# **H A Beasley and Company PLLC**

111 MTCS Drive
Murfreesboro, TN 37129
ha@habeasley.com
Phone: (615)895-5675 | Fax: (615)895-5660

# **Special Kids Inc**

Tax Returns for Tax Year 2018

## **H A Beasley and Company PLLC**

111 MTCS Drive
Murfreesboro, TN 37129
ha@habeasley.com
Phone: (615)895-5675 | Fax: (615)895-5660

July 24, 2019

Special Kids Inc 2208 E Main Street Murfreesboro, TN 37130

Special Kids Inc:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for Special Kids Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (615)895-5675.

Sincerely,

Bryan Blair H A Beasley and Company PLLC

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Murfreesboro, TN 37129
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July 24, 2019

Special Kids Inc 2208 E Main Street Murfreesboro, TN 37130

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (615)895-5675.

Sincerely,

Bryan Blair H A Beasley and Company PLLC

#### Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For t	the 2	2018 calend	lar year, or t	tax year begir	nning			, 2018, and en	nding			, 20	<u> </u>	
В	Check	k if apı	plicable:	C Name of or	ganization SPEC	IAL KIDS INC	!					D	Employer	identific	ation no.
	Addre	ess cha	ange	Doing busir	ness as								62-171	8638	
$\overline{\Box}$	Name	e chan	ge			ox if mail is not delivered t	o street address)			Room/su	ıite		Telephone		
П	Initial		-		E MAIN ST								(615)8		32
H			terminated			, country, and ZIP or fore	ian postal codo						G Gross receipts		
H							igii postai code						•	227	
Н	Amen				EESBORO,							_		,572,	
Ш	Applic	cation	pending		address of principa		TRUELOVE				s this a group re			$\overline{}$	X No
			-		AS C ABOV		7			H(b) /	Are all subord	linates	included?	Yes	No
I	Tax-e	xempt	t status: X	501(c)(3)	501(c) (	) < (insert no.)	4947(a)(1) or	527		_	If "No," at	tach a	list. (see inst	ructions)	
J	Webs			CIALKID	STN.COM					H(c)	Group exem	ption n	umber <b>&gt;</b>		
		_	anization: X	Corporation	Trust Ass	sociation Other >		L Yea	ar of formation: 1	998	M State o	f legal	domicile:	TN	
Pa	art I		Summar	у											
	.	1 E	Briefly desci	ribe the orga	nization's miss	ion or most signification	ant activities:	PROVIDE	E SKILLED	CARE					
ဥင		-												-	
nar		-													
ver	.	2	Chack this h	ov □ if th	ho organization	n discontinued its or	porations or disp	osod of me	are than 25% o	of its not	accate				
Activities & Governance					•						1				10
∞ 5				_	_	erning body (Part V						3			18
ies	'				-	s of the governing						4			18
Ξ̈́						n calendar year 201						5			146
Ş	(	6	Total numbe	er of voluntee	ers (estimate if	necessary)						6			1,206
		7a 🛚	Total unrela	ted business	revenue from	Part VIII, column (0	C), line 12					7a			0
		<b>d</b>	Net unrelate	ed business t	taxable income	from Form 990-T,	line 38					7b			0
										Pi	rior Year		Cur	rent Year	
	;	8 (	Contribution	s and grants	(Part VIII, line	1h)			[		1,488,	137		1,21	3,421
e				_		e 2g)					2,422,				4,939
en	1		-			A), lines 3, 4, and 70						559			6,570
Revenue	1					nes 5, 6d, 8c, 9c, 10					159,				3,834
_	1 -					(must equal Part VII			_						
_											4,088,	481		3,3/	8,764
						IX, column (A), lines	•								0
										2 064 0					0
Ś	1										3,064,	030		2,60	7,149
Expenses	1	6a F	Professiona	I fundraising	fees (Part IX,	column (A), line 116	)								0
be	.	b T	Total fundra	ising expens	es (Part IX, co	lumn (D), line 25)	<b></b>	491	,081						
Û	1	7 (	Other expen	ses (Part IX,	, column (A), lii	nes 11a-11d, 11f-24	le)				524,	522		47	6,928
	1	8	Total expens	ses. Add line	es 13-17 (must	tequal Part IX, colu	mn (A), line 25)				3,588,	552		3,08	4,077
	1	9 F	Revenue les	s expenses.	Subtract line	18 from line 12 .					499,	929		29	4,687
	ses									Beginning	of Current \	/ear	Enc	d of Year	
ets	ğ 2	0 7	Total assets	(Part X, line	16)				[		3,899,	741		4,25	1,573
Net Assets or	g 2				,				_		274,				3,855
Set	를 <b>2</b>			•	•	line 21 from line 20			<del>-</del>		3,624,				7,718
	art II	_		re Block							3,021,	<u> </u>		3,01	77720
					examined this retu	ırn, including accompanyi	ng schedules and sta	tements, and	to the best of my k	nowledge a	and belief, it is	s			
						ficer) is based on all infor									
Sig	n			S TRUELO	OVE							Data	07-24	-2019	<u>'                                     </u>
			Signatu	re of officer								Date			
He	re					TIVE DIRECTO	R								
			Type or	print name and	title	_									
			Print/Type pro	eparer's name		Preparer's signature		Date	e	(	Check	if P	TIN		
Pa	id		Bryan H	Blair		Bryan Blair		07-	-24-2019	5	self-employed	1	P0063	1975	
Pr	epar	rer	Firm's name	<b>&gt;</b>	H A Beas	ley and Comp	any PLLC			Firm's El	N ►				
	e O		Firm's addres		111 MTCS					Phone no.					
	'	,	addited	-		sboro TN 3712	9					5-29	95-5675	5	
Ma	v the	IRS	discuss this	retum with t		nown above? (see i							図 ՝		No

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Λ
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		21
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			21
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	9	445		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X Did the organization obtain separate. independent audited financial statements for the tax year? <i>If</i> "Yes," complete	11f		X
ıza	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	1	
J	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		٦,	
40	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?	40		77
20 -	If "Yes," complete Schedule G, Part III.	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A). line 2? If "Yes." complete Schedule I. Parts I and III 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . . . . 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ........ 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 19? Note. All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V....... Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ...... 19 c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 146			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	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?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6

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	. Х

sec	tion A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the and of the toy year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
L	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	Х	
•	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 72	Did the organization have members or stockholders?	0		Λ
7a	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a		Λ
b	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		22
Ü	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 0.0		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Tennessee			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial 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 books and records:			
	CHRISTY BELL (615)893-4565. 2208 E MAIN STREET, MURFREESBORO, TN 37130			

Form 990 (2018) SPECIAL KIDS INC 62-1718638 Page 7

# 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 . . . . . . . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

				(	(C)			noor, an ootor, or t		
(A) Name and Title	(B) Average hours per week (list any	box,	unles	eck m ss per	son is	nan one s both an /trustee)		(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted 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) GREG ARNOLD	3.00									
DIRECTOR		Х							0 0	0
(2) MACK BARRETT	3.00									
DIRECTOR AND PARLIAMENTARIAN		X							0 0	0
(3) CAM BIVENS	3.00									
DIRECTOR		X							0 0	0
(4) CRAIG CONYERS	3.00									
CHAIR		X		Χ					0 0	0
(5) CARRIE M GOODWIN	3.00									
DIRECTOR AND CO-FOUNDER		X							0 0	0
(6) KRISTA HAWKINS	3.00									
DIRECTOR AND IMMEDIATE PAST CHAIR		Х							0 0	0
(7) SEAN JACKSON	3.00									
DIRECTOR		Х							0 0	0
(8) CHARLENE JONES	3.00									
SECRETARY		Х		Х					0 0	0
(9) BEN H MCFARLIN JR	3.00									
DIRECTOR		Х							0 0	0
(10)EMILY PEGG	3.00									
DIRECTOR		Х							0 0	0
(11)MARY E POLK	3.00									
TREASURER		X		Х					0 0	0
(12)ELIZABETH SMITH	3.00	,.								
DIRECTOR AND HISTORIAN	<del> </del>	Х							0 0	0
(13)RICK_THIGPEN	3.00	,,								
DIRECTOR		Х							0 0	0
(14)CHARLIE YATES	3.00	3.7							_	_
DIRECTOR AND CHAIR ELECT		X							0 0	Form <b>990</b> (2018)

Section A.

Part VI	Section A. Officers, Directors, Trustees	Key Emplo	yees,	and	Hig	hes	t Con	pen	sated Employee	s (continued)			
	(A) Name and title	(B)  Average hours per week (list any	box, office	unless er and	pers a dire	ition ore th on is ector/	nan one both an 'trustee)		(D)  Reportable compensation from	(E)  Reportable compensation fror related	m	(F) Estimate amount other	of
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		from th from th organizat and relat organizati	ie tion ted
(15)GREG		3.00	Х								0		0
	E KLEINAU	3.00	21							,	0		
DIRE			X						(	)	0		0
	RLY DAVIS	3.00	. v						_				•
DIRE (18)A_J_ DIRE	GOODWIN	3.00	X						(		0		0
(19)CHRI	S_TRUELOVE	40.00	21		X	Х			81,915		0		0
									32,323				
(21)													
(22)													
(23)													
(24)													
(25)													
	ub-total							•					
	otal from continuation sheets to Part VII, Section							•	81,915	•	0		0
	otal (add lines 1b and 1c) otal number of individuals (including but not limited										0		<u> </u>
	portable compensation from the organization			,					¥,		0		
												Yes	No
	id the organization list any <b>former</b> officer, directo mployee on line 1a? If "Yes," complete Schedule		-		-		-				. 3		X
	or any individual listed on line 1a, is the sum of rep										. 3		
	ganization and related organizations greater than												
	dividual										. 4	$\perp$	X
	id any person listed on line 1a receive or accrue co			-			-				_		37
	r services rendered to the organization? If "Yes,"  B. Independent Contractors	complete St	cneaui	ie J i	or si	ucn	persoi	<u> </u>			.   5		X
	omplete this table for your five highest compensate	d independer	nt cont	tracto	ors th	hat r	eceive	d mo	ore than \$100,000	of			
	ompensation from the organization. Report comperear.	nsation for the	e caler	ndar	yeaı	r en	ding w	ith or	within the organiz	zation's tax			
(A) (B)  Name and business address Description of services										Co	(C) empensati	ion	
										,			
	otal number of independent contractors (including				liste	d ab	ove) v	vho					
re	ceived more than \$100,000 of compensation from	tne organiza	ition	•									

Form 990 (2018) SPECIAL KIDS INC 62-1718638 Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in this	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a			revenue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
<u> </u>	C	Fundraising events	1c	251,329				
fts, r A	d	Related organizations	1d	231,329				
 ia ia		Government grants (contributions)	1e					
ons Sir	e f	All other contributions, gifts, grants,	16					
buti the	'	and similar amounts not included above	4.5	062.002				
a d	_	Noncash contributions included in lines 1a	1f	962,092				
ತಿ ಜ	g			32,864	1 012 401			
	h	Total. Add lines 1a-1f			1,213,421			
<u>o</u>	20			Business Code				
venu	2a			501200	1 004 030	1 004 000		+
Re		PATIENT SERVICE FEES		621300	1,924,939	1,924,939		
ξ								
Se r	l .							
Program Service Revenue	e	All d						
Pro		All other program service revenue	,					
	g	Total. Add lines 2a-2f		• • • • • •	1,924,939			
	3	Investment income (including dividends, inte		_				
		and other similar amounts)		F	33,570	33,570		
		Income from investment of tax-exempt bond	•	F				
	5	Royalties						
		(i) Rea	I	(ii) Personal				
		Gross rents						
	l .	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securiti	es	(ii) Other				
		assets other than inventory		3,000				
	b	Less: cost or other basis						
		and sales expenses						
	1	Gain or (loss)		3,000				
-		Net gain or (loss)	• • •		3,000			3,000
enne	8a	Gross income from fundraising						
e e		events (not including \$\$ 251,32	29					
Other Rev		of contributions reported on line 1c).						
tte		See Part IV, line 18		396,767				
0		Less: direct expenses		193,573				
	l .	Net income or (loss) from fundraising event	ts.		203,194			203,194
	9a	Gross income from gaming activities.						
		See Part IV, line 19						
	l .	Less: direct expenses						
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inventory	y					
		Miscellaneous Revenue		Business Code				
	_	OTHER REVENUE		110000	640	640		
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		-	640			
	12	<b>Total revenue.</b> See instructions			3,378,764	1,959,149		0 206,194

