization report an amount for other assets 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 X III Did the organization report an amount for other assets in Part X, line 18 t			2		V
election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization as eaction 501(6)(5), 501(6)(5) or 501(6)(6) or 501(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(3	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. bid 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 II. bid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. bid 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, in report of certification of the organization report an amount in Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts and listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts and listed in Part X, line 10, Part IV. bid the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andownents? If "Yes," complete Schedule D, Part VII. bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. bid the organization report an amount for meettments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. bid the organization report an amount for other liabilities 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 VIII. bid the organization report an amount for other liabilities 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 VIII. bid the orga	4		4		1
bid 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 II 170 bid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical cand areas, or histone structures? If "Yes," complete Schedule D, Part II 180 bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 180 bid 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, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 190 bid the organization, directly or through a related organization, hold assets in temporarity restricted endowments; permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 191 bid the organization in amount for investments—either securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 191 bid 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 VI 191 bid 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 VI 191 bid 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 VI 191 bid 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 VI 191 bid the organization report an amount for other assets i	5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report any of the following questions is "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assest reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 15 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 16 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 17 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Parts X and XII is optional fundraisin	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			
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VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	10		10		١
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of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	а		11a	~	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from ga		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		/
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Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	b				_
14 a Did the organization maintain an office, employees, or agents outside of the United States? 14 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III.	13		-		1
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		Did the organization maintain an office, employees, or agents outside of the United States?	-		~
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		II res, complete schedule G, ran III		990	

Part	V Checklist of Required Schedules (continued)	,		
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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? If "Yes," complete Schedule I, Parts I and II	20b		~
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	21		· ·
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	•	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	.	
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		~
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?	25a		
	If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	- '	~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	-	v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		~
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u></u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	v
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O.	38	v	
		For	n 990	(2017)

Part				
<u> </u>	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 33	1		ĺ
b b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	~	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 311			l
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		~
þ	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	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			
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
	gifts were not tax deductible?	G.		ĺ
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		I
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organization have excess business holdings at any time during the year?	8		
a	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	l		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	i	1	
a	Gross income from members or shareholders	l	į	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which		j	
	the organization is licensed to issue qualified health plans	Ĭ	1	
С	Enter the amount of reserves on hand	l	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	990	(2017)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	structi	ions.
Section	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u></u> -	<u>. v</u>
Occin	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	ļ 	•
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		<i>y y y</i>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	~	~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	·	ļ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	 	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	~	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	 	لــــا
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	+	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		~
13	Did the organization have a written whistleblower policy?	13	+	↓
14 15	Did the organization have a written document retention and destruction policy?	14	-	-
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	V	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	+	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	130		
	with a taxable entity during the year?	16a		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	: ▶	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	10
•	Independent Contractors	

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
					C)					
(A)	(B)	///	at at		ition	than o		(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any		officer and a director/trust				compensation from	compensation from related	amount of other	
	hours for	Individual trustee or director	Inst	Officer	₩.	High	Former	the	organizations	compensation
	related organizations	re du	Institutional trustee	ୁଞ୍	Key employee	nest bloye	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	[호 =	mal		탕	i i i		(** 2, 1000 111120)	ĺ	and related
	line)	uste	trus		6	þen				organizations
		•	66			Highest compensated employee				
IAN DI AIR										
JAN BLAIR	0.5	,	l i				ı	1		•
BOARD PRESIDENT DAVID HERR	0.5	-		 	\vdash	-	-	0	0	0
BOARD VICE PRESIDENT	0.5	"						o	o	0
SUE BROWN	0.5	 			 		t	-	<u>`</u>	
BOARD MEMBER	0	~						0	o	0
JULIE RIEKE	0.5						-		<u>-</u>	
BOARD SECRETARY/TREASURER	†	~						0	0	0
CASSIE TUFLY	0.5									
BOARD MEMBER	0	~						o	0	0
MIKE GREEN	0.5									
BOARDMEMBER	0	~						0	0	. 0
ROBIN SEIBOLD	0.5		l							
BOARD MEMBER	0	~			_			0	0	0
REBECCA HOBART	40									
CHIEF EXECUTIVE OFFICER	0			~			_	179,630	0	26,613
SARAH MARSHALL	40									
CHIEF FINANCIAL OFFICER	0			~	_		<u> </u>	106,930	0	16,835
SHIRLEY LEE	40	\ ·	1	'				l.		
REGIONAL DIRECTOR	0				~		igsqcut	115,620	0	13,401
CARRIE OVER	40						l			
DEPUTY DIRECTOR	0			<u> </u>	~		<u> </u>	103,106	0	20,124
										
