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Form 990-EZ

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

OMB No 1545-1150

20**17**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

► Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2017 calendar year, or tax year beginning 2017, and ending May 2 20 B Check if applicable C Name of organization ? D Employer Identification number ADNP Kids Research Foundation Address change 300964243 Name chance Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 24500 NE 132nd Circle 360-831-3069 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Brush Prairie, WA 98606 Number ► 7 Application pending ✓ Cash G Accounting Method: Accrual H Check ► ☐ If the organization is **not** Website: ▶ www adnpfoundation.org required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF), 501(c) (K Form of organization: Corporation ☐ Association ☐ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received ?: 2 Program service revenue including government fees and contracts 2 ?: 3 3 Membership dues and assessments . . . 4 Investment income 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 4828 Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 4828 6d Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 86496 36843 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 11 11 12 12 Salaries, other compensation, and employee benefits ?... 13 Professional fees and other payments to independent contractors ... 13 14 14 15 15 Printing, publications, postage, and shipping . . . 16 2854.00 16 Other expenses (describe in Schedule O) 24 39697 17 Total expenses. Add lines 10 through 16 . 17 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree and of every four reported on end-of-year figure reported on end-of Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 46799 19 end-of-year figure reported on prior year's return) . 19 Other changes in net assets or fund balances (explain in Schedule DEN 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 46799

Form 990-EZ	(2017)				_	Page 2
Part II	Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		<u> 🗅</u>
	· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
	sh, savings, and investments			6708	22	46799
23 Lar	nd and buildings		[23	
24 Oth	ner assets (describe in Schedule O)		[24	
25 To	tal assets		[6708	25	46799
26 Tot	tal liabilities (describe in Schedule O)		[26	
27 Ne	t assets or fund balances (line 27 of column	(B) must agree with	n line 21)	6708	27	46799
Part III	Statement of Program Service Accom			Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗹		Expenses
What is the		charitable, scientific				equired for section
						1(c)(3) and 501(c)(4) ganizations; optional for
	the organization's program service accomplisered by expenses. In a clear and concise m				, .	ners.)
	enefited, and other relevant information for ea		s services provide	a, the number of		,
	tarted a research project for ADNP Syndrome at	<u></u>	r Autism at Mount 9	ingi at the Icahn	├─	
	ol of Medicine in New York. We are hoping to ra					}
	is study. We are funding as much of the project				١	
(Gran	· · · - · · · · · · · · · · · · · ·	includes foreign gra			28	a 35243
	unded a small portion to cover genetic testing ki	,				
	d out of South Carolina. I met with them in Feb		sed the most ADNF	patients in		
	IS to date and are writing a paper with the findin					ļ.
(Gran		includes foreign gra		<u></u> ▶ □	29	a 1500
30 We p	ald for a portion of the publishing fee for a med	ical journal manuscri	pt that the foundation	on contributed		
to. T	his is the first medical journal manuscript/public	cation that we have b	een able to fund. It	was a portion		1
of the	e fee that I be leive was \$400.00 total.				l	
(Gran	nts\$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30	a 100.00
31 Othe	r program services (describe in Schedule O)					
(Gran	· · · · · · · · · · · · · · · · · · ·	includes foreign gra	nts, check here .	▶ □	31:	a 285
	I program service expenses (add lines 28a t				32	
Part IV	List of Officers, Directors, Trustees, and Key				nstru	uctions for Part IV
	Check if the organization used Schedule			•		ന
		(b) Average	(c) Reportable 22	(d) Health benefits,	Ť	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	ee (e	 Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)		n]	outer compensation
andra Se	rmone - Founder/President			1	+	· -
-ununa 3e	······································	40		1	1	
Conta Far	ston Mosburton Vice Decaldent	 	 		+	
senie Egei	rton-Warburton - Vice President	5	ĺ	(
		 _	<u> </u>		4	
im Mosie	r - Treasurer	2				
		<u> </u>			\perp	0
enore Ra	th - Board Member	2				
					$oldsymbol{ol}}}}}}}}}}}}}}}}}$	(
)ebbie Ab	raham - Board Member				Т	
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Form 990-EZ (2017) Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Ø Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a 35b b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39a a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year No Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be ji (Ti 44b Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45b

Page	9 4
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Form 990-EZ (2017)

