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GOVERNMENT COPY

KIRCALDIE RANDALL & MCNAB LLC CERTIFIED PUBLIC ACCOUNTANTS 605 WASHINGTON AVENUE NORTH HAVEN, CONNECTICUT 06473-1187

SEPTEMBER 30, 2019

ALL OUR KIN, INC PO BOX 8477 NEW HAVEN, CT 06530

ALL OUR KIN, INC:

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KIRCALDIE RANDALL & MCNAB LLC

KIRCALDIE RANDALL & MCNAB LLC CERTIFIED PUBLIC ACCOUNTANTS 605 WASHINGTON AVENUE NORTH HAVEN, CONNECTICUT 06473-1187

SEPTEMBER 30, 2019

ALL OUR KIN, INC PO BOX 8477 NEW HAVEN, CT 06530

ALL OUR KIN, INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2018 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

KIRCALDIE RANDALL & MCNAB LLC

Prepared for:	Prepared by:
ALL OUR KIN, INC	KIRCALDIE RANDALL & MCNAB LLC
PO BOX 8477	605 WASHINGTON AVENUE
NEW HAVEN, CT 06530	NORTH HAVEN, CT 06473-1187

2018 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019. Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2018, or fiscal year beginning , 2018, and ending Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

06-1539280

20

ALL	OUR	KIN,	INC	
Name a	nd title of	officer		

Name and t	
PAIGE	MACLEAN
PRESI	DENT
Part I	Type of Return and Return Information (Whole Dollars Only)
Check the	box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box
on line 1a	22.32 Az or 52 bolow and the amount on that line for the return being filed with this form was blank then leave line the 2h 3h 4h or 5h

sa, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,650,968.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize KIRCALDIE RANDALL & MCNAB LLC	to enter my PIN 89957
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed re is being filed with a state agency(ies) regulating charities as part of the IF enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a sprogram, I will enter my PIN on the return's disclosure consent screen.	o , , , , , , , , , , , , , , , , , , ,
Officer's signature	Date October 2nd, 2019
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	06573612572 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 confirm that I am submitting this return in accordance with the requirements of Pu <i>e-file</i> Providers for Business Returns.	
ERO's signature JOHN F ONOFRIO, CPA	Date 09/30/19
ERO Must Retain This Form Do Not Submit This Form to the IRS U	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2018)
823051 10-26-18	

2018.04030 ALL OUR KIN, INC

ALL OUR KIN, INC PO BOX 8477 NEW HAVEN, CT 06530

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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-	q	q	Π
Form			U

B Check if applicable:

Address change

Name change

Initial return

Final return/

termin-ated

EXTENDED TO NOVEMBER 15, 2019

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

and ending

▶ 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.

OMB No. 1545-0047 8 **Open to Public** Inspection

772-2294 5,650,968.

Department of the Treasury	
Internal Revenue Service	Go to www.irs
A For the 2018 calend	ar year, or tax year beginning

C Name of organization	D Employer identification number	
ALL OUR KIN, INC		
Doing business as		06-1539280
Number and street (or P.O. box if mail is not delivered to street address) PO BOX 8477	Room/suite	E Telephone number (203) 772-22
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 5,650

	Amer returi	nded NEW HAVEN, CT 06530	H(a) Is this a group re	eturn
Applica- tion F Name and address of principal officer: PAIGE MACLEAN for subordi			? Yes X No	
				ncluded? Yes No
11	ax-e>	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. (see instructions)
		ite: WWW.ALLOURKIN.ORG	H(c) Group exemptio	
KF	orm c	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 Y	/ear of formation: 1999	State of legal domicile: CT
_	art I	Summary	·	
0	1	Briefly describe the organization's mission or most significant activities: TRAINING	, SUPPORTING	AND
nce		SUSTAINING COMMUNITY CHILD CARE PROVIDERS IN	ORDER TO ENS	URE THAT
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
G	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		73
viti	6	Total number of volunteers (estimate if necessary)		55
vct i	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
4		Net unrelated business taxable income from Form 990-T, line 38		0.
			Prior Year	Current Year
θ	8	Contributions and grants (Part VIII, line 1h)	4,648,289.	5,563,367.
nue	9	Program service revenue (Part VIII, line 2g)	9,103.	84,600.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,004.	3,001.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,659,396.	5,650,968.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,299,216.	3,134,312.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 124,836.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,310,397.	2,514,588.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,609,613.	5,648,900.
	19	Revenue less expenses. Subtract line 18 from line 12	1,049,783.	2,068.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	2,675,530.	2,722,953.
tAs	21	Total liabilities (Part X, line 26)	87,301.	132,656.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	2,588,229.	2,590,297.

Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	ane Elbistern		October 2nd, 2019
Sign	Signature of officer		Date
Here	🔪 PAIGE MACLEAN, PRESID	ENT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JOHN F ONOFRIO, CPA	JOHN F ONOFRIO, CPA	09/30/19 if p00012572
Preparer	Firm's name KIRCALDIE RANDA	LL & MCNAB LLC	Firm's EIN ▶ 06-0415530
Use Only	Firm's address 605 WASHINGTON	AVENUE	
	NORTH HAVEN, CT	06473-1187	Phone no. (203) 239-4478
May the II	RS discuss this return with the preparer shown at	oove? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form 990 (2018)
S	EE SCHEDULE O FOR ORGANT	ZATTON MISSION STATE	TENT CONTINUATION

	990 (2018) ALL OUR KIN, INC	06-1539280 _{Pa}
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	ALL OUR KIN TRAINS, SUPPORTS AND SUSTAINS COMMUNITY C PROVIDERS TO ENSURE THAT CHILDREN & FAMILIES HAVE THE	
	NEED TO SUCCEED IN SCHOOL AND IN LIFE.	FOUNDATION THEY
	MEED TO SUCCEED IN SCHOOL AND IN LIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	00
-	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes X
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and
	revenue, if any, for each program service reported.	
4a		Revenue \$ 84,60
	THROUGH OUR PROGRAMS, CHILD CARE PROFESSIONALS SUCCEE	
	OWNERS; WORKING PARENTS FIND STABLE, HIGH-QUALITY CAR	
	CHILDREN, THE WORKFORCE OF TOMORROW, GAINS AN EDUCATI	
	THAT LAYS THE GROUNDWORK FOR ACHIEVEMENT IN SCHOOL AN	D BEYOND.
4b		
τD	(Code:) (Expenses \$ including grants of \$) (including grants of \$)	Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,565,061.	- 000 /
		Form 990 (
32002	2 12-31-18 3	
20	930 784030 0716 2018.04030 ALL OUR KIN, INC	07161
<u>د</u> 0	2010.04030 ALL OOK AIN, INC	0/101

Form	990	(2018)

 Form 990 (2018)
 ALL OUR KIN, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	Х	
0	If "Yes," complete Schedule A	1 2	X	
2		2	<u>л</u>	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		X
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		X
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	15		X
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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				. /

4 07520930 784030 0716 2018.04030 ALL OUR KIN, INC
 Form 990 (2018)
 ALL
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 KIN ,
 INC

 Part IV
 Checklist of Required Schedules (continued)
 ALL OUR KIN, INC

22			Yes	No
		22		X
23				
		23		x
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? <i>If "Yes," answer lines 24b through 24d and complete</i>			
21 Did the organization answer 'Yes' to Part VI, Section A, Ine 3, 4, or 6 about compensation of the organization scurent and former officers, directors, trustose, key employees, and highest componsatio employees 71 *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 Isat day of the year. Nature as social after December 33, 2002 17 *Yes, 'arrow're integ 24b through 24d and complete Schedule K. If *No, 'go to line 25a 24a 2 Did the organization match any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 2 Did the organization act as no 'no behalt of 'ssue for bonds outstanding at any time during the year' 0 defease any tax-exempt bond's users for bonds outstanding at any time during the year' 0. 24a 2 Did the organization act as no 'no behalt of 'ssue for bonds outstanding at any time during the year' 0. 25a 2 Did the organization act as no 'no behalt of 'ssue for bonds outstanding at any time during the year' 0. 25a 2 Did the organization act as no 'no behalt of 'ssue for bonds outstanding at any time during the year' 0. 25a 2 Did the organization act as no tax no tax no action any of the organization scularity for year, and that the transaction with an excess benefit transaction with a disqualified persons? If 'Yes,' complete Schedule L, Part I 25a 2 Did the organization action at any action of the assistance to an officer, director, trustee, key employee, substantial contributor employee substantial or other assistance to an officer, director, trustee, ley employee, substantial contrintor former officer, director, trustee, le			X	
		24b		
С		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	····· ···· ···· · · · · · · · · · · ·	25a		x
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26				
		26		x
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а		28a		X
		28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29				X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35a	· · · · · · · · · · · · · · · · · · ·			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			·
		<u></u>	Yes	No
		2		
С				
				(0011
32004	¹ 12-31-18 5	⊦orm	390	(2018
	930 784030 0716 2018.04030 ALL OUR KIN, INC		161	

06-	1539280	Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (contrues) Yes No 2a Enter the number of employees reported on form W3, Transmittal of Wage and Tax Statements, to declara year and with or whith the square cover by the roturn of the stand or a control on ine 2a, did the organization file all required technial employment tax returns? 2a 7.3 3a Did the organization have unables the organization file all required technial employment tax returns? 2a X 3a Did the organization have unables to provide an explanter of other stational account? 3a X 3b If Yes, 'than if field a Form 900. The triange country? 3a X 3b X 3b If Yes, 'than if field a Form 900. The triange country? 3a X 3b X 3b If Yes, 'than if field a Form 900. The triange country? 3a Xa	Form	990 (2018) ALL OUR KIN, INC 06-1539	280	P	age 5								
ga Event the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. ga 7.3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ga X Note. If the sum of line 2a, did the organization file all required federal employment tax returns? ga X a Did the organization have unreated business gross noome of 31 000 more during the year? 3a X b If Yes, 'nast filed a form 60-0 for this year? If 'Vo' to line 3b, provide an explanation or other authorty over, a financial account in a foreign country: 4a X b If Yes, 'near the name of the forgin country: >1 14 X 5a X 56 Was to organization a park or prohibit data scheller transaction and yith or during the approximation a park or prohibit data scheller transaction and yith organization file R mem 886+17 5a X 57 Ge Does the organization file R mem 886+17 5a X 58 If 'Yes, 'indid the organization file R meass statement that such contributions or gifts were not tax deductible? 7a X 69 If 'Yes, 'indicate the number of the approxem to tax deductible contributions of rans go and park to gods and services provided to the park? 7a X					0								
tile for the calendary var ending with or within the year covered by this return				Yes	No								
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?	15		Х								
······································													
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х								
		If "Yes," complete Form 4720, Schedule O.											