			_	-						

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (c	ontinue	ed)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos eck s pe	rson	than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation related		Estir	F) nated unt of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		other compensation from the organization and related organizations		
			}										_	
		 		\vdash		\vdash			 		-			
			<u> </u>		_	_		_						
			}											
			_		_									
		 		-	_	-		-	 		$ \vdash$			
											}			
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				_		_		_	ļ					
		 	•								}			
								_	 		-			
				<u> </u>	_	_		-						
1b	Sub-total	 	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ĺ	▶	505,286		0		76.	,973
C	Total from continuation sheets to Part							>						
d	Total (add lines 1b and 1c)			_				<u> </u>	505,286	oro than \$10	0 000	of	76,	<u>,973</u>
	reportable compensation from the organi		1 10 11	1056	: 115	leu .	above	3) VV	4			OI	_	
	Did the experimental list only former of	frank dikan	+~=				kov d		alayaa ar bigh	ant compar	ontod		Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							31111				3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	-								nedule J for 	such	4	~	
5	Did any person listed on line 1a receive of					fro	m any	ur ur	related organiz	zation or indi	vidual			
04	for services rendered to the organization	? If "Yes," o	compi	ete	Sch	nedu	ıle J 1	for s	such person	· · · · ·	<u>· · · </u>	5		<u> </u>
Secue 1	on B. Independent Contractors Complete this table for your five highest of	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more than	\$100	.000 of		
	compensation from the organization. Repyear.												n's tax	·
	(A) Name and business add	lress						}	(B) Description of s	ervices	C	(C) Compens	ation	
BLUE	RIVER CENTER, 1842 N 7TH ST, GRAND JUI	NCTION, CO	8150)1				GI	ROUP CENTER	CARE			341,	,855
	DAISY CENTER, 804 GLENWOOD AVE, GRAN		N, CC	81!	501			+	ROUP CENTER					_
	HUDSON, 7548 MIDDLE BAY, FOUNTAIN, CO A BADU-ACHEAMPONG, 7526 MANISTIQUE D		ADO S	SPR	ING	s, c	O 809	-	OST HOME PRO					<u>,320</u> ,084
JESIC	JESICA MARTINEZ, 190 SEGO CT, GRAND JUNCTION, CO 81503 HOST HOME PROVIDER 123,743 2 Total number of independent contractors (including but not limited to those listed above) who													
2	received more than \$100,000 of compens							o tr	nose listed abi	ove) wno				

Form **990** (2017)

Pa	art VIII	Statement of Reve	enue					Page
	`	Check if Schedule C	contains a	response or note	e to any line in t	this Part VIII		_
					Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
nts	ည္ 1a	Federated campaigns	s	а	0	revenue		512-514
Contributions, Gifts, Grants	<u></u>			b	 			
S,	ૄ c			С	0		İ	
ij.	<u>a</u> d	Related organizations	s	d	<u> </u>			
JS,	Ē e	are verminent grants (con	tributions) 1	е	0			
iţi	ığ f	. a. a.iai aananaaana, gi	ıfts, grants,		_	}		
퉏	5	and similar amounts not incl		f 105,37	16			
o i	g 9		led in lines 1a-1f:	\$	0			
	<u> </u>	Total. Add lines 1a-11	<u>f</u>		105,31	76		
Ĕ				Business Code				
ě	2a		R CARE/ADO	PTI 624110	5,709,92	5,709,92	27 (0
8	b			624120	10,255,79	10,255,79	2 (
ΘŽ	d	AUXILIARY SERVICES		624100	1,085,32	1,085,32	3	
Š	e							
Program Service Revenue	f	All other program serv						
F.	g	Total. Add lines 2a-2f	rice revenue .				0 0	0
	3	Investment income (including div	idends interest	17,051,04	12		
	1	and other similar amou		· · · · · •				
	4	Income from investment	•		45,14			+ <u>-</u>
	5	Davidkia -	· · · ·	-			0 0	
			(ı) Real	(II) Personal		0	0	0
	6a	Gross rents	12,00	00	<u> </u>]		
	Ь	Less: rental expenses	21,42		5			1
	С	Rental income or (loss)	-9,42		4	1		
	d	Net rental income or (lo	220)		-9,42	6	0	
	7a	Gross amount from sales of	(i) Securities	(II) Other		°	0	-9,426
		assets other than inventory	261,28	0 0	5			
	Ь	Less: cost or other basis			7			
		and sales expenses .	237,22	9 0).			
	C	Gain or (loss)	24,05	1 0)		1	
	ď	Net gain or (loss) .		<u> ▶</u>	24,05		0	24,051
nue	8a	Gross income for a for						2.,001
en	Ca	Gross income from fun events (not including \$	draising			1		
ě		of contributions reported	0					
F				_	j			
Other Reve	ь	Less: direct expenses		0	-			
0		Net income or (loss) fro				-{		
	9a	Gross income from gam	nna activities.	events .	0		0	0
				0				
	ь	Less: direct expenses		0	1			
	С	Net income or (loss) from	m gaming ac		0			
	10a	Gross sales of inve	entory, less			0	0	0
		returns and allowances		0				
	b	Less: cost of goods sole	d t	0				
	СС	Net income or (loss) from	m sales of inv	entory ▶	0	0	0	
		Miscellaneous Reve	enue	Business Code	<u>~_</u>		- 0	0
		INSURANCE PROCEEDS	- HAIL DAM	900099	9,368	9,368	0	
	b				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,338	 	0
	С	All						
	ď				0	0	0	
	e 12	Total. Add lines 11a-11	d	· · · · •	9,368			
	12	Total revenue. See inst	ructions	<u>. </u>	17,225,551	17.105.550	0	44.40