							S NO
46	Did the organization engage, directly or in						_ بينملك
	to candidates for public office? If "Yes," of		, Part I	· · · ·	• • • •	· 46	
Part							
	All section 501(c)(3) organization	is must answer que	estions 47–49b and	d 52, and	complete th	e tables for li	nes
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	d to any question in	this Part	<u>VI</u>	<u> </u>	<u>. 🖸</u>
						Yes	s No
47	Did the organization engage in lobbying		section 501(h) elect	tion in effe	ect during the	tax	
	year? If "Yes," complete Schedule C, Par	tll				. 47	
48	Is the organization a school as described i	n section 170(b)(1)(A)((ii)? If "Yes," complete	e Schedule	eΕ	. 48	
49a	Did the organization make any transfers t	, , , , , ,	• • • •				TV -
b	If "Yes," was the related organization a se					. 49b	7
50	Complete this table for the organization's						and kev
-	employees) who each received more than						
	chipioyetti, tille edeli reterio da lilere alla	T	T		ealth benefits,	1	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribut	ions to employee		
	(a) ham and his or out on proyect	devoted to position	(Forms W-2/1099-MISC		ans, and deferred	other compens	ation
184. :		_	1	COI	npensation	ļ <u></u>	
	ve NO compensated employees		1				
We ar	e ran 100% by volunteers		 		<u>-</u>	ļ	
]					
			<u> </u>				
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						[
	***************************************		}			ļ	
	Total number of other employees paid ov	ror \$100 000	<u> </u>			<u> </u>	
					.		
51	Complete this table for the organization \$100,000 of compensation from the organization			nt contrac	tors who eaci	n received moi	re than
	\$100,000 or compensation from the orga	anization. If there is n	T T TOTIE.				
	(a) Name and business address of each independ	dent contractor	(b) Type of se	ervice	(c	c) Compensation	
100- 1-	1101.1		 				
we ni	red NO independent contractors						
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	Total number of other independent contri	actore each receiving	1 Over \$100 000				
	•	_				1.	——
52	Did the organization complete Schedu	uie A? Note: Ali s	ection 501(c)(3) org	ganizations	s must attac		1
	completed Schedule A	<u> </u>	 	<u> </u>	• • • •	.▶∐ Yes ∐	NO
Under p	penalties of perjury, I declare that I have examined this	return, including accompai	nying schedules and state	ments, and to	the best of my k	nowledge and belie	ef, it is
true, co	rrect, and complete. Declaration of preparer (other tha	n officer) is based on all inf	ormation of which prepare	er nas any kn	owledge.		
	Jandra Ser	more			10/1/2	2018	
Sign	Signature of officer				Date		
Here	■ Sandra Sermone, Founder/Presid	ent and Registered Ag	jent				
	Type or print name and title		·				
		Preparer's signature		Date	1	ı İ PTIN	
Paid	Print/Type preparer's name				Check L	J if	
Prep	arer —————				self-emplo	yyeu	
Use	J				Firm's EIN ▶		
	Firm's address ▶				Phone no.		
May t	he IRS discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes ☐] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(B)

(C)

(D)

(E)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

0MB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ADNP Kids Research Foundation 30-0964243 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v), An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a mon-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A)

Part	Support Schedule for Organization	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	j)
	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
<u>C1</u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 0010	(h) 0044	1 (2) 2045	(1) 0040	() 0047	
Caler 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")			Ì		7606	86496
2	Tax revenues levied for the			 		7000	80470
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to the]					
	organization without charge	<u> </u>					
4	Total. Add lines 1 through 3					7606	86496
5	The portion of total contributions by					75 E.	
	each person (other than a						
	governmental unit or publicly		# 1	Various and			
	supported organization) included on	5. 3. 3. 数数				.	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			San A			
	• •	7797.1727.1727.18	1				011001
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	18 (18 (18 (18 (18 (18 (18 (18 (18 (18 (2 · ε. Ψφ				<u> </u>
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(a) 2017	/(f) Total
7	Amounts from line 4	(a) 2013	(0) 2014	(6) 2013	(a) 2016	(e) 2017	11 / Total
8	Gross income from interest, dividends,						_ W
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business	,					
	is regularly carried on						
10	Other income. Do not include gain or					1	
	loss from the sale of capital assets						
	(Explain in Part VI.)	271.15		2000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (1000 (100) (1000 (100) (100) (100) (1000 (100) (100) (1000 (100) (\$ ** ** \$ ******** \$		
11 12	Total support. Add lines 7 through 10				WASHING THE		<u>\$ 649 b</u>
13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the				or fifth toy w	12	n F01(n)(2)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support				·····		<u> </u>
14	Public support percentage for 2017 (line			1. column (fl)		14	100 %
15	Public support percentage from 2016 Sci		•	. ,,,		15	100 %
16a	331/3% support test-2017. If the organ						check this
	box and stop here. The organization qua	alifies as a publ	icly supported	organization			▶ 🗆
b	331/3% support test-2016. If the organi						
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization me						
	Part VI how the organization meets the '			_	<u>=</u> '		supported
	organization						🕨 🗆
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r				-	•	
18	supported organization						
10	instructions						▶ □

Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please c	omplete Part	<u>ll.) </u>	
	on A. Public Support				T		
	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				ļ		
2	received. (Do not include any "unusual grants.")				ļ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	}	ļ	}	}		
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose				ļ		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					1	
4	Tax revenues levied for the	ĺ	[1	
	organization's benefit and either paid to				/		
	or expended on its behalf		 	ļ. <u> </u>	 		
5	The value of services or facilities		ļ		1/	1	
	furnished by a governmental unit to the	1	}	}	/		
_	organization without charge	<u> </u>		ļ	4		
6	Total. Add lines 1 through 5				 	ļ <u> </u>	
7a	Amounts included on lines 1, 2, and 3	l I	Į			1	
	received from disqualified persons .	<u></u>	<u> </u>		 	<u> </u>	
b	Amounts included on lines 2 and 3	ì		/		ĺ	
	received from other than disqualified			/	İ		
	persons that exceed the greater of \$5,000	İ	[/	ĺ		
	or 1% of the amount on line 13 for the year				 	ļ	
_	Add lines 7a and 7b	7 8 98 100	/		5 24 38 3 3 4 3 4 3		
8	Public support. (Subtract line 7c from						
	line 6.)				4.882 - 38.55		
	on B. Total Support	(-) 0040	/ / / / / / / / / / / / / / / / / / / /	(-) 0015	(-1) 001C	(-) 0017	(A Total
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/		}	 	
10a	Gross income from interest, dividends,	.	ľ			1	
	payments received on securities loans, rents, royalties, and income from similar sources.	1 /	ļ		}		l
	-	<u> </u>		<u> </u>		 	
D	Unrelated business taxable income (less	/	[[1		
	section 511 taxes) from businesses acquired after June 30, 1975	/		ļ	1		
	•	 		 -	 	 	<u> </u>
_	Add lines 10a and 10b	 /		<u> </u>	 	 	
11	Net income from unrelated business	/	ł	}	ł	1	
	activities not included in line 10b, whether	1/			<u>'</u>		
40	or not the business is regularly carried on	<u>/</u>	 		 	 	
12	Other income. Do not include gain or	1			Ì		
	loss from the sale of capital assets (Explain in Part VI.)	j	}	J	}]	
40	,	<u> </u>			 	<u> </u>	
13	Total support. (Add lines 9, 10c,/11, and 12.)	}	ļ		Į.		
4.4	First five years. If the Form 990/is for the	L	'a firet sees	d third fourt	h or fifth toy v	cor as a soctio	n 501(a)(2)
14	organization, check this box and stop he				-		
Cooki	on C. Computation of Public Suppor					· · · · · ·	
		<u> </u>		2 column (f)		. 15	%
15	Public support percentage for 2017 (line					16	
16 Sooti	Public support percentage from 2016 Sc					10	
	on D. Computation of Investment In			v line 12 sel	ımn (fl)	. 17	
17	Investment income percentage for 2017						<u>%</u>
18	Investment income percentage from 201					. 18	% and trac
19a	331/3% support tests /2017. If the organ						
_	17 is not more than 33 %, check this box		_				_
b	331/3% support tests—2016. If the organization 18 is not more than 331/3%, check this						
00							
20_	Private foundation. If the organization d	<u>iu not cneck a</u>	DOX ON IME 14	, 19a, or 19b,	CHECK THIS DOX	and see instru	ctions ▶ 🔲

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.)