Form **990** (2018)

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Form 990 (2018)	Form	990	(2018)
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ALL OUR KIN, INC

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Σ
Sec	tion A. Governing Body and Management				
			~ 	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a -	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		:
4	Did the organization make any significant changes to its governing documents since the prior Form		4		
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				Γ
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				\square
~	persons other than the governing body?	,	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				f
			8a	х	
	The governing body? Each committee with authority to act on behalf of the governing body?		8b	X	┢
9 9			40	- 23	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		9		
00	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal F			Yes	
0-	Did the organization have local chapters, branches, or affiliates?		10a	165	ť
			104		+
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to accurate their appreciation are accurate with the according to accurate purposes?		104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing both	before ming the form?	11a	- 23	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	
		a ta aa afiiata0	12a	~	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		Ľ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	in Schedule O how this was done		12c	x	Ľ
13	Did the organization have a written whistleblower policy?		13		┝
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501(c)(3)s only) avail	ab
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records >			
~	ALL OUR KIN INC - 203 772-2294				
	PO BOX 8477, NEW HAVEN, CT 06530				
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able 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.

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

(A) Name and Title	(B) Average hours per week	box offic	not c , unle cer an	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HELEN BLANK	2.00							0	0	0
DIRECTOR	2.00	X						0.	0.	0.
(2) PAIGE MACLEAN	2.00	v		v				0.	0.	0
PRESIDENT	1.00	X		X				0.	0.	0.
(3) DR LYNETTE M FRAGA DIRECTOR	1.00	x						0.	0.	0.
(4) DR WALTER S GILLIAM	1.00	<u>^</u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(5) DR MYRA JONES TAYLOR	1.00							•••		
DIRECTOR		x						122,256.	0.	0.
(6) DR C NICOLE MASON	1.00									
DIRECTOR		x						0.	Ο.	0.
(7) SAMMY POLITZINER	1.00									
DIRECTOR		X						0.	0.	0.
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	Average hours per week hours per hours per hou			(do not check more than one box, unless person is both an officer and a director/trustee)			n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	any vote the organi s for the organization (W-2/109 ted as the start of the organization (W-2/109 cations of the start of the organization (W-2/109 ow main the start of the organization (W-2/109 ted as the start of the organization (W-2/109 ted as the start of the organization (W-2/109 ted as the start of the start									fr org an	pensa om the anizat d relat anizatio	e ion ed
1h	Sub-total							<u> </u>	122,256.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	sove	e) wh	io r	eceived more than \$100	0,000 of reportabl	le		Yes	2 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>								highest compensated e			3	163	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and edule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-									npens	ation 1	from	
	(A) Name and business			ONE					(B) Description of s		С	(C ompe	;) nsatio	n
								_						
	Total number of independent contraction #		ot !!		d +-	+6-	00 11-			oro than				
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•		nite	u t0		se lis)	siec	above) who received m	iore man		Form	990 (2	2018)

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		Check if Schedule O cont	ains a response	or note to any lir	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b	Federated campaigns Membership dues Eurodecising events	1b					
3ifts ar A		Fundraising events						
ns, O		Government grants (contributi	ions) 1e 1 ,	503,263.				
utioi ier S	f	All other contributions, gifts, grant	ts, and	060 104				
le trib		similar amounts not included abov Noncash contributions included in lines		060,104.				
Con	-	Total. Add lines 1a-1f			5,563,367.			
				Business Code				
Program Service Revenue	2 a		S	611710	60,815.	60,815.		
	b			611710	23,785.	23,785.		
s me	c d							
ogra	e	•						
ž	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			84,600.			
	3	Investment income (including	,	,	3,001.			3,001.
	4	other similar amounts)			5,001.			5,001.
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	· · · · · · · · · · · · · · · · · · ·						
	c d	Rental income or (loss)		<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		►				
a		Gross income from fundraising						
enue		including \$	of					
Other Reven		contributions reported on line						
l er l		Part IV, line 18						
₹		 Less: direct expenses Net income or (loss) from fund 						
		Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses	b					
		Net income or (loss) from gam	-	····· •				
	10 a	Gross sales of inventory, less						
	b	and allowances						
		Net income or (loss) from sale		>				
[Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c d	All other revenue						
		• Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions			5,650,968.	84,600.	0.	,
83200	9 12-3	1-18			10			Form 990 (2018)

2018.04030 ALL OUR KIN, INC

ALL OUR KIN, INC

Form 990 (2018) Part VIII Statement of Revenue

(D) Fundraising expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All ot	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line ir	n this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Ι
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				ſ

Form 990 (2018) ALL OUR KIN, INC Part IX Statement of Functional Expenses

	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	242,808.		242,808.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,394,528.	2,072,220.	257,794.	64,514
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	283,211.	127,445.	144,437.	11,329
	Payroll taxes	213,765.	167,955.	37,260.	8,550
	Fees for services (non-employees):	-			
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	3,624.	2,847.	688.	8
	Advertising and promotion	26,908.	21,142.	5,091.	81 671
	Office expenses	79,800.	62,701.	15,147.	1,95
		18,204.	15,473.	2,002.	72
	Information technology	10,2040	13,4730	2,002.	74.
	Royalties				
		124,459.	97,790.	23,645.	3,02
	Travel	121,455.	51,1501	23,043.	5,02
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	144,986.	123,238.	15,949.	5,79
	Conferences, conventions, and meetings	144,900.	123,230.	15,949.	5,19
	Payments to affiliates	15,872.	13,491.	1,746.	63
	Depreciation, depletion, and amortization	-	48,341.	14,580.	0.5
		62,921.	40,341.	14,500.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
	CHILD CARE EHS	776,425.	776,425.		1
	OUTSIDE SERVICES	724,657.	569,381.	137,550.	17,72
-	RENT	178,788.	140,478.	33,937.	4,37
d	EDUCATIONAL MATERIALS	109,064.	109,064.	0.	(
	All other expenses	248,880.	217,070.	26,369.	5,44
	Total functional expenses. Add lines 1 through 24e	5,648,900.	4,565,061.	959,003.	124,83
	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 Figure if following SOP 98-2 (ASC 958-720)				Form 990 (20