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons			<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0	,	
5	Compensation of current officers, directors,				
	trustees, and key employees	582,259	353,011	229,248	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	4,858,520	3,872,294	986,226	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	63,128	49,240	13,888	0
9	Other employee benefits	430,879	336,086	94,793	0
10	Payroll taxes	384,172	308,740	75,432	0
11	Fees for services (non-employees):	<i>?</i> •			
a	Management	0	0	0	0
b	Legal	15,718	0	15,718	0
C	Accounting	12,300	0	12,300	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	. 0			0
f	Investment management fees	16,774	0	16,774	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				_
46	- · ·	8,025,118	7,989,685	35,433	0
12	Advertising and promotion	13,495	13,495	0	0
13	Office expenses	117,642	94,543	23,099	0
14	Information technology	152,199	122,315	29,884	0
15	Royalties	0	0	0	0
16 17	Occupancy	213,876	189,363	24,513	0
18	Travel	129,782	127,239	2,543	
10	for any federal, state, or local public officials	ا	ما	ما	^
19	Conferences, conventions, and meetings .	15,521	13,390	2,131	0
20	- ·			5,832	
21	Interest	17,648	11,816	5,632	0
22	Depreciation, depletion, and amortization .	100,429	80,710	19,719	0
23	Insurance	261,049	233,517	27,532	0
24	Other expenses. Itemize expenses not covered	201,047	200,017	27,502	<u> </u>
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROFESSIONAL DEVELOPMENT/TRAINING	152,866	125,412	27,454	0
b	MISC. PROGRAM EXPENSES	278,406	278,406	0	0
c	BAD DEBT	61,589	61,589	. 0	0
ď	CERTIFICATION EXPENSES	18,450	18,450	0	0
e	All other expenses	3,764	264	3,500	0
25	Total functional expenses. Add lines 1 through 24e	15,925,584	14,279,565	1,646,019	0
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)				

	art A	Balance Sneet			
	١	Check if Schedule O contains a response or note to any line in this P	art X	<u>.</u>	<u>-</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,994,360	1	1,914,090
	2	Savings and temporary cash investments	1,477,121		2,642,791
	3	Pledges and grants receivable, net	0	-	0
	4	Accounts receivable, net	1,452,329	4	1,728,671
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions). Complete Part II of Schedule L	0	6	0
SS	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	129,495	9	101,325
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2.635.206			
	١.	2,000,200			
	b	Less: accumulated depreciation 10b 660,990			1,974,216
	11	Investments—publicly traded securities	1,257,156	$\overline{}$	804,915
	12	Investments—other securities. See Part IV, line 11		12	
	13 14	Investments—program-related. See Part IV, line 11		13	
	15	Intangible assets	10.040		271 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,040 8,109,703		371,880 9,537,888
_	17	Accounts payable and accrued expenses	995,064		1,079,096
	18	Grants payable	773,004	18	0
	19	Deferred revenue	13,937	19	47,291
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	142,346	21	90,420
Ś	22	Loans and other payables to current and former officers, directors,			•
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	489,490	23	357,607
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third]	
	ĺ	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0		36,115
	26	Total liabilities. Add lines 17 through 25	1,640,837	26	1,610,529
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	6,468,866	27_	7,927,359
Ва	28	Temporarily restricted net assets	0	28	0
밀	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances	ļ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	6,468,866	33	7,927,359
	34	Total liabilities and net assets/fund balances	8,109,703	34	9,537,888
					Form 990 (2017)