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 ..... Compensation of current officers, directors, 13,106 81,915 63,894 4,915 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . 2,221,171 1,732,513 133,270 355,388 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 148,732 116,011 8,924 23,797 10 155,331 121,158 9,320 24,853 11 Fees for services (non-employees): b Legal...... 32,259 32,259 d Professional fundraising services. See Part IV, line 17 . f 3,773 3,773 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 11,735 11,735 12 6,428 6,428 13 26,101 20,359 1,566 4,176 14 15 16 20,813 28,966 3,884 4,269 17 3,132 2,443 188 501 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,209 3,209 20 4,279 4,279 21 20,959 22 Depreciation, depletion, and amortization . . . . . . 130,991 102,173 7,859 23 Insurance ........ 3,929 65,490 51,082 10,479 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 O.) a SUPPLIES 55,258 43,101 3,315 8,842 FAMILY SUPPORT 9,837 9,837 6,013 c SUBSCRIPTIONS 2,255 37,581 29,313 d REPAIRS AND MAINTENANCE 38,449 29,990 2,307 6,152 15,522 e All other expenses 19,440 1,009 2,909 Total functional expenses. Add lines 1 through 24e 25 3,084,077 2,369,944 223,052 491,081 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Form 990 (2018) SPECIAL KIDS INC 62-1718638 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	608,861	1	702,071
	2	Savings and temporary cash investments	196,203	2	55,121
	3	Pledges and grants receivable, net	33,130	3	26,202
	4	Accounts receivable, net	147,898	4	159,625
	5	Loans and other receivables from current and former officers, directors,	·		•
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	31,512	9	48,966
	10a	Land, buildings, and equipment: cost or	·		•
		other basis. Complete Part VI of Schedule D 10a 3,268,747			
	b	Less: accumulated depreciation 10b 739,963	2,491,180	10c	2,528,784
	11	Investments - publicly traded securities	43,137	11	52,600
	12	Investments - other securities. See Part IV, line 11	347,820	12	678,204
	13	Investments - program-related. See Part IV, line 11	•	13	,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,899,741	16	4,251,573
	17	Accounts payable and accrued expenses	155,753	17	169,999
	18	Grants payable		18	
	19	Deferred revenue	1,290	19	158,465
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
IItie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	117,851	23	75,391
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	274,894	26	403,855
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
S		complete lines 27 through 29, and lines 33 and 34.			
ınce	27	Unrestricted net assets	2,776,514	27	2,922,014
3ala	28	Temporarily restricted net assets	312,847	28	106,712
Jd E	29	Permanently restricted net assets	535,486	29	818,992
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	3,624,847	33	3,847,718
	34	Total liabilities and net assets/fund balances	3,899,741	34	4,251,573

Form 990 (2018) SPECIAL KIDS INC 62-1718638 Page 12 Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . . . . . . . . . . 3,378,764 2 Total expenses (must equal Part IX, column (A), line 25) 2 3,084,077 3 Revenue less expenses. Subtract line 2 from line 1 294,687 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,624,847 5 Net unrealized gains (losses) on investments 5 (71,816)6 Donated services and use of facilities 6 7 Investment expenses 7 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 10 3,847,718 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Χ 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? Χ 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Χ of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

EEA Form **990** (2018)

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За

3b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

#### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

		L KIDS INC					62-17186				
Pa	rt I	Reason for Public Charity	<b>/ Status</b> (All or	ganizations must co	omplete	this part	<ul> <li>See instruction</li> </ul>	ns.			
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.	)					
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).					
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)					
3	$\Box$	A hospital or a cooperative hospital s		,	,	•					
4	П	A medical research organization ope	•				/(1)(Δ)(iii) Enter the				
•	Ш	hospital's name, city, and state:	ratoa iir oorijanotio	ii wara noopia accomb	ou <b>000</b> 0		(1)(7)(III)I EII(OI (IIO				
_		· · · · · · · · · · · · · · · · · · ·	ofit of a college or i	university owned or energy	atad by a c	rovornmon	tal unit described in				
5	Ш	An organization operated for the bene	_	iniversity owned or opera	aled by a g	joverninen	lai unii described in				
		section 170(b)(1)(A)(iv). (Complete		5 1 9 11 4	4=0(1.)(4)	(A)( )					
6	님	A federal, state, or local government	· ·		` , ` ,						
7		An organization that normally receive	•		ernmental	unit or fro	m the general public				
		described in section 170(b)(1)(A)(vi	<b>).</b> (Complete Part I	l.)							
8	Ц	A community trust described in <b>secti</b>	on 170(b)(1)(A)(vi	i). (Complete Part II.)							
9	An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college										
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or				
		university:									
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	SS			
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	1511 tax) f	rom businesses				
		acquired by the organization after Ju		·		,					
11		An organization organized and opera				,					
12	П	An organization organized and operat	•	•				ses			
-		of one or more publicly supported org	•	• •		•					
		Check the box in lines 12a through 12	-				•				
	_										
	а	Type I. A supporting organization		•		•	. ,	virig			
		the supported organization(s) the			ity of the c	airectors or	trustees of the				
		supporting organization. You mu	•								
	b	Type II. A supporting organization	•			•	* * *	-			
		control or management of the sup	porting organization	on vested in the same pe	rsons that	control or r	nanage the supporte	d			
		organization(s). You must comp	olete Part IV, Sect	ions A and C.							
	С		<ul> <li>A supporting orga</li> </ul>	anization operated in cor	nnection w	ith, and fu	nctionally integrated	with,			
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Sectior	ıs A, D, ar	nd E.				
	d	Type III non-functionally integr	ated. A supporting	g organization operated i	n connect	ion with its	supported organizat	tion(s)			
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution	requiremer	nt and an attentivenes	S			
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.					
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III				
		functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.						
	f	Enter the number of supported organ	izations								
	g	Provide the following information about	ut the supported or	ganization(s).							
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10		ır governing	support (see	other support (see			
				above (see instructions))	docum	ent?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
	<u>.</u>										
Tota	li						I	1			

 Schedule A (Form 990 or 990-EZ) 2018
 SPECIAL KIDS INC
 62-1718638
 Page 2

Part II Support Sched

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 Lor if the organization failed to qualify und

• •	•		` ,	` '` '` '	. , , , , , ,	
(Complete only	y if you checked the box on	line 5, 7, or 8 o	of Part I or if th	ne organization	failed to qualify	unde
Part III. If the c	organization fails to qualify u	nder the tests	listed below, r	olease complete	e Part III.)	

Sec	tion A. Public Support			· •	•	,			
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	<b>Total.</b> Add lines 1 through 3								
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								
	tion B. Total Support		T		1				
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from								
	similar sources								
9	Net income from unrelated business activities, whether or not 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 .								
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13	First five years. If the Form 990 is for the organization, check this box and stop here	:					▶□		
	tion C. Computation of Public Su								
14	Public support percentage for 2018 (line 6, c		-				%		
15	Public support percentage from 2017 Sched						%		
16a	33 1/3% support test - 2018. If the organiz			•	•		. $\Box$		
J_	box and <b>stop here.</b> The organization qualif						▶ ⊔		
b	33 1/3% support test - 2017. If the organization of								
170	this box and <b>stop here.</b> The organization q						▶ ⊔		
17a	10%-facts-and-circumstances test - 2018	-							
	10% or more, and if the organization meets								
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
h	b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
b		· ·		•					
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
	supported organization			-	•	•	▶ □		
18	Private foundation. If the organization did								
.0	instructions						▶ □		
		<u></u>	<del> </del>	· · · · · · · · · ·		<del></del>	···· ·		

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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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,239,849	1,361,045	1,273,094	1,926,972	1,734,352	7,535,312
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	1,23,7613	1,301,013	1,2,3,031	1,520,572	1,701,001	,,555,511
	organization's tax-exempt purpose	1,284,163	1,677,525	2,166,858	2,422,126	1,924,939	9,475,611
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization'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	2,524,012	3,038,570	3,439,952	4,349,098	3,659,291	17,010,923
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	32,849	32,312	46,856	64,584	43,776	220,377
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year	655,453	709,641		852,266	-	3,953,809
	Add lines 7a and 7b	688,302	741,953	868,553	916,850	958,528	4,174,186
8	Public support. (Subtract line 7c from line 6.)						12,836,737
Se	ction B. Total Support						11,000,707
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	2,524,012	3,038,570	3,439,952	4,349,098	3,659,291	17,010,923
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	2,203	1,231	1,038	17,404	33,570	55,446
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,203	1,231	1,038	17,404	33,570	55,446
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,600	10,060	10,800	2,777	4,450	37,687
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,535,815	3,049,861	3,451,790	4,369,279	3,697,311	17,104,056
14	First five years. If the Form 990 is for the or organization, check this box and stop here.	rganization's first, s		h, or fifth tax year a	as a section 501(c	)(3)	
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	lumn (f), divided by	/ line 13, column (f	))		15	75.05 %
16	Public support percentage from 2017 Schedu	le A, Part III, line 1	5			16	76.83 %
Se	ction D. Computation of Investmer	nt Income Pero	centage				
17	Investment income percentage for 2018 (line					17	0.00 %
18	Investment income percentage from 2017 So					18	0.00 %
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ 🏻

#### Part IV Suppor

#### **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**

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
74		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
0-		
9a		
9b		
9с		
10a		
10b		
A (Form 990	or 990-E	Z) 2018

Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	ion B. Type I Supporting Organizations			
			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 <b>Part VI</b> 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? <i>If</i> "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations		<u> </u>	
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C	the supported organization(s).	1		
Sec	ion 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		163	N
-	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? <i>If "No," explain in Part VI how</i>			
	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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struct	ions)	)_
а	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below.		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions
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	2-		
L	that these activities constituted substantially all of its activities.	2a		
D	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 <b>Part VI</b> 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. <i>Answer (a) and (b) below.</i>	_,		
	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? <i>Provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations			
1	I ☐ 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 organi	zations	must complete Section	ns A through E.		
C	tion A. Adjusted Not Income		(A) Drier Veer	(B) Current Year		
Sec	tion A - Adjusted Net Income		(A) Prior 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					
СО	llection of gross income or for management, conservation, or					
ma	aintenance 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				
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
ins	structions 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					
fa	actors (explain in detail in <b>Part VI</b> ):					
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,					
se	e 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				
Sec	tion 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					
en	nergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	g organization (see		
	instructions).					