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			221,729.	1	150,055.
	2	Savings and temporary cash investments			1,490,433.	2	875,611.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			872,376.	4	1,551,049.
	5	Loans and other receivables from current and for	rmer off	icers, directors,			
		trustees, key employees, and highest compensat	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			30,634.	7	43,963.
∢	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,631.	9	13,638.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	123,857.			
	b	Less: accumulated depreciation	10b	66,835.	33,622.	10c	57,022.
	11	Investments - publicly traded securities		·····		11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			04 405	14	
	15	Other assets. See Part IV, line 11		······ _	21,105.	15	31,615.
	16	Total assets. Add lines 1 through 15 (must equa			2,675,530.	16	2,722,953.
	17	Accounts payable and accrued expenses			47,301.	17	92,656.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees					
Liat		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	,		40,000.	05	40,000.
	00	Schedule D			87,301.	25 26	132,656.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)			07,301.	20	152,050.
Ces	27	complete lines 27 through 29, and lines 33 and			1,113,046.	27	1,952,208.
Fund Balances	27 28	Unrestricted net assets			1,475,183.	27	638,089.
Ва	20 29				1,475,105.	20	030,005.
nnc	29	Organizations that do not follow SFAS 117 (AS				29	
		and complete lines 30 through 34.	50 900)				
ts o	20					30	
se	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ				30 31	
Net Assets or	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances			2,588,229.	33	2,590,297.
	33 34	Total liabilities and net assets/fund balances			2,675,530.	34	2,722,953.
	34	TOTAL HADINITES AND HEL ASSELS/TUNU DAIANCES			2,0,0,000	34	

Form 990 (2018)

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Form 990 (2018) Part X Balance Sheet

ALL OUR KIN, INC

Form	ALL OUR KIN, INC	06-1	539280	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,650		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,648		
3	Revenue less expenses. Subtract line 2 from line 1	3			68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,588	8,2	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,59	0,2	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			x
	Act and OMB Circular A-133?		3a		<u>^</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	(2010)

Form **990** (2018)