	Check if Schedule O contains a response or note to any line in this Part XI				. 🔽	
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1		17,22	5,551	
2 To	otal expenses (must equal Part IX, column (A), line 25)	2		15,92	5,584	
	evenue less expenses. Subtract line 2 from line 1	3	1,299,967			
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,468,866		
	et unrealized gains (losses) on investments	5		14	7,656	
6 Do	onated services and use of facilities	6			0	
7 In	vestment expenses	7			0	
	rior period adjustments	8			0	
	ther changes in net assets or fund balances (explain in Schedule O)	9		1	0,870	
	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
33	3, column (B))	10		7,92	7,359	
Part XI	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
				Yes	No	
	ccounting method used to prepare the Form 990: 🗌 Cash 🕝 Accrual 🔲 Other		- 1	İ		
	the organization changed its method of accounting from a prior year or checked "Other," exp	olain II	n]	
-	chedule O.		ļ	 		
	Vere the organization's financial statements compiled or reviewed by an independent accountant?			┼	~	
	"Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or			
	eviewed on a separate basis, consolidated basis, or both:		1			
_	Separate basis Consolidated basis Both consolidated and separate basis			-	├	
	/ere the organization's financial statements audited by an independent accountant?		. <u>2</u> b	~	<u> </u>	
	"Yes," check a box below to indicate whether the financial statements for the year were audite	a on	a			
	eparate basis, consolidated basis, or both:		[[]	
	Separate basis Consolidated basis Both consolidated and separate basis			-	ļJ	
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for our fithe audit, review, or compilation of its financial statements and selection of an independent accou					
				-	<u></u>	
	the organization changed either its oversight process or selection process during the tax year, exchedule O.	piain ii	"			
	chedule 0. s a result of a federal award, was the organization required to undergo an audit or audits as set	forth "	<u> </u>	-		
	e Single Audit Act and OMB Circular A-133?	iorui ii		ļ	-	
	"Yes," did the organization undergo the required audit or audits? If the organization did not under	· · rao th	. 3a	+-		
	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1		
	required deart of duding explain trily in correduce of and december any steps taken to and ago such a			m 990	(2017)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

AKI	EL CLINICAL SERVICES					84-12	255228	
Pa	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.	
The ·	organization is not a private foundat						$\sim O$	
1	A church, convention of church	es, or associati	on of churches descr	ibed in s e	ection 17	0(b)(1)(A)(i).	()	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hos	pital service org	ganization described i	n section	170(b)(1	I)(A)(iii).	,	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in	
6	☐ A federal, state, or local govern	ment or govern	mental unit described	in secti	on 170(b)	(1)(A)(v).		
7	An organization that normally r described in section 170(b)(1)(port fron	a gover	nmental unit or fron	n the general public	
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organiz			•	erated in	conjunction with a l	and-grant college	
	or university or a non-land-gran university:	nt college of agr	culture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	An organization that normally re receipts from activities related t support from gross investment acquired by the organization affiliation.	to its exempt fur income and uni	nctions—subject to c related business taxal	ertain exe ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	An organization organized and							
12		•		-			my out the nurnoses	
	of one or more publicly support Check the box in lines 12a throu	rted organizatio	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).	
а	— — .	-	• • • •	. •	_	<u>-</u>	_	
Ī	the supported organization(T		
	supporting organization. Yo							
b						supported organizati	on(s), by having	
	control or management of the organization(s). You must c	he supporting o	rganization vested in	the same				
c	Type III functionally integrits supported organization(s						ally integrated with,	
d	. —		· ·				orted organization(s)	
	that is not functionally integrated requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е	Check this box if the organize functionally integrated, or Ty						e II, Type III	
f	Enter the number of supported or	•			_		🗀	
g	Provide the following information	about the supp						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary	(vi) Amount of	
	}		(described on lines 1-10 above (see instructions))		ment?	support (see instructions)	other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
D)								
E)								
 Fota	1			 -				

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.) Schedule A (Form 990 or 990-EZ) 2017 Part II