Schedu	elle A (Form 990 or 990-EZ) 2018 SPECIAL KIDS INC		62-17:	18638 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	ions		
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	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.	J		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	section 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			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	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:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	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 Ac			

8 Breakdown of line 7: a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

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

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

SPECIAL KIDS INC 62-1718638 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ...... Yes 6 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 ..... 🗌 Yes 🗌 No 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). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ..... 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X 

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Similar Accote	(continued)

Schedule D (Form 990) 2018	SPECIAL KIDS	INC

Pai	rt III Organizations Maintaining Co		t, Historical Tre	easures, or (	Other Similar As	ssets (continued)		
3	Using the organization's acquisition, accession, a							
	collection items (check all that apply):							
а	Public exhibition d Loan or exchange programs							
b	Scholarly research	e Other	•					
С	Preservation for future generations							
4	Provide a description of the organization's collect	tions and explain how	they further the org	anization's exer	npt purpose in Part			
	XIII.	·						
5	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 o	f the organization's	collection?		Yes No		
Pai	rt IV Escrow and Custodial Arrang							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian or	other intermediary fo	or contributions or ot	her assets not				
	included on Form 990, Part X?					Yes No		
b	If "Yes," explain the arrangement in Part XIII and	complete the following	ng table:					
	· · · · · ·				Д	Amount		
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X, line 21, fo	or escrow or custod	ial account liabili	ity?	🗌 Yes 🔲 No		
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the explan	ation has been prov	rided on Part XII	l			
Pai	rt V Endowment Funds.							
	Complete if the organization and	swered "Yes" on	Form 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years bac	ck (e) Four years back		
1a	Beginning of year balance	347,820	15,134					
b	Contributions	372,435	305,438	14,7	91			
С	Net investment earnings, gains, and							
	losses	(38,310)	28,621	3	65			
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses	3,741	1,373		22			
g	End of year balance	678,204	347,820	15,1	34			
2	Provide the estimated percentage of the current y	rear end balance (line	e 1g, column (a)) he	ld as:				
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c should e	qual 100%.						
3a	Are there endowment funds not in the possession	n of the organization	that are held and ac	lministered for th	ne			
	organization by:					Yes No		
	(i) unrelated organizations					3a(i) X		
	(ii) related organizations					3a(ii) X		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required o	on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the organization		ent funds.					
Pai	rt VI Land, Buildings, and Equipme	ent.						
	Complete if the organization and	swered "Yes" on	Form 990, Part	IV, line 11a.	See Form 990, F	Part X, line 10.		
	Description of property	(a) Cost or other	basis (b) Cost o	r other basis	(c) Accumulated	(d) Book value		
		(investmen	t) (c	other)	depreciation			
1a	Land			358,340		358,340		
b	Buildings			212,937	406,372	1,806,565		
С	Leasehold improvements			164,518	7,975	156,543		
d	Equipment			108,358	310,664	97,694		
е	Other			124,594	14,952	109,642		
Tota	I. Add lines 1a through 1e. (Column (d) must equ					2,528,784		

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Part VII Investments - Other Securities

	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, lir	ne 12.
	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 de	rivatives			
(2) Closely-held	d equity interests			
(3) Other				
	MMUNITY FOUNDATION OF MIDDLE	678,204	FMV	
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.)	678,204		
	Investments - Program Related.	,		
		d "Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, lir	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	(a) Description of investment	(b) book value	Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ust equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.  Complete if the organization answered	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, lir	ne 15.
	· · ·	escription	<b>(b)</b> Book	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15	5.)	· · · · · · · · · · · · · · · · · · ·	
	Other Liabilities.	d "Vaa" on Farm 000 Da	out IV line 44e ou 44f Coe Form 000 De	t V
	line 25.	a res on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Pa	art X,
1.	(a) Description of liability	(b) Book value		
(1) Federal inc	come taxes			
(-)				
(2)				
(3)				
(3)			_	
(3) (4) (5)			_	
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	ust equal Form 990, Part X, col. (B) line 25.) ▶			

Sched	ule D (Form 990) 2018 SPECIAL KIDS INC	62-1718638	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	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	3,306,948
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	3,306,948
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2,000,220
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	6	
c	Add lines 4a and 4b	_	71,816
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		3,378,764
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		3,370,701
. u.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	, poi motarin	
1	Total expenses and losses per audited financial statements	. 1	3,084,077
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	` <del>  '  </del>	3,004,077
a	Donated services and use of facilities		
	Prior year adjustments		
b	Other losses	_	
d	Other (Describe in Part XIII.)	_	
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	3,084,077
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	3,084,077
-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b		- 40	
c	Add lines 4a and 4b		
5 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.   5	3,084,077
	rt XIII Supplemental Information.		
	de 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; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
<b>0</b> 1	Other warmen in sladed on Born 000 (Boot W. line 4b)		
υт.	Other revenues included on Form 990 (Part XI, line 4b)		
UNRI	EALIZED LOSS ON INVESTMENTS OF \$71,816 WAS INCLUDED IN PART XI RECONCILIATI	ON OF NET	
ASSI	ETS. IT WAS INCLUDED IN THE AUDIT REVENUES.		

EEA Schedule D (Form 990) 2018

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

name of the organization						Employer ider	ntification number	
SPECIAL KIDS INC						62-171		
Form 990-EZ filers are not	•	_		swered "Yes" on	Form 990	), Part IV,	line 17.	
1 Indicate whether the organization rais	•	•	•	ities. Check all that a	nnlv.			
a ☐ Mail solicitations	od rando imougir	_	-	of non-government gra				
b Internet and email solicitations				of government grants	arito			
c Phone solicitations				draising events				
		g∟	Special fund	uraising events				
d In-person solicitations	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,							
-								
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes  No  b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be								
		undraisers) p	oursuant to a	igreements under whi	cn the fundi	alser is to be	9	
compensated at least \$5,000 by the c	organization.							
		1			( ) (			
(i) Name and address of individual			draiser have	(iv) Gross receipts		unt paid to ained by)	(vi) Amount paid to	
or entity (fundraiser)	(ii) Activity		control of utions?	from activity	fundraise	er listed in	(or retained by) organization	
		Yes	No		со	l. <b>(i)</b>		
1								
2								
3								
4								
5								
6								
7								
8								
9								
-								
10								
	1							
Total								
3 List all states in which the organization	is registered or li	censed to so	licit contribu	itions or has been not	ified it is ex	empt from		
registration or licensing.								

62-1718638

Part II

		than \$15,000 of fundraising gross receipts greater than		d gross income on Form	n 990-E∠, lines 1 and 6b	. List events with
		<u> </u>	(a) Event #1	(b) Event #2 BANQUET	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	213,679	131,449	119,124	464,252
	2	Less: Contributions	107,395	55,722	88,212	251,329
		line 2)	106,284	75,727	30,912	212,923
	4	Cash prizes				
	5	Noncash prizes	749	4,553	1,710	7,012
sesue	6	Rent/facility costs	2,392	2,875	8,782	14,049
Direct Expenses	7	Food and beverages	12,080	10,031	6,806	28,917
Dire	8	Entertainment	1,500	100	19,627	21,227
	9	Other direct expenses	63,235	14,020	18,457	95,712
	10	Direct expense summary. Add lines	166,917			
Do	11 irt II	Net income summary. Subtract line  Gaming. Complete if the o				46,006
Го		than \$15,000 on Form 990	•	res on Form 990, Part	iv, line 19, or reported	more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes %  No	Yes %	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)		
9		nter the state(s) in which the organizate the organization licensed to conduct or				Yes No
a b		No," explain:	-			IES [] NO
	_					
		ere any of the organization's gaming I Yes," explain:	icenses revoked, suspende	ed or terminated during the	tax year?	Yes No

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

# SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990. Part IV. lines 29 or 30.

OMB No. 1545-0047 **2018** 

QUIO
Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

SPECIAL KIDS INC 62-1718638 Part I Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art . . . . . . . Art - Historical treasures . . . . 2 3 Art - Fractional interests . . . . 4 Books and publications . . . . . 5 Clothing and household goods . . . . . . . . . . . . . . . 6 Cars and other vehicles . . . . 7 Boats and planes . . . . . . . Intellectual property . . . . . . 8 Securities - Publicly traded. . . . х 10,198 SELLING PRICE Securities - Closely held stock . . 10 Securities - Partnership, LLC, 11 or trust interests . . . . . . . 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures ...... Qualified conservation 14 contribution - Other . . . . . . Real estate - Residential . . . . 15 Real estate - Commercial . . . . 16 Real estate - Other . . . . . . 17 18 Collectibles . . . . . . . . . . . 19 Food inventory . . . . . . . . . 20 Drugs and medical supplies . . . 21 Taxidermy . . . . . . . . . . . . 22 Historical artifacts . . . . . . 23 Scientific specimens . . . . . . 24 Archeological artifacts . . . . . 25 Other ►(FURNITURE Х 2 3,484 SELLING PRICE 26 Other ►(SPEED BUMPS 1 6,200 SELLING PRICE 27 Other ►(2015 EZGO RXV х 1 4,750 SELLING PRICE Other ►(2212 LEASE.IMPR) 28 х 1 8,232 SELLING PRICE Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ....... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Χ to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. b Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

#### 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.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

62-1718638

Department of the Treasury
Internal Revenue Service
Name of the organization

SPECIAL KIDS INC

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

01. Officer, directors, etc. family relationship (Part VI, line 2) CARRIE GOODWIN IS THE MOTHER OF A J GOODWIN. ANGIE KLEINAU AND BEN HALL MCFARLIN ARE SISTER AND BROTHER. ANGIE KLEINAU IS THE MOTHER OF CARRIE GOODWIN. 02. Form 990 governing body review (Part VI, line 11) THE BOARD OF DIRECTORS APPROVES THE 990 BEFORE IT IS FILED. 03. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD COMPLIES WITH ITS PRE-ESTABLISHED CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS MUST DISCLOSE ANY RELATIONSHIPS THAT MAY CONFLICT WITH THE ORGANIZATION. 04. CEO, executive director, top management comp (Part VI, line 15a) GOVERNING BODY APPROVES SALARY AND SALARY CHANGES FOR THE EXECUTIVE DIRECTOR. 05. Other officer or key employee compensation (Part VI, line 15b GOVERNING BODY APPROVES SALARY AND SALARY CHANGES FOR ALL KEY EMPLOYEE COMPENSATION. 06. Governing documents, etc, available to public (Part VI, line 19) ANNUAL REPORTS AND CHARITABLE SOLICITATIONS ARE AVAILABLE TO THE PUBLIC.