832012 12-31-18

SCHEDULE A

(Form	990	or	990-EZ)
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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.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employed (dentification number 06 - 1539280) Part I Reason for Public Charity Status (AI 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.) A chuch, convention of churche, or association of churches described in section T00()(1/A)(i). A chuch, convention of churche, or association of churches described in section T00()(1/A)(ii). A handle described in section T00()(1/A)(iii). A model research organization described in accolino T00()(1/A)(iii). A model research organization described in section T00()(1/A)(iii). City, and date: A norganization tharomaly receives a substantial part of its support from governmental unit described in section T00()(1/A)(ii). City and date: A constraint that normally receives a substantial part of its support from governmental unit described in section T00()(1/A)(ii). Complete Part II) A constraint that normally receives a substantial part of its support from continuation with a land grant college or university or non-land grant college of agriculture (sea instructions). Enter the name, dity, and state of the college or university or non-land grant college of agriculture (sea instructions). Enter the hand as 3 (3% of its support fom grass investment income state instructions and (2) no me than 33 (3% of its support fom grass investment income acquires the local state in social state in the local s			of the Treasury nue Service			Attach to Form 990 or by/Form990 for instruct			nformation.		Open to Public Inspection
PartI Reason for Public Charity Status (At organizations must complete this part) See instructions. The organization is a private foundation because it is: (for lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1/A(k)). A Anaboti described in section 170(b)(1/A(k)). A church, convention of churches, or association of schurches described in section 170(b)(1/A(k)). A medical research organization described in section 170(b)(1/A(k)). A medical research organization described in section 170(b)(1/A(k)). A medical research organization described in section 170(b)(1/A(k)). A federal, state, or local government or governmental unit described in section 170(b)(1/A(k)). B A comparization than community rust described in section 170(b)(1/A(k)). A federal, state, or local government or governmental unit described in section 170(b)(1/A(k)). B A comparization than community rust described in section 170(b)(1/A(k)(k)). Complete Part II.) B A comparization than community rust described in section 170(b)(1/A(k)). Complete Part II.) B A community trust described in section 170(b)(1/A(k)). Complete Part II.) B A community trust described in section 170(b)(1/A(k)). Complete Part II.) B A cognization than community receives: (1) more than 33 1/3% of its support from continuction with a land grant college or university or a non-land grant college of agriculture (see instructions), and (2) no more than 33 1/3% of its support mark and support de	Nar	ne of	the organizati								
The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of hirdrines, or association of durched association is described in section 170(b) (1)(A)(ii), A school described in section 170(b) (1)(A)(ii), (Attach Schedule E (Form 900 or 900-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b) (1)(A)(iii), A hospital or a cooperative hospital service organization described in section 170(b) (1)(A)(iii), A norganization operated in conjunction with a loopital described in section 170(b) (1)(A)(iii), A norganization organization organization organization described in section 170(b) (1)(A)(iii), A norganization that normally receives a substantial part of its support from a governmental unit described in sector 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), A community trust described in section 170(b) (1)(A)(i), (Complete Part II), B community trust described in section 170(b) (1)(A)(i), (Complete Part II), B community trust described in section 170(b) (1)(A)(i), (Complete Part II), B comparization organization organization organization organization organization (appret) trust as a section 509(a)(A). C community trust as a section 170(b) (1)(A)(A)(Complete Part II), B complete display (1) (Complete Part II), B commu			Decem								6-1539280
1 A chuch, convention of chuches, or association of churches described in section 1700b/13(A)(i). 2 A chood described in section 1700b/13(A)(ii), (Atch Sh Shoulde E (Form 390 er 300 EZ)). 3 A modical research organization operated in conjunction with a hospital described in section 170(b)(13(A)(ii)). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(13(A)(c)). 7 An organization that normally receives a substantial part of its support form a governmental unit of form the general public described in section 170(b)(13(A)(c)). 8 A congnization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(13(A)(c)). 9 An arginization that normally receives estabutation (sec instructions), Enter the name, city, and state of the college or university or a non-land grant college of agriculture (see instructions), Enter the name, city, and state of the college or university is raited to its swapper throm gross investment income and unrelated business taxable income (sea section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(A). 10 An organization organization described in section sol(a)(A) conservestment A)(A) or to carry out the purpose of ore or more publicly supported organization described in section 509(a)(A). 11 An organization organization described in section 509(a)(1) or section 509(a)(A). 12 An organization										S.	
A school described in section 1700(h)(M)(ii), (Atta Schedule E (Form 90 or 900-E2)) A noganization operated in conjunction with a hospital described in section 1700(b)(M)(iii). A medical research organization operated in conjunction with a hospital described in section 1700(b)(M)(iii). Enter the hospital's name, city, and state. Chy and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(b)(M)(iv). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 1700(b)(M)(iv). (Complete Part II) A community trust described in section 1700(b)(M)(iv). (Complete Part II) A community trust described in section 1700(b)(M)(iv). (Complete Part II) A community trust described in section 1700(b)(M)(iv). (Complete Part II) A community trust described in section 1700(b)(M)(iv). (Complete Part II) A community trust described in section 1700(b)(M)(iv). (Complete Part II) A community trust described in section 1700(b)(M)(iv). (Complete Part II) A organization organization described in section 1700(b)(M)(iv) by the organization organi		orgar		-							
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; An organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; A norganization operated in child or the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit of norm the general public described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit of norm the general public described in section 170(b)(1)(A)(v). An arganization that normally receives a substantial part of its support from continuations, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exections and (2) no more than 33 1/3% of its support from gross investment income and university: An organization organization described in section 170(b)(1)(A)(v). Support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to eratin exections 509(a)(2). See section 509(a)(2). An organization organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box in lines 12a through 12a that describes the type of supporting organization ad completed evolvely to the supported organization of an angenetic to support or organization of an angenization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12a that describes the type of supporting organization ad complete and 12a. Type II. A supporting organization organization of acontrolled by the supported organization of anongenetin describe		H	-		-				I)(A)(I).		
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:		H							::)		
 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)(v). A declari, state, or local government or government all unit described in section 170(b) (1/A)(v). A comparization 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)(v). A community rust described in section 170(b) (1/A)(v). (Complete Part II.) A community rust described in section 170(b) (1/A)(v). (Complete Part II.) An argicultural research organization described in section 170(b) (1/A)(v). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its owerpf functions: subject to cartinal exceptions, and (2) no more than 31/3% of its support from gross investment income and unrelated business tazable income (loss section 511 tax) from businesses acquired by the organization from gross investment income and unrelated organization described in section 509(a) (2). Complete Part II.) An organization organizati and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 124 through 12d that describes the type of supporting organization, supported organizations and complete lines 12e, 12t, and 12g. Type II. A supporting organization specifies of and C. Controlled by its supported organizations (4). For organization is supported organization (4). The supporting organization specifies and C. Type II. A supporting organization specifies of and C. Type II. A supporting organization specifies and C. Type II. A supporting organization specifies and C. Type III confunctionally integrated. A supporting organization operated in connectio		H	•			•				Viii) Entor	the hospital's name
5 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)(v). 7 XA 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)(v). (Complete Part II.) 9 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)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated to business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organization devicesively to test for public safety. See section 509(a)(2). 12 An organization organization devicesively to test for public safety. See section 509(a)(3). Charche the box in lines 12a through 12d that describes the symporting organization ad complete Inset 2b, 12a, and 12g. 11 An organization organization operated, supporting organization ad completed long 2b, 12a, and 12g. 12 An organization organization operated, supporting organization 509(a)(3). Charche the box in lines 12a through 12d that describes the type of supporting organizations(b), typically by giving the supported organization(b); typically by giving the supported orga	-			-							the hospital s hame,
section 170(b)(1)(A)(0) (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 A norganization 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)(V). (Complete Part II.) 9 A community tract described in section 170(b)(1)(A)(V). (Complete Part II.) 9 A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to cartial exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). 12 An organization organized and operated exclusively for the bonefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization describes the type of supporting organization and complete lines 12e, 1/2, and 12g. a Type I. A supporting organization orselated, succeived, or controlled to construction(s), by playibly giving the supported organization(s), to preatly be giving organization supervised or controlled in connection with its supported organization(s), to preatly be giving organization (s). To user controlled Part IV, Sections A and C. b Type I. A supporting organiza	5				or the benefit of a c	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
7 X 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)(w). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(w) (complete Part II.) 9 An argicultural research organization described in section 170(b)(1)(A)(w) operated in conjunction with a land-grant college or university or anon-indu grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gene investment income and unrelated business taxable income (less section 509(a)(4). 11 An organization organization appented exclusively to test for public safety. See section 509(a)(4). 12 An organization organization spented, supervised, or controlled to prelome the functions of, or to carry out the purposes of one or more publicly supported organizations describes in section 509(a)(2). See section 509(a)(3). Check the box in inse 12a through 12d that describes the type of supporting organization organization organization organization spented, uprovised, or controlled to reganization(s), typically by giving the supported organization organization spented, uprovised, or controlled to connection with as supported organization(s), typically by giving the supporting organization spented, and connection with as supported organization(s), typically by giving the supported organization (s) unest complete Part IV, Sections A and C. <td></td> <td></td> <td>section 170</td> <td>(b)(1)(A)(iv). (C</td> <td>Complete Part II.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
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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. e 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (ii) Sthe organization support (see instructions)) (iii) Check this box if the organization (described on lines 1-10) above (see instructions)) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions)) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions)) (iv) Amount of monetary support (see instructions) (iv)				•	. , .	· ·				ortod organi	zation(c)
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e 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iii) Type of organization (iv) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) organization Image: Image											
f Enter the number of supported organizations	e		- ·	·	,	•				e II, Type III	
g Provide the following information about the supported organization (s). (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1.10 above (see instructions)) (iv) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) organization (iii) EIN (iii) EIN (iii) Type of organization (described on lines 1.10 above (see instructions)) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)			functionally	/ integrated, o	r Type III non-funct	ionally integrated suppor	ting organi	zation.			
(i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1.10 above (see instructions)) (iv) Sthe organization listed in your governing document? Yes (v) Amount of monetary support (see instructions) (vi) Amount of other Image: Structure of the structure o	f	Ente	er the number	of supported	organizations						
in your governing document? (d) Lint of the point of	<u> </u>						(iv) le the error	nization listed			
above (see instructions)) 1es No No No No No above (see instructions)) 1es No No No No No above (see instructions)) 1es No No No No No above (see instructions)) 1es No No No No No above (see instructions)) 1es No No No No above (see instructions)) 1es No No No No above (see instructions) 1es 1es No No No above (see instructions) 1es 1es 1es No No above (see instructions) 1es 1es 1es No No			.,		(ii) EIN		in your govern	ing document?		-	. ,
			organization	•		above (see instructions))	Yes	NO			
			Paperwork Re	duction Act N	Notice, see the Inc	tructions for Form 990 /	pr 990-F7	832021 10	11-18 Scho	dule A (For	1 m 990 or 990-E7) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,820,732.	2,150,471.	3,410,403.	4,948,289.	4,921,645.	17,251,540.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,820,732.	2,150,471.	3,410,403.	4,948,289.	4,921,645.	17,251,540.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						17,251,540.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,820,732.	2,150,471.	3,410,403.	4,948,289.	4,921,645.	17,251,540.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,113.	1,092.	988.	2,004.	3,001.	8,198.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						17,259,738.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	114,528.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	ic Support Pe	centage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.95 %
	Public support percentage from 2017					15	99.96 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2018. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	is box and stop h e	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	•	• •		•		
b	10% -facts-and-circumstances test	t - 2017. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►