Section A. Fubric Support Calendar year (or facal year beginning in) If Giffice, ingrants, contributions, and member shap fees received. (Do not include year unusual grants, 7) Tax were well of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation without charge. The routin of variety and services or facilities furnished by a golvernmental unit to the organization without charge. Total Add lines 1 through 3. The portion of total contributions by each person of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the state of the signaturation in the signaturati		7/	art III. If the organization fails to	quality under				(e) 2017	(f) Total
Girls, grants, contributions, and memberships fees received. (Do not include any "unusual grants,") Tax repended on its behalf The value of particular and either paid to or expended on its behalf The value of particular and either paid to or expended on its behalf The value of particular and either paid to responded on its behalf The value of particular and either paid to or expended on its behalf The potent of total contributions by each person (other than a governmental unit or publicly supported organization included on line of that exceeds 2% of the amount shown on line 11, column (i) Public support Subtract line 5 front line 4	<u> </u>		Cunnort			(c) 2015	(d) 2016	(e) 2017	
1 Girts, grants received. (Do not include any "unusual grants."). 2 Tax révenues levied for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a golvernmental unit to the organization without charge. 4 Total, Add lines 1 through 3. 5 The portion of total contributions by ach person (other than by a golvernmental unit to the organization without charge. 4 Total, Add lines 1 through 3. 5 The portion of total contributions by a golvernmental unit or publicly supported organization) heliuded on line 1 that exceeds 25 of the amount shown on line 11, column (f). 5 Public support, Subtract line 5 front line 4 Section B. Total Support. Calendar year (or facal year beginning in) 2. 6 Public support subtract line 5 front line 4 8 Gross income from unetest, dividends, payments received on securities loans, rents, royatities, and income from similar sources 9 Net income from unetested business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VII). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3). 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 15 Total support. Add lines 7 through 10 16 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 16 33 % support test—2017. If the organization of the ox on line 13, and line 14 is 331/v5 support by five five five five five five five five	Section	A. r	- (ar fiscal year beginning in) ▶	(a) 2013	10/2011			\	
membéphip ress tectures include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on the public growth and governmental unit publicly supported organization in the public support of grantal unit publicly supported organization in the public support subtract line 5 fine line 4 Section B. Total Support And line 5 fine line 4 Section B. Total Support And lines 7 through 10 Calendar year (or fiscal year beginning in) to each payment received on securities behalf and expended business is regularly carred on securities behalf and expended business is regularly carred on on the tubusiness is regularly carred on on the tubusiness is regularly carred on on the public support percentage for 2017 (line 6, column (f) advided by line 11, column (fi). 11 Total support Add lines 7 through 10 Corpus striction of Public Support Percentage Section C. Computation of Public Support Percentage for 2017 (line 6, column (f) advided by line 11, column (fi). 14 Public support percentage for 2017 (line 6, column (f) advided by line 11, column (fi). 15 Total support Add lines 7 through 10 16 Section C. Computation of Public Support Percentage for 2017 (line 6, column (f) advided by line 11, column (fi). 17 Total support test—2017. If the organization did not check he box on line 13, and line 14 is 331-3% or more, check lis box and stop here. The organization qualifies as a publicly supported organization organization organization enters the "facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 19% or more, and if the organization meets the "facts-and-c	Calenda	r yea	contributions, and	}	}	1	}	1	
include any functions a grain. The value of vervices or facilities furnished by a governmental unit to the organization without charge. Total. Add imes 1 through 3. The value of vervices or facilities furnished by a governmental unit to the organization without charge. Total. Add imes 1 through 3. The proting of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4 Section B. Total Support Other income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI). Total support. Add lines 7 through 10 Corporation of Public Support Percentage from 2016 Schodule A. Part II, line 14 Public support percentage for 2017 (pine 6, column (f) divided by line 11, column (f)). Total support corporation of Public Support Percentage for 2017 (pine 6, column (f) divided by line 11, column (f)). Total support bercentage for 2017 (pine 6, column (f) divided by supported organization. Section C. Computation of Public Support Percentage for 2017 (pine 6, column (f) divided by supported organization. Total support here. The organization did not check the box on line 13, and line 14 is 331/s/s support test—2017. If the organization did not check box on line 13 or 16a, and line 14 is 331/s/s support test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 17a 106/s-facts-and-circumstances test—2015. If the organization qualifies as a publicly supported organization q				1	1	Ì			
2 Tax revenues levied on its behalf to or expended on its behalf to or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i). 6 Public support. Subtract line 5 from line 4 8 Section B. Total Support 7 Amounts from line 4 8 Gross income from unretest, dividends, payments received on securities loans, rents, royalties, and uncome from similar sources 9 Net income from unretated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Expelian in Part VI). 10 Gross receipts from related activities, etc. (see instructions). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 First five years, if the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3). 14 Public support percentage for 2017 (line 6, column (i) divided by line 11, column (ii). 15 Public support percentage for 2016 Schedule A, Part II, line 14 16 33/3/% support test—2017. If the organization did not check the box on line 13, and line 14 is 33/3/% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10% or more, and if the organization qualifies as a publicly supported organization 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check thi	n	nemb	Pership fees received (
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The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit of publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i). 6 Public support. Subtract line 5 froft line 4 8 Cection B. Total Support 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not itse business is repularly carned on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3). 14 Public support Percentage for 2016 Schedule A, Part II, line 14. 15 Public support percentage for 2016 Schedule A, Part II, line 14. 16 Public support percentage for 2017 (line 6, column (i) divided by line 11, column (ii). 17 A Public support percentage for 2016 Schedule A, Part II, line 14. 18 33/9% support test—2017. If the organization did not check the box on line 13, and line 14 is 33/9% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 18 33/9% support test—2017. If the organization did not check a box on line 13, 16a, 16b, or more, and the paymaxition meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test,					}	!	}]	
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18 Private Touridation Schedule A (Form 990 or 990 ar 90 ar 90 ar 90 ar			Supported Signature If the organiz	zation did not o	CHECK a DUX OF		. <u> </u>		200 or 990-FZ) 2017
Instructions		18	Private ioundation.	. <u> </u>				Schedule A	(HOLLI AAD OL 222
			Instructions						

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.)