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

#### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 Attachment Sequence No. 179

FORM 990 - 1 62-1718638 SPECIAL KIDS INC **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . . . . . . . . . . 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 15 121,008 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 . . . . . . . . . . . . . 3,359 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 340 b 5-year property #567 Statement 766 7-year property Statement #568 d 10-year property 1,571 e 15-year property Statement #569 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV Summary (See instructions.) 3,375 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 130,419 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (Include

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - I	Depreciation a	and Other I	nforma	tion (Ca	ution	: See t	<u>he</u> inst	ructions	tor limits	s for pa	assenge	er autor	nobiles.)	)
24a	Do you have evider	nce to support the b	ousiness/invest	ment use	claimed?		Yes	☐ No	<b>24b</b> If	"Yes," is	the evi	dence w	ritten?	Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or	(d) other basis		(e) sis for depre siness/inve use on	estment	(f) Recovery period			Depre dedu		Elected se	ction 179
25	Special depreciation	on allowance for	qualified liste	d proper	ty placed	in serv	rice durir	ng							
1	the tax year and us	sed more than 50	0% in a qualif	ied busi	ness use.	See in	struction	ns.			25				
26	Property used mo	re than 50% in a	qualified bus	iness us	e:									•	
NIS	SAN NV3500	07072015	100.0%	3	0,830	)	30,	830	5	S/L-I	MQ	1,	975		
SCH	OOL BUS	12172015	100.0%		7,000	)	7,	000	5	S/L-I	MQ	1,	400		
			%												
27	Property used 50%	% or less in a qua	alified busine	ss use:											
			%							S/L-					
			%							S/L-					
			%							S/L-					
28	Add amounts in co	olumn (h), lines 2	5 through 27	. Enter h	ere and o	n line 2	1, page	1			28	3,	375		
29	Add amounts in co	olumn (i), line 26.	Enter here a	nd on lin	e 7, page	1 .							29		
			S	ection	B - Infor	matio	n on U	lse of '	Vehicles	3					
Com	plete this section f	or vehicles used	by a sole pro	oprietor,	partner, o	r other	"more t	han 5%	owner," o	or related	person	. If you p	rovided	vehicles	
to yo	our employees, firs	t answer the que	stions in Sec	tion C to	see if you	ı meet	an exce	ption to	completin	ng this se	ction fo	those v	ehicles.	_	
				(a	a)		b)		(c)	(d		(	(e)	(f	
30	Total business/inv	estment miles dr	iven during	Vehic	ele 1	Vehic	cle 2	Veh	icle 3	Vehic	le 4	Vehi	cle 5	Vehic	le 6
1	the year ( <b>don't</b> ind	clude commuting	miles) .												
31	Total commuting n	niles driven durin	ig the year												
32	Total other person	al (noncommuting	g)												
1	miles driven														
33	Total miles driven	during the year.	Add												
ı	lines 30 through 3	2													
34	Was the vehicle a	vailable for perso	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	y hours?													
35	Was the vehicle u	sed primarily by	a more												
1	than 5% owner or	related person?													
36	ls another vehicle	available for pers	sonal use?												
		Section C - Q	uestions f	or Emp	loyers V	Vho P	rovide	Vehic	les for l	Jse by <sup>·</sup>	Their E	Employ	ees		
Ans	wer these ques	tions to determ	ine if you m	neet an	exceptio	n to c	omplet	ing Sed	ction B fo	or vehic	les use	d by er	nployee	es who <b>a</b>	ren't
mor	e than 5% owne	ers or related p	ersons. Se	e instru	ctions.										
<b>37</b>	Do you maintain a	written policy sta	atement that p	orohibits	all person	al use	of vehic	les, inc	luding cor	nmuting,	by			Yes	No
	your employees?														
38	Do you maintain a	written policy sta	atement that p	orohibits	personal	use of	vehicles	в, ехсер	t commut	ing, by yo	our				
(	employees? See tl	he instructions fo	r vehicles us	ed by co	rporate of	ficers,	director	s, or 1%	or more	owners					
39	Do you treat all us	e of vehicles by	employees a	s person	al use?										
40	Do you provide mo	ore than five vehi	cles to your e	employee	es, obtain i	nforma	ation fror	n your e	mployees	about th	ie				
	use of the vehicles	s, and retain the i	information re	eceived?											
41	Do you meet the re	equirements cond	cerning qualif	ied auto	mobile de	monstr	ation us	e? See	instructior	ns .					
	Note: If your ansv	ver to 37, 38, 39,	, 40, or 41 is	"Yes," d	on't comp	lete Se	ection B	for the	covered v	vehicles.					
Pa	rt VI Amor	tization													
	(a) Description of	f costs	(I Date amo beg		An		c) e amount		(d) Code se		(e Amortiza period percent	ation or	Amortiza	<b>(f)</b> tion for this y	year
42	Amortization of co	sts that begins d	uring your 20	18 tax ye	ear (see in	structio	ons):								
M	ICROSOFT	OFFICE I	12-05	-201	8		1,47	9	TMA			5			25
43	Amortization of co	sts that began be	efore your 20	18 tax ye	ar							43			547
44	Total. Add amour	nts in column (f).	See the insti	ructions	for where	to rep	ort	<u></u> .		<u></u>		44			572
EEA													F	orm <b>4562</b>	(2018)

DS INC			Tax ID Number	
			62-171863	<u> 38</u>
	FORM 4562 - LINE	19В	Statement	#56
RP 5 5 5 5	CV MQ MQ MQ MQ	METHOD SL SL SL SL	DEDUCTION 91 91 79 79	
	FORM 4562 - LINE	19C	<b>PG01</b> Statement	#56
RP 7 7 7 7	CV MQ MQ MQ MQ MQ	METHOD SL SL SL SL SL	DEDUCTION 299 71 223 88 85	
			<u> 766</u>	
	FORM 4562 - LINE	19E	<b>PG01</b> Statement	#56
RP 15 15 15 15	CV MQ MQ MQ MQ MQ MQ	METHOD SL SL SL SL SL	DEDUCTION 258 4 119 1,037 153	
			1,571	
	5 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7	5	5	SI

990 Overflow Statement	<b>2018</b> Page 1
ame(s) as shown on return	FEIN
SPECIAL KIDS INC	62-1718638
ALL OTHER	
escription	Amount
RIVATE GIFTS AND GRANTS	\$ 938,616
JESS NHC STOCK	(10,198)
HALO CONTRIBUTIONS  Total	\$ 929,228
GROSS INCOME FROM FUNDRAISING EVENTS	}
Description	Amount
SPECIAL EVENTS AND ACTIVITIES	\$ 454,523
ADD DIRECT FUNDRAISING EXPENSES	193,573
LESS FUNDRAISING DONATIONS	(251,329)
Total	\$ 396,767
DIRECT FUNDRAISING EXPENSES	
Description	Amount
Description DEVELOPMENT EXPENSES Total	\$ 193,573
DEVELOPMENT EXPENSES	\$ 193,573
DEVELOPMENT EXPENSES  Total  OFFICE EXPENSES-PROGRAM EXPENSES  Description	\$ 193,573
DEVELOPMENT EXPENSES  Total  OFFICE EXPENSES-PROGRAM EXPENSES  Description FELEPHONE AND INTERNET	\$ 193,573 \$ 193,573 Amount \$ 18,659
DEVELOPMENT EXPENSES  Total  OFFICE EXPENSES-PROGRAM EXPENSES  Description  FELEPHONE AND INTERNET  POSTAGE	\$ 193,573 \$ 193,573 Amount \$ 18,659 1,700
DEVELOPMENT EXPENSES  Total  OFFICE EXPENSES-PROGRAM EXPENSES  Description FELEPHONE AND INTERNET	\$ 193,573 \$ 193,573 Amount \$ 18,659 1,700
DEVELOPMENT EXPENSES  Total  OFFICE EXPENSES-PROGRAM EXPENSES  Description  FELEPHONE AND INTERNET  POSTAGE	\$ 193,573  \$ 193,573  Amount \$ 18,659  1,700 \$ 20,359
OFFICE EXPENSES-PROGRAM EXPENSES  Description TELEPHONE AND INTERNET POSTAGE  OFFICE EXPENSE-MANAGEMENT AND GENERAL  Description	\$ 193,573  \$ 193,573  Amount \$ 18,659
DEVELOPMENT EXPENSES  Total  OFFICE EXPENSES-PROGRAM EXPENSES  Description  FELEPHONE AND INTERNET  POSTAGE  OFFICE EXPENSE-MANAGEMENT AND GENERAL  Description  FELEPHONE AND INTERNET	\$ 193,573  \$ 193,573  Amount \$ 18,659
OFFICE EXPENSES-PROGRAM EXPENSES  Description TELEPHONE AND INTERNET POSTAGE  OFFICE EXPENSE-MANAGEMENT AND GENERAL  Description	\$ 193,573  \$ 193,573  Amount \$ 18,659

990	Overflow Statement	<b>2018</b> Page 2
Name(s) as shown on return		FEIN
SPECIAL KIDS INC		62-1718638

#### OFFICE EXPENSE-FUNDRAISING

Description	 Amount
TELEPHONE AND INTERNET	\$ 3,828
POSTAGE	348
Total:	\$ 4,176

#### OCCUPANCY

Description		Amount
REAL ESTATE TAXES	\$	2,283
UTILITIES		1,601
Total	<b>:</b> \$	3,884

#### OTHER EXPENSES-PROGRAM EXPENSES

Description		 Amount
BANK CHARGES		\$ 7,698
LEASE EXPENSE		5,532
LICENSES, REGISTRATIONS AND TAXES		 451
UNIFORMS		 4,097
OTHER		 881
BAD DEBTS		 (4,255)
ENDOWMENT		 1,118
	Total:	\$ 15,522

#### OTHER EXPENSES-MANAGEMENT AND GENERAL

Description	<i>P</i>	mount
BANK CHARGES	\$	592
LICENSES, REGISTRATIONS AND TAXES		35_
UNIFORMS		315
OTHER		67
Total:	\$	1,009

990 Overflow Statement	<b>2018</b> Page 3
Name(s) as shown on return	FEIN Page 3
SPECIAL KIDS INC	62-1718638
OTHER EXPENSES-FUNDRAISING	
Description	Amount
BANK CHARGES	\$ 1,579
VEBSITE MAINTENANCE	216
JICENSES, REGISTRATIONS AND TAXES	92
JNIFORMS	841
OTHER	181
Total	
INCOME	
Description	Amount
IN KIND DONATIONS	\$ 147,640
PRIVATE GIFTS AND GRANTS	938,616
SPECIAL EVENTS AND ACTIVITIES NET	<u>454,523</u>
ADD DIRECT EXPENSES OF FUNDRAISING	193,573
Total	<u>\$ 1,734,352</u>
Description ENVESTMENT INCOME EALIZED GAINS	**************************************
UNREALIZED LOSSES	(62,226)
Total	
TOTAL REVENUE PER AUDITED FINANCIAL STM:  Description  TOTAL REVENUE AND SUPPORT	<b>Amount</b> \$ 3,302,498
GAIN ON DISPOSAL OF EQUIPMENT	3,000
MISCELLANEOUS INCOME	1,450
Total	\$ 3,306,948
OTHER	
Description	Amount
UNREALIZED LOSS ON INVESTMENTS	\$ 71,816
Total	

990 Overflow Statement	<b>2018</b> Page 4
Name(s) as shown on return	FEIN
SPECIAL KIDS INC	62-1718638

### TOTAL EXPENSES PER AUDITED FINANCIAL STMTS

Description		Amount
TOTAL EXPENSES	\$_	3,079,798
INTEREST EXPENSE		4,279
Total:	\$	3,084,077