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

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
h	Amounts included on lines 2 and 3 received			1					
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0) 2018	(f) Total	
	Amounts from line 6	(4) 2014	(6) 2010	(0) 2010	(4) 2017		12010		
	Gross income from interest,								
102	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
C	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
1	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	regularly carried on								
2	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
3	Total support. (Add lines 9, 10c, 11, and 12.)								
4	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectic	n 501(c)(3) organiz	ation,	
	check this box and stop here	~				· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
15	Public support percentage for 2018 (I	ine 8, column (f), o	divided by line 13,	column (f))		15			%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16			%
Sec	ction D. Computation of Invest	stment Incom	e Percentage	•					
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by	line 13, column (f))		17			%
8	Investment income percentage from 2					18			%
	33 1/3% support tests - 2018. If the						6, and line 1	7 is not	
	more than 33 1/3%, check this box a						,	►	
r	33 1/3% support tests - 2017. If the						n 33 1/3%	► ∟ and	
~	line 18 is not more than 33 1/3%, che	•							
20	Private foundation. If the organizatio			•			•		\exists
	23 10-11-18	and not offern a	207 OF ING 14, 13) or 990-EZ) 2	 019
0020				16	Gen			L L/Z	
20	930 784030 0716	20	18.04030	ALL OUR K	IN, INC			07161	
- •					,				

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type i Supporting Organizations		Vee	Na
4	Did the divertage two tags or membership of one or more supported every institute have the neuror to		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			
	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		
Sec	tion 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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. <i>Complete line 3 below.</i>			
с	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruction	s).	
2	Activities Test. Answer (a) and (b) below.		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		
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		
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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.

Secti	ion 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		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	ion 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-functionally integrated Type III supporting organization (see instructions).