Secu	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	5,370	10,806	15,519	53,942	105,376	191,013
2	Gross receipts from admissions, merchandise		-				
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	10,375,452	12,886,552	14,920,868	15,589,179	17,051,042	70,823,093
3	Gross receipts from activities that are not an	10,0,0,102	12,000,002	14,720,000	10,007,177	17,001,042	10,020,010
	unrelated trade or business under section 513	}		j			
4	Tax revenues levied for the						
•	organization's benefit and either paid to		1		İ		
	or expended on its behalf						
5	The value of services or facilities					 	
3	furnished by a governmental unit to the						
	organization without charge	Ì					
_							
6	Total. Add lines 1 through 5	10,380,822	12,897,358	14,936,387	15,643,121	17,156,418	71,014,106
/a	Amounts included on lines 1, 2, and 3				l		
	received from disqualified persons .	0	0	0	0	0	0
b					ļ		
	received from other than disqualified						
	persons that exceed the greater of \$5,000			į			
	or 1% of the amount on line 13 for the year	19,558	0	0	0	0	19,558
_	Add lines 7a and 7b	19,558	0	0	0	0	19,558
8	Public support. (Subtract line 7c from	ì			İ		
	line 6.)						70,994,548
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	10,380,822	12,897,358	14,936,387	15,643,121	17,156,418	71,014,106
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1					
	royalties, and income from similar sources.	35,172	54,670	33,349	50,910	57,140	231,241
b		1		Į			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	35,172	54, <u>67</u> 0	33,349	50,910	57,140	231,241
11	Net income from unrelated business					Ţ	
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	o		0
12	Other income. Do not include gain or				_	,	
	loss from the sale of capital assets	ŀ	1			1	
	(Explain in Part VI.)	0		0	o	О	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	10,415,994	12,952,028	14,969,736	15,694,031	17,213,558	71,245,347
14	First five years. If the Form 990 is for th	e organization	's first, second	d, third, fourth,	or fifth tax ye	ar as a sectioi	n 501(c)(3)
	organization, check this box and stop her	re	<u> </u>		. <u>.</u> . <u>.</u> .		> 🗀
Secti	on C. Computation of Public Suppor	t Percentage	<u> </u>				
15	Public support percentage for 2017 (line 8	3, column (f) div	rided by line 13	3, column (f))		15	99.65 %
16	Public support percentage from 2016 Sch	edule A, Part I	ll, line 15 .			16	99.57 %
Section	on D. Computation of Investment Inc	come Percen	tage				
17	investment income percentage for 2017 (I	ine 10c, colum	n (f) divided by	/ line 13, colun	nn (f))	17	0 32 %
18	Investment income percentage from 2016				, , , ,	18	0.34 %
19a	331/3% support tests-2017. If the organi					ore than 331/39	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2016. If the organization						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6	 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	The state of the s			

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c	l	L
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1 1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	'		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part] !		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			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	1 !		
	or management of the supporting organization was vested in the same persons that controlled or managed	'		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		<u> </u>
			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).	-		
3		2		_
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	e)
a	The organization satisfied the Activities Test. Complete line 2 below.	nou a		<i>3)</i> .
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
_		,		
2	Activities Test. Answer (a) and (b) below.	r	Yes	No
а	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.	2a		لـــــــا
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b	1	ì

Schedule A	(Form	aan or	990-F7\	2017
Schedule A	(FOIIII	330 01	330-LL	2011

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V			,
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	tru nizat	st on Nov. 20, 1970 (exp ions must complete Sec	lain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	_	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1,	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	nizations (continued	Page
				Current Year
	to supported organizations to accomplish	n exempt purposes		Ourrent fear
2	Amounts paid to perform activity that directly furthers a	xempt purposes of supp	orted	 -
	- 9-94-incations, in excess of income from activity			
3	- tarrimodative expenses paid to accomplish exempt ou	rposes of supported org	anizations	
4				
5	abide amounts (prior in approval required	i)		 -
6	Part VII. See Instructions	S		
				
8		ch the organization is re	sponsive	
9	The state details in Fait VI). See instructions.		•	
10				†
	Line 8 amount divided by line 9 amount			f
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		 	7 2017
	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e				
f_	e at mice of thought e			<u> </u>
g	Applied to underdistributions of prior years			<u> </u>
<u>h</u>	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
_ <u>a</u>	Applied to underdistributions of prior years			
D	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5 	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	Excess distributions carryover to 2018. Add lines 3j and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 201