#### SPECIAL KIDS INC FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2018 ID Number : 62-1718638

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	Prior Depr
LAND	01-01-1997	35,404	0			0	0	0	0	0
LAND 202 ARNETTE STREET	02-15-2007	84,000	0			0	0	0	0	0
LAND 2208 E MAIN ST	09-30-2013	147,396	0			0	0	0	0	0
LAND 2220 E MAIN ST	06-15-2015	71,790	0			0	0	0	0	0
2220 E MAIN ST - RAZING	04-14-2016	19,750	0			0	0	0	0	0
BUILDING	03-01-1998	253,225	253,225	SL MM	40	0	0	132,847	6,331	126,516
50KW EMERGENCY GENERATOR	04-26-2001	16,877	16,877		5	0	0	16,877	0	16,877
CLIMBING WALL	05-08-2003	1,307	1,307		5	0	0	1,307	0	1,307
TREADMILL	01-23-2004	4,905	4,905		5	0	0	4,905	0	4,905
GAIT TRAINER	10-08-2004	705	705		5	0	0	705	0	705
PREDATORS GRANT EQUIPMENT	07-01-2006	8,081	8,081		5	0	0	8,081	0	8,081
TERMINAL SERVER	02-07-2007	5,506	5,506		5	0	0	5,506	0	5,506
202 ARNETTE STREET	02-15-2007	130,987	130,987	SL MM	39	0	0	41,773	3,359	38,414
OFFICE FURNITURE-CHRIS	05-07-2007	400	400		5	0	0	400	0	400
CRIB&ACCESSORIES	01-24-2008	3,113	3,113		7	0	0	3,113	0	3,113
OFFICE RENOVATION ANNEX(OLD	06-30-2008	16,232	16,232	SL HY	15	0	0	11,361	1,082	10,279
GARAGE)										
PEAVEY ESCORT 2000 PORTABLE	09-29-2008	500	500		7	0	0	500	0	500
SOUND SYSTEM										
SOFTWARE FOR SERVER AT ANNEX-	03-01-2009	370	370		5	0	0	370	0	370
FROM TECHSOUP										
DELL SERVERS-ARNETTE ST & E MAIN	04-14-2009	2,401	2,401		5	0	0	2,401	0	2,401
DELL COMP-	08-19-2009	4,266	4,266		5	0	0	4,266	0	4,266
TONI,ANDRE,JULIE,STEPH,SHARO,SAN										
DELL COMPUTERS	10-15-2009	2,075	2,075		5	0	0	2,075	0	2,075
OXYGEN CONCENTRATOR	11-01-2009	596	596		7	0	0	596	0	596
SKIM S UPDATES	12-01-2009	900	900		5	0	0	900	0	900
DELL-2LAPTOPS,3PC'S,14MONI-	07-13-2010	5,837	5,837		5	0	0	5,837	0	5,837
SP,DEV,CT,SJ,FS										
46"TV&BLU RAY PLAYER	08-01-2010	1,470	1,470		5	0	0	1,470	0	1,470
CAMERA CANON REBEL	08-01-2010	960	960		5	0	0	960	0	960
PROJECTOR MITSUBISHI	08-01-2010	1,253	1,253		5	0	0	1,253	0	1,253
RECEIVER DENON	08-01-2010	550	550		5	0	0	550	0	550
5 DELL COMPUTERS	08-19-2010	3,646	3,646		5	0	0	3,646	0	3,646
2 COMPUTERS-HP 500B-P E5700 3GHZ	05-31-2011	740	740		5	0	0	740	0	740
VITAL SIGN MONITOR	08-05-2011	2,778	2,778		5	0	0	2,778	0	2,778
DELL POWER EDGE 1900 SERVER	01-01-2012	2,799	2,799		5	0	0	2,799	0	2,799
ANNEX ROOF	04-06-2012	7,600	7,600	SL HY	15	0	0	3,295	507	2,788
LYTEC SERVER	04-16-2012	1,682	1,682		5	0	0	1,682	0	1,682
2006 CARGO TRAILER 12X5	05-07-2012	2,100	2,100	SL HY	7	0	0	1,950	300	1,650

WHEEL CLAMP-	05-10-2012	321	321	SL HY	7	0	0	299	46	253
CARGO(CAMPABILITY) TRAILER										
2002 CHEVY EXPRESS VAN	05-17-2012	5,500	5,500		5	0	0	5,500	0	5,500
2 OUT SIDE GLASS DOORS-	08-31-2012	2,808	2,808	SL HY	15	0	0	1,216	187	1,029
STOREFRONT										
3 HVAC UNITS	09-25-2012	18,000	18,000	SL HY	15	0	0	7,800	1,200	6,600
7 DELL COMPUTERS	10-31-2012	4,732	4,732		5	0	0	4,732	0	4,732
2 PICNIC TABLES	12-03-2012	1,000	1,000	SL HY	7	0	0	929	143	786
OTTOBOCK AQUANET TOILET CHAIR	12-11-2012	599	599		5	0	0	599	0	599
WALKER	12-14-2012	4,000	4,000	SL HY	7	0	0	3,712	571	3,141
BOLSTER SWING-OT/PT	01-31-2013	578	578	SL MQ	7	0	0	487	83	404
OFFICE EQUIPMENT AND FURNITURE	02-21-2013	9,000	9,000	SL MQ	7	0	0	7,555	1,286	6,269
4 OPTIPLEX 3010 MINTOWER PC'S	04-01-2013	2,527	2,527	SL MQ	5	0	0	2,527	191	2,336
GAGGLE BUGGY	05-02-2013	1,499	1,499	SL MQ	7	0	0	1,204	214	990
THERAPY BED	06-14-2013	1,000	1,000	SL MQ	7	0	0	804	143	661
2 RIFTON TODDLER CHAIRS	07-31-2013	908	908	SL MQ	7	0	0	699	130	569
2212 EAST MAIN STREET	08-29-2013	329,989	329,989	SL MM	39	0	0	45,125	8,461	36,664
12 X 16 METAL SHED	09-30-2013	1,000	1,000	SL MQ	7	0	0	769	143	626
EMR SOFTWARE	11-26-2013	13,900	13,900	SL MQ	5	0	0	13,900	2,432	11,468
OTTO BOCK BASE	04-03-2014	3,000	3,000	SL MQ	7	0	0	1,984	429	1,555
GAGGLE BUGGY (BYE-BYE BUGGY)	04-18-2014	1,978	1,978	SL MQ	7	0	0	1,309	283	1,026
SHED FOR ANNEX	05-16-2014	2,500	2,500	SL MQ	15	0	0	772	167	605
OFFICE FURNITURE-ANNEX	05-29-2014	5,140	5,140	SL MQ	7	0	0	3,395	734	2,661
LAPTOP DELL INSPIRON 17 FOR CHRIS	08-07-2014	983	983	SL MQ	5	0	0	862	197	665
LAPTOP DELL XPS 12 FOR NURSING	08-07-2014	983	983	SL MQ	5	0	0	862	197	665
OFFICE FURNITURE	09-03-2014	2,043	2,043	SL MQ	7	0	0	1,277	292	985
WEPLAY MOTOR SKILLS UNIVERSAL	09-09-2014	710	710	SL MQ	7	0	0	442	101	341
SET										
TUMBLEFORM 2 VARREL CRAWL	09-11-2014	939	939	SL MQ	7	0	0	586	134	452
3 DELL XPS 12 LAPTOPS	09-12-2014	3,831	3,831	SL MQ	7	0	0	2,393	547	1,846
FOAMNASIUM PLAYGROUND	09-15-2014	425	425	SL MQ	7	0	0	267	61	206
FOLDING CHILDREN'S PARALLEL	09-15-2014	754	754	SL MQ	7	0	0	472	108	364
BARS										
LARGE BENCH ADAPTIVE MALL KAYE	09-15-2014	451	451	SL MQ	7	0	0	280	64	216
SMALL BENCH ADAPTIVE MALL	09-15-2014	369	369	SL MQ	7	0	0	232	53	179
KAYE										
XL BENCH ADAPTIVE MALL KAYE	09-15-2014	490	490	SL MQ	7	0	0	306	70	236
WEDGE MAT GSC DOWNHILL MAT	09-16-2014	1,810	1,810	SL MQ	7	0	0	1,133	259	874
WELCH ALLYN SURETEMP PLUS 692	09-17-2014	305	305	SL MQ	7	0	0	192	44	148
THERMOMETER										
10 4X8X4 LANDING MATS	09-18-2014	3,468	3,468	SL MQ	7	0	0	2,166	495	1,671
2 4X6X4 LANDING MATS	09-18-2014	506	506	SL MQ	7	0	0	315	72	243
2 FLAT SCREEN TV'S	09-18-2014	1,446	1,446	SL MQ	7	0	0	905	207	698
9 5X10X4 LANDING MATS	09-18-2014	4,226	4,226	SL MQ	7	0	0	2,642	604	2,038
DELUXE BOLSTER SWING	09-18-2014	549	549	SL MQ	7	0	0	341	78	263
FLYING TRAPEZE	09-18-2014	1,225	1,225	SL MQ	7	0	0	766	175	591

PLATFORM SWING W/INFANT	09-18-2014	293	293	SL MQ	2 7	0	0	184	42	142
ADAPTION						_				
SUSPENSION & HEIGHT ADJUSTMENT	09-18-2014	950	950	SL MQ	? 7	0	0	595	136	459
KIT										
THERAPY CENTER	09-20-2014	1,052,227	1,052,227	SL MM		0	0	115,789	26,980	88,809
10 SOLID OAK SINGLE PEDESTAL	09-24-2014	6,949	6,949	SL MQ	2   7	0	0	4,344	993	3,351
DESKS										
BOBATH TABLE	09-24-2014	3,285	3,285	SL MQ	2 7	0	0	2,052	469	1,583
15 LESRO NEWPORT MODERN CHAIRS	10-01-2014	3,591	3,591	SL MC	2 7	0	0	2,116	513	1,603
MULBERRY										
4 MAYLINE FLIP & NEST TRAINING	10-01-2014	2,276	2,276	SL MC	2 7	0	0	1,341	325	1,016
TABLES										
41 LESRO NEWPORT MODERN CHAIRS	10-01-2014	9,815	9,815	SL MC	2 7	0	0	5,783	1,402	4,381
PENNY										
5 LESRO NEWPORT	10-01-2014	1,511	1,511	SL MQ	) 5	0	0	1,246	302	944
OVERSIZEM ODERNCHAIRS PENNY										
LAPTOP DELL INSPIRON 17 FOR	10-01-2014	1,208	1,208	SL MQ	) 5	0	0	998	242	756
GINGER										
4 TIERED LITERATURE RACK FOR 2208	10-06-2014	332	332	SL MQ	2 7	0	0	194	47	147
APC BATTERY BACKUPS FOR 2208	10-06-2014	1,269	1,269	SL MQ	) 5	0	0	1,048	254	794
PORTABLE SINK FOR CHURCH &	10-07-2014	5,520	5,520	SL MQ	2 7	0	0	3,255	789	2,466
RENOVATED BLDG										
4 PACK CUBE CHAIRS	10-08-2014	219	219	SL MQ	2 7	0	0	128	31	97
EXPANDABLE BALL PIT	10-08-2014	1,060	1,060	SL MQ	2 7	0	0	623	151	472
SCOOTERBOARD RAMP	10-08-2014	364	364	SL MQ	2 7	0	0	215	52	163
SPACE WALK	10-08-2014	319	319	SL MQ	2 7	0	0	190	46	144
3 BLACK VERTICAL FILE CABINETS FOR 2208	10-11-2014	1,409	1,409	SL MQ	2 7	0	0	829	201	628
SHED FOR SHERI'S SUPPLIES & GOLF	10-16-2014	1,100	1,100	SL MQ	) 15	0	0	301	73	228
CART			·		`	Ů	· ·			
APPLE MACBOOK PRO FOR	10-17-2014	1,235	1,235	SL MC	) 5	0	0	1,018	247	771
DEVELOPMENT										
LADDER WALL	10-23-2014	414	414	SL MQ	2 7	0	0	243	59	184
RAINBOW ACROBAT SWING	10-23-2014	445	445	SL MQ	2 7	0	0	264	64	200
FOLDING 4X8 2 PANEL - ROYAL BLUE	10-24-2014	305	305	SL MQ	2 7	0	0	181	44	137
2 STORAGE UNITS	10-28-2014	2,280	2,280	SL MQ	2 15	0	0	627	152	475
55" LG LED TV-THERAPY CENTER	10-28-2014	598	598	SL MQ	2 7	0	0	351	85	266
KITCHEN										
WEPLAY WATER MOTOR LILY SKILLS	10-28-2014	1,275	1,275	SL MQ	2 7	0	0	751	182	569
TOY SET										
3 IPAD 2'S - THERAPY CENTER	10-29-2014	1,068	1,068	SL MQ	) 5	0	0	883	214	669
ACCESS CONTROL SYSTEM	10-30-2014	8,961	8,961	SL MQ	2 7	0	0	5,280	1,280	4,000
21 SIDDON BLACK CHAIRS	10-31-2014	2,556	2,556	SL MQ	7	0	0	1,506	365	1,141
PHONE SYSTEM-THERAPY CENTER	11-02-2014	6,733	6,733	SL MQ	`	0	0	3,968	962	3,006
COMPUTER DESK	11-04-2014	350	350	SL MQ	`	0	0	· ·	50	156
EPSON DS-510 SCANNER	11-04-2014	280	280	SL MC	`	0	0		56	175
2 SQUARE END TABLES	11-07-2014	298	298	SL MQ	`		0		43	134