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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 the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

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	(See instructions.)	6, and 8; and Par	t V, Section E, IIr	les 2, 5, and 6	. Also comple	ete this part	for any addition	onal informatio	on.
							Cabadu	le A (Form 99	0 or 000 E7
2028 10-11-18	1								

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	► Complete if the org Part IV, line 6, 7, 8, 9, 10	tal Financial Statements rganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 990 for instructions and the latest information.			OMB No. 1545- 201 Open to Po Inspection	
Name of the organizati	on ALL OUR KIN, INC				identification n $6-153928$	
	ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		ls or A	ccounts.	Complete if the	
		(a) Donor advised funds	(b) Funds an	d other accounts	
1 Total number at e	nd of year					
2 Aggregate value of	f contributions to (during year)					
3 Aggregate value o	f grants from (during year)					

c	Did the examination inform all grantage denors and denor	e e	
	are the organization's property, subject to the organization's	exclusive legal control?	Ye
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
4	Aggregate value at end of year		
3	Aggregate value of grants from (during year)		
~	Aggregate value of contributions to (during year)		

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 conferring impermissible private benefit? 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). 1

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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a

b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	►\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	Yes 🔄 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganization's accounting for
	conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	. • \$
	(ii) Assets included in Form 990, Part X	. • \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	. ▶ \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
83205	1 10-29-18	



Employer identification number 06-1539280

Yes

_ No

No

07520930 784030 0716

36 2018.04030 ALL OUR KIN, INC

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued. a Unable explanation's accession, and other records, check any of the following that are a significant use of its collection items (check at lint apply): Impuble exhibition Scholarly research Description of future generations Scholarly research Description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization collector? Provide a description of the organization collector? Yes No Part III Escrow and Custodial Arrangements. Complete if the organization collector? Yes Is the organization angent, furuses, outsolian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. Is the organization angent, furuses, outsolian or other intermediary for contributions or other assets not included on Form 900, Part X, Ine 21. Is the organization include an amount on Form 990, Part X, Ine 21, for secrow or custodial account liability? Yes Id descriptions during the year If a description with expansion of the erganization include an amount on Form 990, Part X, Ine 21, for secrow or custodial account liability? Yes Yes No bit "Yes," explain the arrangement in Part XIII. Check here if the erganization include an amount on Form 990, Part X, Ine 20. If we available the erganization include an amount on Form 990, Part X, Ine 21, for secrow or custodial account liability? Yes Yes No bit the			KIN, INC						06-15			age 2
clenck at Inar apply: d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
a Public exhibition during the year of the organization and constraints of the organization's exempt purpose in Part XIII. 5 During the year, dd the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization social or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 990, Part IV, line 90, Part X, line 21. 1a Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Endip balance 1d	3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collectio	n item	s
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagenet in Part XIII and complete the following table: Amount c Beginning balance 1 1 Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No D If Yes, 'explain the arrangement in Part XIII. Check hare if the organization has been provided on Part XIII Part No 1 1 Beginning of year balance (a) Current year (b) Prory year (c) Two years back (b) For years back (c) Four												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 21, response in Part XIII. 1a Is the organization's exempt purpose in Part XIII. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, the second of the organization answered 'Yes' on Form 990, Part K, line 21, for second or custodial account liability? 1b The organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2b Distributions during the year 10 1a 1a 1a 1b Endowment Funds. Complete if the organization has been provided on Part XIII Press 2b Endowment Funds. Complete if the organization naweed 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2b Endowment Funds. Complete if the organization maxweed 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2b Conthoutions 1a 1a	а	Public exhibition	c	1 🖂	Loan or exc	hange progra	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization is collection? Part W escrow and a sent. trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Amount test ends during balance test ends during the test ends during the sent ends during	b	Scholarly research	e		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ive No Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. In a lis the organization angement. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 1 Is the organization angement. Instruct, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in 21. Ives No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id Id 2 Beginning balance 1d Id Id <t< th=""><th>С</th><th>Preservation for future generations</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account lability? Image: Control Conter Control Control Conter Control Control Control Control Contro	4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	he organizati	ion's exe	mpt purpo	ose in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance Image: Complete intermediary for contributions or custodial account liability? Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for control table in the complete intermediary for escrow or custodial account liability? Ives No b If "Yes," explain the arrangement in Part XII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. fa Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in a control table in the organization answered "Yes" on Form 990, Part IV, line 10. fa Beginning of year balance (b) Prior year (c) Two years back in a control table in the organization answered "Yes" on Form 990, Part X, line 21. (c) Four years back in a control table in the posesset in the organization answered "Yes" on Form 990	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er simila	r assets		-		1
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1e t Telding balance 1f aD lot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No bI "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: tele is table if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year Co) Trow years back if (c) Three years back if (c) Four years back if (c) Tore years back if (c) Four years back if (c) Tore years back if (c) T	_			<u> </u>								No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Image: Complete the complete the following table: Image: Complete the complete the following table: Image: Complete the complete the complete the following table: Image: Complete the co	Par			ete if th	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, oi	r	
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back if a Beginning of year balance (b) Contributions (c) Two years back if (d) Three years back if (e) Four years back if a Beginning of year balance (b) Prior year (c) Two years back if (e) Four years back if (e) Four years back if a Contributions (b) Prior year (c) Two years back if (e) Four years back if (e) Four years back if a Contributions a Contributions (a) Current year (b) Prior year (b) Prior year (c) Two years back if (e) Four years back if a Contributions a Contributions (b) Prior year (c) Two years back if (e) Four years back												
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a								_	-		1
c Beginning balance Id d Additions during the year Id e Distributions during the year Id d Additions during the year Id d Ending balance Id a Distributions during the year Id d Ending balance Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Part V Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. f Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the present year end balance		on Form 990, Part X?							L	Yes		No
c Beginning balance ic id id id	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 4 Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a back designated or quasi-endowment >% 5 Permanent endowment >% % p Yes No yes 6 (i) urrelated organizations (a) Case or other (b) Prior year (a) Cost or other (b) Cost or other (c) Accumulated 6 (i) urrela										Amoun	t	
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: State	I UI					1	1		voare back		voare	back
b Contributions	4.0	Deginging of year belonce	(a) Current year	(0)	Phor year	(C) TWO yea	IS DALK	(a) mee y	Cais Dack	(e) i ou	years	Jaun
c Net investment earnings, gains, and losses												
d Grants or scholarships	u o											
e Other expenditures for facilities and programs	C d											
and programs												
f Administrative expenses	e											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations isted as required on Schedule R? (iii) are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value Ia Land												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-			L ce (line ⁻	1 a. column (;	I a)) held as:						
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					rg, oolanni (
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Image: State organization state organization state organization state organizations 3a(i) 3a(i) (ii) urelated organizations 3a(ii) 3a(ii) 3a(ii) (iii) related organizations 3a(ii) 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (other) 0 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 123,857. 66,835. 57,022. e Other 123,857. 66,835. 57,022.			%									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization set end when the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land (a) Cost or other b Buildings (a) Cost or other c Leasehold improvements 123,857. 66,835.												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(ii) 3a(ii) 3a(ii) 1 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 1 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land (d) Book value b Buildings 1a Land 123,857. 66,835. 57,022. e Other 0 123,857. 66,835. 57,022.	•											
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(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings			5					5			Yes	No
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b basis (investment) basis (other) depreciation b Buildings c Leasehold improvements d Equipment d 123,857. 66,835. 57,022.		-								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	t VI Land, Buildings, and Equipm	nent.									
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990), Part X,	line 10.				
b Buildings		Description of property							ed	(d) Boo	k value	3
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment 123,857. 66,835. 57,022. e Other												
e Other					12	3,857.		66,8	35.	5	7 <u>,</u> 0	22.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	mn (B), line 1	10c.)				5	7,0	22.