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number **ARIEL CLINICAL SERVICES** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

Part		Collections of A	<u>Art, Hist</u>	orical 1	reasures,	or Oth	er Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of the	follow	ing that are a	significant	use of its
а	☐ Public exhibition		d (☐ Loan	or exchange	e progra	ams		
b	☐ Scholarly research		е [☐ Other	r				
С	☐ Preservation for future generations	,				-			
4	Provide a description of the organizat XIII.	ion's collections a	nd expla	in how t	hey further t	the orga	anızatıon's exe	empt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part		_						<u> </u>	
-	Complete if the organization 990, Part X, line 21.					·	•		Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	s 🗹 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing t	able:				
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodial	account liabili	ty? 🔲 Ye	s 🗹 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	of the ex	planatio	n has been j	provide	d on Part XIII	<u> </u>	
Par	V Endowment Funds.								
	Complete if the organization	answered "Yes"	on For	m 990, I	Part IV, line	10.			
		(a) Current year	(b) Prid	or year	(c) Two years	s back	(d) Three years ba	ick (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs				-				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1	, column (a)) held a	s:		
а	Board designated or quasi-endowmer								
b	Permanent endowment ►	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the			zation th	at are held a	and adr	ninistered for	the	
	organization by:							ſ	Yes No
	(i) unrelated organizations	,						. 3a(i)	
	(ii) related organizations							. 3a(ii)	
ь	If "Yes" on line 3a(ii), are the related of			red on S	chedule R?			. 3b	
4	Describe in Part XIII the intended uses								
Part									
	Complete if the organization		on For	m 990, l	Part IV, line	11a. S	See Form 990	0, Part X, I	ine 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost	or other basis other)	(c) A	ccumulated preciation	(d) Boo	
1a	Land	. 	152,420		0				152,420
b	Buildings	. 2	,021,911		0		378,373		1,643,538
c	Leasehold improvements	. 	61,650		0		26,715		34,935
ď	Equipment		382,115		0		238,792		143,323
e	Other		17,110		0		17,110		0
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99		K, columi	n (B), line 10	c.)	▶		1,974,216

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on Form 990, Pa		
	(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-I	neld equity interests		
(3) Other			
(A)			<u> </u>
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			<u> </u>
(H)	Name of the state		
	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, Pal	+ IV line 11e Coe I	Form 000 Bort V line 12
	(a) Description of investment	 	(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)		+	
(2)			
(3)		- 	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Pai	rt IV, line 11d. See I	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
_(7)			
(8)			
(9)	(A) word and Fermi OOO Deed V and (D) has 45		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. •
Part X	Other Liabilities.	4 N. J. Comp. at at a constant.	0 F 000 B+ V
	Complete if the organization answered "Yes" on Form 990, Palline 25.	τιν, line Tre or Tit	. See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in			
			0
(3)	1 Compensation		36,115
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			+ -
	b) must equal Form 990, Part X, col. (B) line 25.) ▶		36,115
	uncertain tax positions. In Part XIII, provide the text of the footnote to the org	ianization's financial sta	
	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	łeturn.
1	Total revenue, gains, and other support per audited financial statements	1 17 373 207
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 17,373,207
a		
b	Net unrealized gains (losses) on investments	
C	Recoveries of prior year grants	
ď	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e 147,656
3	Subtract line 2e from line 1	3 17,225,551
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	17,225,551
a		
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 17,225,551
Part		17/220/001
i ai c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	i i i ciai ii.
1	Total expenses and losses per audited financial statements	1 15,930,236
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	10/700/200
– a	Donated services and use of facilities	Ì
b	Prior year adjustments	
c	Other losses	
ď	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e 21,426
3	Subtract line 2e from line 1	3 15,908,810
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	10/200/210
a .	Investment expenses not included on Form 990, Part VIII, line 7b 4a 16,774	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c 16,774
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 15,925,584
2; Par Sched	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infolule D, Part XII, Line 2d - Expenses related to rental portion of real property (rental income is shown as NET of III, Line 6c	ormation. of expenses on Form 990,
-		