FLARE CHAIR	11-07-2014	419	419	SL MQ	7	0	0	247	60	187
FLARE LOVESEAT	11-07-2014	539	539	SL MQ	7	0	0	318	77	241
2 DELL COMPUTER/TABLETS	11-11-2014	2,446	2,446	SL MQ	5	0	0	2,017	489	1,528
2 DELL OPTIPLEX 3020 COMPUTERS	11-11-2014	1,372	1,372	SL MQ	5	0	0	1,130	274	856
2 DELL OPTIPLEX 3020 COMPUTERS-	11-11-2014	1,371	1,371	SL MQ	5	0	0	1,130	274	856
DEVELOPMENT		<u> </u>	ĺ	`						
DELL INSPIRON 17 COMPUT-ACCESS	11-11-2014	1,208	1,208	SL MQ	5	0	0	998	242	756
CONTROL SYS		· I		,						
COMPUTER FOR NURSING	12-05-2014	1,343	1,343	SL MQ	5	0	0	1,110	269	841
MAYTAG BI DISHWASHER	12-05-2014	570	570	SL MQ	7	0	0	334	81	253
DELUXE BOLSTER SWING	12-19-2014	756	756	SL MQ	7	0	0	446	108	338
PLATFORM SWING W/INFANT	12-19-2014	403	403	SL MQ	7	0	0	239	58	181
ADAPTATION				,						
BUBBLE WALL PANEL	12-24-2014	2,546	2,546	SL MQ	7	0	0	1,501	364	1,137
PURELL TFX HAND SANITIZER	01-03-2015	265	265	SL MQ	7	0	0	147	38	109
TOWEL DISPENSER-TOUCHLESS	01-03-2015	350	350	SL MQ	7	0	0	194	50	144
AUTOMATIC				,						
DELL 17" MONITOR	01-05-2015	960	960	SL MQ	5	0	0	744	192	552
DELL INSPIRON 17 5000 LAPTOP-	01-05-2015	4,312	4,312	SL MQ	5	0	0	3,341	862	2,479
NURSING DEPT				-						
DELL OPTIPLEX 3020-NURSING DEPT	01-05-2015	5,742	5,742	SL MQ	5	0	0	4,449	1,148	3,301
DELL XPS 12 LAPTOP	01-05-2015	2,428	2,428	SL MQ	5	0	0	1,883	486	1,397
LANDING MATS 5X10X4	01-06-2015	1,230	1,230	SL MQ	7	0	0	682	176	506
LESRO NEWPORT MODERN CHAIR	01-07-2015	2,872	2,872	SL MQ	7	0	0	1,589	410	1,179
MAYLINE COHERE FLIP&NES	01-07-2015	1,138	1,138	SL MQ	7	0	0	631	163	468
TRAINING TABLES				-						
BULLETIN BOARDS-NURSING CENTER	01-12-2015	499	499	SL MQ	7	0	0	275	71	204
FOLDING MAT 2 PANEL 4X8	01-12-2015	358	358	SL MQ	7	0	0	198	51	147
MAXI BUBBLE TUBE	01-13-2015	429	429	SL MQ	7	0	0	237	61	176
PORTABLE 27" BUBBLE TUBE	01-13-2015	405	405	SL MQ	7	0	0	225	58	167
SOLAR PROJECTOR KIT B	01-13-2015	1,414	1,414	SL MQ	7	0	0	783	202	581
SOUND TO LIGHT PANEL	01-13-2015	2,110	2,110	SL MQ	7	0	0	1,167	301	866
UV SOLUTIONS	01-13-2015	381	381	SL MQ	7	0	0	210	54	156
MINI FRIDG-NURSING CENTER 10.11	01-15-2015	452	452	SL MQ	7	0	0	252	65	187
CU FT				~						
HEALTHMETER 2650KL PROPLUS	01-16-2015	1,868	1,868	SL MQ	7	0	0	1,035	267	768
PORT PLAT SCAL				-						
SCHOOL SPECIALTY SPACE ROOM	01-16-2015	1,120	1,120	SL MQ	7	0	0	620	160	460
PACKAGE-MEDIUM										
SOMATRON BODY PILLOW	01-16-2015	1,208	1,208	SL MQ	7	0	0	670	173	497
SOMATRON TUBBY BALL POOL	01-16-2015	2,360	2,360	SL MQ	7	0	0	1,306	337	969
SUPERACTIVE LED FIBER OPTICS	01-16-2015	1,492	1,492	SL MQ	7	0	0	826	213	613
BUNDLE										
SIDDON CHAIR-NURSING CENTER	01-17-2015	2,100	2,100	SL MQ	7	0	0	1,163	300	863
CABING, HDMI, WALL BRACKET,ETC.	01-20-2015	4,541	4,541	SL MQ	7	0	0	2,515	649	1,866

TRASH CAN-10 GAL SEMI ROUND	01-24-2015	1,960	1.960	SI	MQ	7	0.1	0	1.085	280	805
STEP	01 24 2015	1,500	1,500	OL.	''' \	<u> </u>	Ĭ		1,005	200	003
FRIGIDAIR REFRIGERATOR 27 CU FT	01-28-2015	910	910	SL	MQ	7	0	0	504	130	374
PRAISE BOARD-THERAPY CENTER	01-28-2015	1,002	1,002	SL	`	7	0	0	554	143	411
L&B APPLIANCE	01-31-2015	5,940	5,940	SL	MQ	7	0	0	3,290	849	2,441
12 ARTCOBELL 7P90 SWIV	02-01-2015	2,157	2,157	SL	MQ	7	0	0	1,194	308	886
PNEUMATICLIFTCHAIRS											
2 TABLES 30X48 CLASSRM	02-01-2015	279	279	SL	MQ	7	0	0	155	40	115
SELECTMONTANAWALNUT											
42 ROYAL SEATING 14"CHAIRS	02-01-2015	1,863	1,863	SL	MQ	7	0	0	1,031	266	765
W/GLIDES-R BLUE											
5 TABLES 30X72 CLASSRM	02-01-2015	893	893	SL	MQ	7	0	0	496	128	368
SELECTMONTANAWALNUT											
SINGLE PEDESTAL DESK-SOLID OAK	02-06-2015	849	849		MQ	7	0	0	469	121	348
EXAM TABLE-FOLD UP WALL MOUNT	02-11-2015	1,172	1,172	SL	,	7	0	0	648	167	481
UPTON EXPRESSO KITCHEN	02-13-2015	644	644	SL	`	7	0	0	357	92	265
PRESCHOOL SOFA&CHAIR SET-	02-17-2015	998	998	SL	MQ	7	0	0	554	143	411
ENVIRO CHILD											
LADY BUG HOLLOW	02-23-2015	330	330		MQ	7	0	0	182	47	135
KLEINAU WALL COLLAGE-THERAPY CENTER	02-26-2015	323	323	SL	MQ	7	0	0	178	46	132
MONUMENT SIGN-NURSING CENTER	02-28-2015	3,263	3,263	SL	MQ	5	0	0	2,530	653	1,877
NURSING CENTER REMODEL	02-28-2015	344,760	344,760	SL	MM	39	0	0	34,256	8,840	25,416
15" LAPTOP-FAMILY SERVICES	03-09-2015	1,139	1,139	SL	MQ	5	0	0	883	228	655
VITAL SIGN MONITOR STAND	03-31-2015	1,591	1,591	SL	MQ	5	0	0	1,232	318	914
VITAL SIGN MONITOR-NURSING CENTER	03-31-2015	1,591	1,591	SL	MQ	5	0	0	1,232	318	914
TABLET CHARGING CART	04-13-2015	645	645	SL	MQ	7	0	0	334	92	242
12 IPAD AIR 16GB-CAMPABILITY	04-15-2015	5,040	5,040	SL	MQ	5	0	0	3,654	1,008	2,646
8 IPAD MINIS-CAMPABILITY	04-15-2015	2,560	2,560	SL	MQ	5	0	0	1,856	512	1,344
LENVOA YOGA LAPTOP- CAMPABILITY	04-15-2015	1,028	1,028		MQ	5	0	0	747	206	541
60" VIZIO TV	04-30-2015	1,108	1,108	SL	MQ	7	0	0	573	158	415
CANVAS PRINT S-THERAPY CENTER WALLS	04-30-2015	1,007	1,007		MQ	7	0	0	522	144	378
14 DELL OPTIPLEX 3020 COMPUTERS- PPSN&REHAB	06-05-2015	10,060	10,060	SL	MQ	5	0	0	7,294	2,012	5,282
3 DELL INSPIRON 15 LAPTOPS	06-05-2015	3.716	3,716	SL	MQ	5	0	0	2.694	743	1.951
NAME PLATES-NURSING CENTER	06-17-2015	1,292	1,292		MQ	7	0	0	670	185	485
ROOM		-,	-,				-	-			. 30
WALL DECALS-NURSING BLDG	06-18-2015	805	805	SL	MQ	7	0	0	417	115	302
SIGN FOR PRAISE BOARD	06-26-2015	1,002	1,002	SL	MQ	7	0	0	518	143	375
SK DIMENSIONAL LOGO-NURSING CNTR RECEPTION	07-02-2015	1,056	1,056		MQ	7	0	0	510	151	359
POWEREDGE T320 SERVER	07-05-2015	2,294	2,294	SL	MQ	5	0	0	1,549	459	1,090
NISSAN NV3500 VAN (PASSENGER)	07-07-2015	30,830	30,830		MQ	5	0	0	13,237	1,975	11,262
BLACK LOVESEAT	07-10-2015	626	626		MQ	7	0	0	301	89	212