Schedule D (Form 990) 2018

07520930 784030 0716

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

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

Schedule D (Form 990) 2018

832053 10-29-18

Schedule D (Form 990) 2018 ALL OUR KIN, INC		06-	1539280 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Returr	n. <u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1 Total revenue, gains, and other support per audited financial statements		1	5,650,968.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1			5,650,968.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5,650,968.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1 Total expenses and losses per audited financial statements		1	5,648,900.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		_
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1			5,648,900.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		_
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,648,900.
Part XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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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.

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.

ALL OUR KIN, INC

Employer identification number 06-1539280

OMB No 1545-0047

Open to Public

Inspection

8

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

CHILDREN AND FAMILIES HAVE THE FOUNDATION THEY NEED TO SUCCEED IN

SCHOOL AND IN LIFE

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

A COPY OF THE FORM 990 IS SUBMITTED TO THE MANAGEMENT AND BOARD FOR REVIEW

COMMENTS AND FINAL APPROVAL BEFORE FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUAL REVIEW OF EMPLOYEES DONE, WITH SALARIES BEING REVIEWED.

FORM 990, PART VI, SECTION C, LINE 18:

UPON REQUEST

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 IS POSTED ON THE ALL OUR KIN WEBSITE AND THE GIVEGREATER AND

GUIDESTAR WEBSITES, AND IS ALSO AVAILABLE UPON REQUEST

PART XI, LINE 2C

THE BOARD REVIEWS THE FINANCIAL STATEMENTS AND THE FORM 990 AT YEAR END

ALSO APPOINTS THE ACCOUNTANTS EACH YEAR END TO PREPARE THE FORM 990 AND

AUDIT THE FINANCIAL INFORMATION.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

40 2018.04030 ALL OUR KIN, INC (Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	ing number		
Type or print					Employer identification number (EIN) or			
print	ALL OUR KIN, INC					06-1539280		
File by the due date filing your return. Se	PO BOX 8477			Social security number (SSN)				
instruction								
Enter th	he Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For		Co			
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)		07			
Form 9	90-BL	02	Form 1041-A	(08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		1			
Form 9	90-T (trust other than above) ALL OUR KIN IN	06	Form 8870			12		
 If the If this box 1 the the<	phone No. ► 203 772-2294 e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► . request an automatic 6-month extension of time until ne organization named above. The extension is for the org . X calendar year 2018 or . tax year beginning the tax year entered in line 1 is for less than 12 months, of . Change in accounting period	Group Exe and atta NOVEI ganization's	emption Number (GEN) ch a list with the names and EINs o MBER 15, 2019 , to file s return for: d ending	If this is fo f all memb	r the whole ers the extension opt organiza	group, check this		
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less					
	ny nonrefundable credits. See instructions.			3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0		
_	stimated tax payments made. Include any prior year over			3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa	•				0.		
	sing EFTPS (Electronic Federal Tax Payment System). Se			30	\$			
instruct	 If you are going to make an electronic funds withdrawa ions. 	i (direct de	Dit) with this form 8868, see form 8	3453-EO a	na Form 88	79-EO for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form	8868 (Rev. 1-2019)		

823841 12-19-18