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

OMB No 1545-0047

ARIEL	L CLINICAL SERVICES		84-12552	28		
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a. Complete Part III to provide	d any of the following to or for a perany relevant information regarding	person listed on Form g these items.			
	☐ First-class or charter travel ☐ H	lousing allowance or residence for	or personal use			l
	☐ Travel for companions ☐ P	ayments for business use of per	sonal residence			1
		lealth or social club dues or initia				
		ersonal services (such as, maid,				1
		(
b	in any or the boxes on the ra are encoured, and the org					
	or reimbursement or provision of all of the expense		complete Part III to			
	explain			1b		
			1			
2	Did the organization require substantiation prior to directors, trustees, and officers, including the CEO/Exe					
	1a?			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director. Check all that aprelated organization to establish compensation of the CE	ply. Do not check any boxes for	methods used by a			
		/ritten employment contract	irini raitiii.			
	_ ·	compensation survey or study				
		•				
	☐ Form 990 of other organizations	pproval by the board or compen	sation committee			
4	During the year, did any person listed on Form 990, Part organization or a related organization.	VII, Section A, line 1a, with resp	ect to the filing			
а	Receive a severance payment or change-of-control payr	nent?		40		~
b	Participate in, or receive payment from, a supplemental r			4a 4b	~	_
					_	~
С	Participate in, or receive payment from, an equity-based			4c		
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each	item in Part III.			
	0.1		_			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organi				1	
5	For persons listed on Form 990, Part VII, Section A, line	la, did the organization pay or a	ccrue any			
	compensation contingent on the revenues of:					
а	The organization?			5a		~
b		· · · · · · · · · · · · · · · · · · ·		5b		>
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line	1a, did the organization pay or a	ccrue any		- 1	
	compensation contingent on the net earnings of:				1	
а	The organization?			6a		~
ь				6b		1
-	If "Yes" on line 6a or 6b, describe in Part III.				-	Ť
	ii 103 off line of or ob, describe ii i art iii.			1	1	
7	For persons listed on Form 990, Part VII, Section A,	line 1a did the executation -	rovide any nonfived			
•	payments not described on lines 5 and 6? If "Yes," described	mie ra, ulu me organization p ribe in Part III	rovide any nomixed	_	}	/
•				7	\rightarrow	
8	Were any amounts reported on Form 990, Part VII, paid of	or accrued pursuant to a contrac	t that was subject	}	}	
	to the initial contract exception described in Regula	ations section 53.4958-4(a)(3)?	If "Yes," describe	ĺ		
	in Part III			8		~
9	If "Yes" on line 8, did the organization also follow the					
	Regulations section 53.4958-6(c)?			9		

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

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 o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	. (III) Other reportable	other deferred compensation	benefits	(a)-(i)(g)	in column (B) reported as deferred on prior
				compensation				Form 990
REBECCA HOBART, CHIEF	€	179,630	0	0	0	15,389	195,019	0
1 EXECUTIVE OFFICER	8	0	0	0	0	0	0	0
	8							
2	E				v 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	€							
6	€							• • • • • • • • • • • • • • • • • • •
	ε							
4	E						• • • • • • • • • • • • • • • • • • •	: : : : : : : : : : : : : : : : : : :
	8							
5	€							0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	8							
9	€							
	8							
7	(E)							
	(2)							
8	(ii)							
	8							
6	<u>(E)</u>							
	(1)							
10	(ii)							
	8							
11	(ii)							
	(8)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12	8							
	<u> </u>					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
13	3							
	€							
14	(ii)							
	(0)							
15	€				ļ			
	8							
16	(E)							

Schedule J (Form 990) 2017

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Provide the information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Schedule J, Part I, Line 4 - Ariel created a supplemental executive retirement plan in September of 2017.
Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

ARIEL CLINICAL SERVICES 84-1255228 Form 990, Part VI, Section A, Line 8b - There were no committees with authority to act on behalf of the governing board Form 990, Part VI, Section B, Line 11b - The CEO reviews the return in its entirety prior to filing. A complete copy of the Form 990 and accompanying schedules are electronically provided to each member of the governing board with adequate time allowed to review, ask questions and provide input prior to filing the return. Form 990, Part VI, Section B, Line 15 - Comparable data for the CEO position (as well as other positions in the organization) is gathered from an independent organization and provided to the Board of Directors annually to evaluate the compensation of the CEO Strategic goals are established and any subsequent increases to compensation are based on successful completion of these goals. The process includes an annual formal review, documentation and support of the decision made and actions taken. The process for determining compensation of the CEO was last undertaking in 2017, as required by CO Rules and Regulations governing foster care agencies. The CEO is responsible for setting compensation for the CFO using a similar process and independent salary data. Form 990, Part VI, Section C, Line 19 - Documents are available to the public upon request. Form 990, Part IX, Line 11g - Other fees for services includes stipends (\$7,725,248) and respite (\$63,860) made to our foster parents and host home providers. An additional \$200,577 was paid to therapists, day care providers, transportation providers, etc. A total of \$35,433 was paid for outsourced payroll processing and human resource services. Form 990, Part XI, Line 9 - Ariel receives funds on behalf of clients from various third-party payers and holds them in a collective, non-interest bearing bank account. These funds are then used to pay room and board and personal expenses on behalf of the client. The amount listed on Form 990, Part XI, Line 9 represents the difference between the funds received and expended on behalf of the clients