BLACK ONE SEAT SECTION FURNITURE	07-10-2015	1,080	1,080	SL	MQ	7	0	0	520	154	366
VENETIAN GOLD GRANITE DESK TOP	08-01-2015	892	892	SL	MQ	7	0	0	429	127	302
BEDFORD MAPLE CARAMEL ARCH	08-02-2015	527	527		MQ	7	0	0	253	75	178
SMOKE DETECTORS FOR SECURITY SYSTEM	08-04-2015	1,391	1,391		MM	39	0	0	121	36	85
AUTO SCRUB MACHINE-THERAPY& NURSING CENTER	08-10-2015	2,995	2,995	SL	MQ	7	0	0	1,444	428	1,016
AMTRYKE EXTENDER	08-31-2015	2,000	2,000	SL	MQ	7	0	0	965	286	679
WALL BOX-EMERGENCY EXIT	09-18-2015	328	328	SL	MM	39	0	0	26	8	18
APC100 BACKUP	11-01-2015	322	322	SL	MQ	5	0	0	200	64	136
POWER WHEEL CHAIR	11-01-2015	3,000	3,000	SL	MQ	7	0	0	1,341	429	912
CRAB ORCHARD STONE-SK MEMORIAL PATHWAY	11-30-2015	660	660	SL	MQ	7	0	0	294	94	200
PLAYGROUND-OUTSIDE	12-01-2015	116,659	116,659	SL	MQ	7	0	0	52,081	16,666	35,415
SCHOOL BUS	12-17-2015	7,000	7,000	SL	MQ	5	0	0	4,375	1,400	2,975
INSPIRON 14 3000 WITH DUAL MONITOR	01-05-2016	1,668	1,668	SL	HY	5	0	0	835	334	501
SIGN-IMPACT&FAMILY DISPLAYS- THERAPY CENTER	01-25-2016	1,254	1,254	SL	НҮ	7	0	0	448	179	269
SURFACE PRO 4 BUNDLE	02-01-2016	1,899	1,899	SL	HY	5	0	0	950	380	570
BROTHER SCANNER	02-16-2016	438	438	SL	HY	5	0	0	220	88	132
CANON SCANNER	02-16-2016	400	400	SL	HY	5	0	0	200	80	120
PLAYGROUND LANDSCAPING	02-22-2016	1,554	1,554	SL	HY	7	0	0	555	222	333
PRIVACY SCREENS	03-07-2016	1,194	1,194	SL	HY	7	0	0	427	171	256
LIGHT&POLE PROJECT-PARKING LOT- THERAPY CEN	04-30-2016	29,778	29,778	SL	НҮ	15	0	0	4,962	1,985	2,977
DELL - XPS 18"	07-15-2016	700	700	SL	HY	5	0	0	350	140	210
KITCHEN OFFICE JOB	09-12-2016	3,500	3,500	SL	MM	39	0	0	206	90	116
CABINET FOR THERAPY CENTER KITCHEN	10-01-2016	1,927	1,927	SL	НҮ	7	0	0	688	275	413
OPTIPLEX 7040 DESKTOPS	12-07-2016	3,500	3,500	SL	HY	5	0	0	1,750	700	1,050
PORTABLE PATIENT ELECTRIC LIFT	12-29-2016	3,500	3,500	SL	HY	7	0	0	1,250	500	750
4 HP 15.6 NOTEBOOKS - DEVELOPMENT	01-04-2017	1,516	1,516	SL	HY	5	0	0	455	303	152
HUBBLE CAT 3 JACKS - ANNEX	02-08-2017	2,162	2,162	SL	HY	7	0	0	463	309	154
MICS PHONE SYSTEM - ANNEX	02-08-2017	4,954	4,954	SL	HY	7	0	0	1,062	708	354
DELL XPS13.3 TOUCH SCR LAPTOP-B D SPEC-ADM	03-03-2017	1,048	1,048	SL	НҮ	5	0	0	315	210	105
DELL 15.6 TOUCH NOTEBOOK - DEVELOPMENT	03-13-2017	860	860	SL	НҮ	5	0	0	258	172	86
CHARITY OPEN LICENSE EXCHANGE SERVER CAL L	04-11-2017	624	624	SL	НҮ	5	0	0	187	125	62
CHARITY OPEN LICENSE WINDOWS SERVER CAL LI	04-11-2017	1,352	1,352	SL	НҮ	5	0	0	405	270	135
APPLE IPAD WITH WIFI 32GB - THERAPY	04-27-2017	660	660	SL	НҮ	5	0	0	198	132	66

DELL INSPIRON15.6 TOUCH SCR LAPTOP-THERAPY	04-27-2017	1,700	1,700	SL HY	5	0	0	510	340	170
LEASEHOLD IMPROVEMENT - RED	05-16-2017	13,800	13,800	SL HY	15	0	0	1,380	920	460
DAY - ANNEX			,					,		
HP 15.6 TOUCH SCR LAPTOP-SARAH-	05-25-2017	510	510	SL HY	5	0	0	153	102	51
DEVELOPMENT										
LIFETIME GIVING	06-15-2017	500	500	SL HY	7	0	0	107	71	36
INVEST.MURALDESIGN-THERAPY										
WINDOWS 10 PRO - DEVELOPMENT	10-04-2017	482	482	AMT	5	0	0	120	96	24
WINDOWS 10 PRO -	10-12-2017	663	663	AMT	5	0	0	166	133	33
THERAPY,DEV,CAMP										
ADOBE LICENSE RENEWAL -	11-17-2017	864	864	AMT	5	0	0	202	173	29
MARKETING										
WINDOWS 10 PRO -	11-24-2017	723	723	AMT	5	0	0	169	145	24
THER,NURS,CAMP,NURS										
LANDSCAPING AT THERAPY CENTER	11-30-2017	1,721	1,721	SL HY	7	0	0	369	246	123
381-404H SPORTS PLAY WHEELCHAIR	02-09-2018	2,389	2,389	SL MQ	7	0	0	299	299	0
SWING W/FR										
DELL I3567-3919BLK INSPIRON PRO,	03-06-2018	519	519	SL MQ	5	0	0	91	91	0
15.6" HD										
DELL I3567-3919BLK INSPIRON PRO,	03-06-2018	519	519	SL MQ	5	0	0	91	91	0
15.6" HD										
DELL INSPIRON 3668 DESKTOP PC	03-08-2018	449	449	SL MQ	5	0	0	79	79	0
DELL INSPIRON 3668 DESKTOP PC	03-08-2018	449	449	SL MQ	5	0	0	79	79	0
AMAZON CLOUD CAM INDOOR	03-21-2018	570	570	SL MQ	7	0	0	71	71	0
SECURITY CAMERA										
6 TABLES & 12 CHAIRS	05-31-2018	984	984	SL MQ	7	0	0	88	88	0
EXECUTIVE OFFICE FURNITURE - 4	05-31-2018	2,500	2,500	SL MQ	7	0	0	223	223	0
PIECES										
2 SPEED BUMPS	06-30-2018	6,200	6,200	SL MQ	15	0	0	258	258	0
SECURITY FOR NEW STORE FONT	07-23-2018	150	150	SL MQ	15	0	0	4	4	0
DOOR										
DOOR AT THERAPY AND NURSING	09-10-2018	4,768	4,768	SL MQ	15	0	0	119	119	0
CENTERS										
2015 EZ GO RXV GOLF CART	10-31-2018	4,750	4,750	SL MQ	7	0	0	85	85	0
2212 LEASEHOLD IMPROVEMENTS	10-31-2018	124,496	124,496	SL MQ	15	0	0	1,037	1,037	0
BUILDING IMPROVEMENT	10-31-2018	18,372	18,372	SL MQ	15	0	0	153	153	0
MICROSOFT OFFICE LICENSES	12-05-2018	1,479	1,479	200 DBMQ	5	0	0	74	74	0
**Total**		3,276,827	2,918,486			0	0	748,094	131,040	617,054

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SPECIAL KIDS INC 62-1718638

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life		Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	BUILDING	03011998	253,225		100.00			253,225	40	S	L MM	2.5	126,516	6,331	132,847	6,331
3	50kw emergency genera	04262001	16,877		100.00			16,877	5			0	16,877		16,877	
4	CLIMBING WALL	05082003	1,307		100.00			1,307	5			0	1,307		1,307	
5	TREADMILL	01232004	4,905		100.00			4,905	5			0	4,905		4,905	
6	GAIT TRAINER	10082004	705		100.00			705	5			0	705		705	
7	PREDATORS GRANT EQUIP	07012006	8,081		100.00			8,081	5			0	8,081		8,081	
8	202 ARNETTE STREET	02152007	130,987		100.00			130,987	39	S	L MM	2.564	38,414	3,359	41,773	3,359
9	TERMINAL SERVER	02072007	5,506		100.00			5,506	5			0	5,506		5,506	
10	OFFICE FURNITURE-CHRI	05072007	400		100.00			400	5			0	400		400	
11	OFFICE RENOVATION ANN	06302008	16,232		100.00			16,232	15	S	L HY	6.667	10,279	1,082	11,361	1,082
12	CRIB&ACCESSORIES	01242008	3,113		100.00			3,113	7			0	3,113		3,113	
13	PEAVEY ESCORT 2000 PO	09292008	500		100.00			500	7			0	500		500	
15	DELL SERVERS-ARNETTE	04142009	2,401		100.00			2,401	5			0	2,401		2,401	
16	DELL COMP-TONI, ANDRE,	08192009	4,266		100.00			4,266	5			0	4,266		4,266	
17	DELL COMPUTERS	10152009	2,075		100.00			2,075	5			0	2,075		2,075	
18	OXYGEN CONCENTRATOR	11012009	596		100.00			596	7			0	596		596	
19	SOFTWARE FOR SERVER A	03012009	370		100.00			370	5			0	370		370	
21	DELL-2LAPTOPS, 3PC'S, 1	07132010	5,837		100.00			5,837	5			0	5,837		5,837	
22	46"TV&BLU RAY PLAYER	08012010	1,470		100.00			1,470	5			0	1,470		1,470	
23	RECEIVER DENON	08012010	550		100.00			550	5			0	550		550	
24	CAMERA CANON REBEL	08012010	960		100.00			960	5			0	960		960	
25	PROJECTOR MITSUBISHI	08012010	1,253		100.00			1,253	5			0	1,253		1,253	
26	5 DELL COMPUTERS	08192010	3,646		100.00			3,646	5			0	3,646		3,646	
27	2 COMPUTERS-HP 500B-P	05312011	740		100.00			740	5			0	740		740	
28	VITAL SIGN MONITOR	08052011	2,778		100.00			2,778	5			0	2,778		2,778	
29	ANNEX ROOF	04062012	7,600		100.00			7,600	15	S	L HY	6.667	2,788	507	3,295	507
31	2006 CARGO TRAILER 12	05072012	2,100		100.00			2,100	7	S	L HY	14.286	1,650	300	1,950	300
32	WHEEL CLAMP-CARGO(CAM	05102012	321		100.00			321	7	S	L HY	14.286	253	46	299	46
34	2 OUTSIDE GLASS DOORS	08312012	2,808		100.00			2,808	15	S	L HY	6.667	1,029	187	1,216	187
35	3 HVAC UNITS	09252012	18,000		100.00			18,000	15	S	L HY	6.667	6,600	1,200	7,800	1,200
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SPECIAL KIDS INC