Section A. All Supporting Organizations

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

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Part	Supporting Organizations (continued)	ly In
44	Has the examination accepted a gift or contribution from any of the following persons?	Yes No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
a	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	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.	11c
	on B. Type I Supporting Organizations	1
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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	W. 8 7 78 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	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 or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	la la la
	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	By reason of the relationship described in (2), did the organization's supported organizations have a	2
•	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	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test, Complete line 2 below.	,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	163 140
а	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
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	推到 200 周期
	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	李斯 北美 多篇
	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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
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		<u> </u>	
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)	
1 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		80000 1, 1940 2* 121 14 0 140 140 140 140 140 140 140 140 140 14	
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	新疆,在1987年1988	·	
2 Enter 85% of line 1.	2	建筑 "我来"		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	经产的基础的基础		
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5	TOWN THE PARTY OF		
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).	y in	tegrated Type III supporting	organization (see	

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish e						
	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive				
_	(provide details in Part VI). See instructions.		•				
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(c)	(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistributions	Distributable			
		Excess Distributions	Pre-2017	Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
2	(reasonable cause required—explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
	Per Construction of the Co		1518-22-23-33-1				
<u>a</u>	From 2013						
	From 2014						
<u>c</u>	From 2015	Section (1) the contract of th					
<u>d</u>							
<u>e</u>	From 2016	with a fire of the second		artenia (n. 1921). Bartinio (n. 1921).			
<u>f</u> _	Total of lines 3a through e						
<u> </u>	Applied to underdistributions of prior years	CANADA TAN TAN TAN TAN TAN TAN TAN TAN TAN TA					
<u></u>	Applied to 2017 distributable amount	LE-FLATER REPORT TO BEFF		14, 31, 41, 41, 41, 41, 41, 41, 41, 41, 41, 4			
<u> </u>	Carryover from 2012 not applied (see instructions)			Marine Transport			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	V.S 501 (No. of the Control of t	C				
4	Distributions for 2017 from						
	Section D, line 7: \$						
<u>a</u>	Applied to underdistributions of prior years		5. 10. 2000 CAPA . L CANA CAPA LAPOR C. S. 1 . C. +	E. Arresta (Arresta			
b	Applied to 2017 distributable amount	and the section of the	Y47606444663				
c	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.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
-8	Breakdown of line 7:						
a	Excess from 2O13		and the second	全国,并以为了企业 的			
b	Excess from 2014	95-42/465 TVA					
	Excess from 2O15			355524° 3534			
d	Excess from 2016	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		1/20-7/14/06/2018/2018			
u	Excess from 2017	-2015/14	F.27865 528 4875.	7.7			
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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.)
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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

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.

Open to Public Inspection

Employer identification number

ADNP Kids Research Foundation 30-0964243 Part 1, line 10: Grants and similar amounts paid (list in Schedule O) - \$35,243 for Research Project - ADNP Study at Seavers Center at Mount Sinal at Icahn School of Medicine, New York - \$1,500 for Research Project - Meto bolic Study Greenwood Genetics (contribute to 10 additional lab klds for ADNP), South Carolina - \$100 for Research Project - Fronteirs Medical Publication on c.2157 (A Downing) case study - contribute portion of publication fee Part 1, line 16: Other expenses (describe in Schedule O) - \$125.00 for Quickbooks for Non-Profit solfware - \$410.70 - for prinint and marketing supplies (we are currently doing our own business cards, flyers, etc) - \$2001.89 - for business travel (New York/Seavers study, South Carolina/Greenwood study, Washington DC/Orphan Drug Summit NORD) - \$216 00 - for website host (weebly) - \$50.00 - for National Organization of Rare Disorder Membership - \$50.00 - for Sec of State lic. fees Part III - Statement of Program Service Accomplishments The ADNP Kids Research Foundation was incorporated in the State of WA on May 26, 2016 for non-profit education and charitable purposes. - It's mission is to serve, educate and fund research for ADNP syndrome and the childrn and families affected. Past Activities. Prior year - Creation of the foundation website, including detailed research project information (www.adnpfoundation.org) **Present Activities:** - Working with Coronis Neurosciences providing information for baseline study for CP201 future drug trial - Helped negotiate the ADNP Study at the Seaver Autism Center at Mount Sinai at the Icahn School of Medicine in New York - Attended several conferences giving educational presentations on ADNP Syndrome - Created the new ADNPkids - ADNP Syndrome informational "1 sheet" - Co-Authored a medical publication with the University of Washington "ADNP Autism Phenotype" - Contributed as a ADNP Consorsium author on a medical publication based out of University of Antwerp, Belgium

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
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