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No.	Description	Date	Cost	Basis	Business	Section	Bonus	Depreciable	Life	M	lethod	Rate	Prior	-1718638 Current	Accumulated	AMT
	Description	Date	0031	Adjustment	percentage	179	depreciation	Basis	Liic	101	letriod	reace	Depreciation	Depreciation	Depreciation	Current
36	7 DELL COMPUTERS	10312012	4,732		100.00			4,732	5			0	4,732		4,732	
37	DELL POWER EDGE 1900	01012012	2,799		100.00			2,799	5			0	2,799		2,799	
38	2 PICNIC TABLES	12032012	1,000		100.00			1,000	7	SL	HY	14.286	786	143	929	143
39	OTTOBOCK AQUANET TOIL	12112012	599		100.00			599	5			0	599		599	
40	WALKER	12142012	4,000		100.00			4,000	7	SL	HY	14.286	3,141	571	3,712	571
41	BOLSTER SWING-OT/PT	01312013	578		100.00			578	7	SL	MQ	14.286	404	83	487	83
42	4 OPTIPLEX 3010 MINTO	04012013	2,527		100.00			2,527	5	SL	MQ	20	2,336	191	2,527	191
43	2 RIFTON TODDLER CHAI	07312013	908		100.00			908	7	SL	MQ	14.286	569	130	699	130
44	12 X 16 METAL SHED	09302013	1,000		100.00			1,000	7	SL	MQ	14.286	626	143	769	143
45	EMR SOFTWARE	11262013	13,900		100.00			13,900	5	SL	MQ	20	11,468	2,432	13,900	2,432
46	OFFICE EQUIPMENT AND	02212013	9,000		100.00			9,000	7	SL	MQ	14.286	6,269	1,286	7,555	1,286
47	GAGGLE BUGGY	05022013	1,499		100.00			1,499	7	SL	MQ	14.286	990	214	1,204	214
48	THERAPY BED	06142013	1,000		100.00			1,000	7	SL	MQ	14.286	661	143	804	143
49	GAGGLE BUGGY (BYE-BYE	04182014	1,978		100.00			1,978	7	SL	MQ	14.286	1,026	283	1,309	283
50	OFFICE FURNITURE-ANNE	05292014	5,140		100.00			5,140	7	SL	MQ	14.286	2,661	734	3,395	734
51	LAPTOP DELL INSPIRON	08072014	983		100.00			983	5	SL	MQ	20	665	197	862	197
52	LAPTOP DELL XPS 12 FO	08072014	983		100.00			983	5	SL	MQ	20	665	197	862	197
53	LAPTOP DELL INSPIRON	10012014	1,208		100.00			1,208	5	SL	MQ	20	756	242	998	242
54	41 LESRO NEWPORT MODE	10012014	9,815		100.00			9,815	7	SL	MQ	14.286	4,381	1,402	5,783	1,402
55	15 LESRO NEWPORT MODE	10012014	3,591		100.00			3,591	7	SL	MQ	14.286	1,603	513	2,116	513
56	5 LESRO NEWPORT OVERS	10012014	1,511		100.00			1,511	5	SL	MQ	20	944	302	1,246	302
57	4 MAYLINE FLIP & NEST	10012014	2,276		100.00			2,276	7	SL	MQ	14.286	1,016	325	1,341	325
58	APC BATTERY BACKUPS F	10062014	1,269		100.00			1,269	5	SL	MQ	20	794	254	1,048	254
59	4 TIERED LITERATURE R	10062014	332		100.00			332	7	SL	MQ	14.286	147	47	194	47
60	PORTABLE SINK FOR CHU	10072014	5,520		100.00			5,520	7	SL	MQ	14.286	2,466	789	3,255	789
61	EXPANDABLE BALL PIT	10082014	1,060		100.00			1,060	7	SL	MQ	14.286	472	151	623	151
62	SPACE WALK	10082014	319		100.00			319	7	SL	MQ	14.286	144	46	190	46
63	SCOOTERBOARD RAMP	10082014	364		100.00			364	7	SL	MQ	14.286	163	52	215	52
64	4 PACK CUBE CHAIRS	10082014	219		100.00			219	7	SL	MQ	14.286	97	31	128	31
65	3 BLACK VERTICAL FILE	10112014	1,409		100.00			1,409	7	SL	MQ	14.286	628	201	829	201
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	PECIAL KIDS INC												62	-1718638		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Мє	ethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
66	SHED FOR SHERI'S SUPP	10162014	1,100		100.00			1,100	15	SL	MQ	6.667	228	73	301	73
67	APPLE MACBOOK PRO FOR	10172014	1,235		100.00			1,235	5	SL	MQ	20	771	247	1,018	247
68	RAINBOW ACROBAT SWING	10232014	445		100.00			445	7	SL	MQ	14.286	200	64	264	64
69	LADDER WALL	10232014	414		100.00			414	7	SL	MQ	14.286	184	59	243	59
70	FOLDING 4X8 2 PANEL -	10242014	305		100.00			305	7	SL	MQ	14.286	137	44	181	44
71	WEPLAY WATER MOTOR LI	10282014	1,275		100.00			1,275	7	SL	MQ	14.286	569	182	751	182
72	3 IPAD 2'S - THERAPY	10292014	1,068		100.00			1,068	5	SL	MQ	20	669	214	883	214
73	21 SIDDON BLACK CHAIR	10312014	2,556		100.00			2,556	7	SL	MQ	14.286	1,141	365	1,506	365
74	EPSON DS-510 SCANNER	11042014	280		100.00			280	5	SL	MQ	20	175	56	231	56
75	COMPUTER DESK	11042014	350		100.00			350	7	SL	MQ	14.286	156	50	206	50
76	FLARE CHAIR	11072014	419		100.00			419	7	SL	MQ	14.286	187	60	247	60
77	FLARE LOVESEAT	11072014	539		100.00			539	7	SL	MQ	14.286	241	77	318	77
78	2 SQUARE END TABLES	11072014	298		100.00			298	7	SL	MQ	14.286	134	43	177	43
79	2 DELL OPTIPLEX 3020	11112014	1,371		100.00			1,371	5	SL	MQ	20	856	274	1,130	274
80	2 DELL OPTIPLEX 3020	11112014	1,372		100.00			1,372	5	SL	MQ	20	856	274	1,130	274
81	MAYTAG BI DISHWASHER	12052014	570		100.00			570	7	SL	MQ	14.286	253	81	334	81
82	DELUXE BOLSTER SWING	12192014	756		100.00			756	7	SL	MQ	14.286	338	108	446	108
83	PLATFORM SWING W/INFA	12192014	403		100.00			403	7	SL	MQ	14.286	181	58	239	58
84	BUBBLE WALL PANEL	12242014	2,546		100.00			2,546	7	SL	MQ	14.286	1,137	364	1,501	364
85	55" LG LED TV-THERAPY	10282014	598		100.00			598	7	SL	MQ	14.286	266	85	351	85
86	PHONE SYSTEM-THERAPY	11022014	6,733		100.00			6,733	7	SL	MQ	14.286	3,006	962	3,968	962
87	WEPLAY MOTOR SKILLS U	09092014	710		100.00			710	7	SL	MQ	14.286	341	101	442	101
88	TUMBLEFORM 2 VARREL C	09112014	939		100.00			939	7	SL	MQ	14.286	452	134	586	134
89	3 DELL XPS 12 LAPTOPS	09122014	3,831		100.00			3,831	7	SL	MQ	14.286	1,846	547	2,393	547
90	FOLDING CHILDREN'S PA	09152014	754		100.00			754	7	SL	MQ	14.286	364	108	472	108
91	FOAMNASIUM PLAYGROUND	09152014	425		100.00			425	7	SL	MQ	14.286	206	61	267	61
92	SMALL BENCH ADAPTIVE	09152014	369		100.00			369	7	SL	MQ	14.286	179	53	232	53
93	LARGE BENCH ADAPTIVE	09152014	451		100.00			451	7	SL	MQ	14.286	216	64	280	64
94	XL BENCH ADAPTIVE MAL	09152014	490		100.00			490	7	SL	MQ	14.286	236	70	306	70
95	WEDGE MAT GSC DOWNHIL	09162014	1,810		100.00			1,810	7	SL	MQ	14.286	874	259	1,133	259

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No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Me	ethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
96	WELCH ALLYN SURETEMP	09172014	305		100.00			305	7	SL	MQ	14.286	148	44	192	44
97	2 FLAT SCREEN TV'S	09182014	1,446		100.00			1,446	7	SL	MQ	14.286	698	207	905	207
98	9 5X10X4 LANDING MATS	09182014	4,226		100.00			4,226	7	SL	MQ	14.286	2,038	604	2,642	604
99	10 4x8x4 LANDING MATS	09182014	3,468		100.00			3,468	7	SL	MQ	14.286	1,671	495	2,166	495
100	2 4X6X4 LANDING MATS	09182014	506		100.00			506	7	SL	MQ	14.286	243	72	315	72
101	DELUXE BOLSTER SWING	09182014	549		100.00			549	7	SL	MQ	14.286	263	78	341	78
102	PLATFORM SWING W/INFA	09182014	293		100.00			293	7	SL	MQ	14.286	142	42	184	42
103	10 SOLID OAK SINGLE P	09242014	6,949		100.00			6,949	7	SL	MQ	14.286	3,351	993	4,344	993
104	BOBATH TABLE	09242014	3,285		100.00			3,285	7	SL	MQ	14.286	1,583	469	2,052	469
105	SUSPENSION & HEIGHT A	09182014	950		100.00			950	7	SL	MQ	14.286	459	136	595	136
106	FLYING TRAPEZE	09182014	1,225		100.00			1,225	7	SL	MQ	14.286	591	175	766	175
107	2 DELL COMPUTER/TABLE	11112014	2,446		100.00			2,446	5	SL	MQ	20	1,528	489	2,017	489
108	OTTO BOCK BASE	04032014	3,000		100.00			3,000	7	SL	MQ	14.286	1,555	429	1,984	429
109	SHED FOR ANNEX	05162014	2,500		100.00			2,500	15	SL	MQ	6.667	605	167	772	167
110	OFFICE FURNITURE	09032014	2,043		100.00			2,043	7	SL	MQ	14.286	985	292	1,277	292
111	2 STORAGE UNITS	10282014	2,280		100.00			2,280	15	SL	MQ	6.667	475	152	627	152
112	DELL INSPIRON 17 COMP	11112014	1,208		100.00			1,208	5	SL	MQ	20	756	242	998	242
113	COMPUTER FOR NURSING	12052014	1,343		100.00			1,343	5	SL	MQ	20	841	269	1,110	269
114	ACCESS CONTROL SYSTEM	10302014	8,961		100.00			8,961	7	SL	MQ	14.286	4,000	1,280	5,280	1,280
115	2212 EAST MAIN STREET	08292013	329,989		100.00			329,989	39	SL	MM	2.564	36,664	8,461	45,125	8,461
116	THERAPY CENTER	09202014	1,052,227		100.00			1,052,227	39	SL	MM	2.564	88,809	26,980	115,789	26,980
117	NISSAN NV3500 VAN (PA	07072015	30,830		100.00			30,830	5	SL	MQ	20	11,262	1,975	13,237	1,975
118	AMTRYKE EXTENDER	08312015	2,000		100.00			2,000	7	SL	MQ	14.286	679	286	965	286
119	POWER WHEEL CHAIR	11012015	3,000		100.00			3,000	7	SL	MQ	14.286	912	429	1,341	429
120	SCHOOL BUS	12172015	7,000		100.00			7,000	5	SL	MQ	20	2,975	1,400	4,375	1,400
121	MONUMENT SIGN-NURSING	02282015	3,263		100.00			3,263	5	SL	MQ	20	1,877	653	2,530	653
122	VENETIAN GOLD GRANITE	08012015	892		100.00			892	7	SL	MQ	14.286	302	127	429	127
123	BEDFORD MAPLE CARAMEL	08022015	527		100.00			527	7	SL	MQ	14.286	178	75	253	75
124	WALL BOX-EMERGENCY EX	09182015	328		100.00			328	39	SL	MM	2.564	18	8	26	8
125	SMOKE DETECTORS FOR S	08042015	1,391		100.00			1,391	39	SL	MM	2.564	85	36	121	36

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S	PECIAL KIDS INC											6	2-1718638		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
126	LANDING MATS 5X10X4	01062015	1,230		100.00			1,230	7	SL	MQ 14.2	6 506	176	682	176
127	FOLDING MAT 2 PANEL 4	01122015	358		100.00			358	7	SL	MQ 14.2	6 147	51	198	51
128	MINI FRIDG-NURSING CE	01152015	452		100.00			452	7	SL	MQ 14.2	6 187	65	252	65
129	SCHOOL SPECIALTY SPAC	01162015	1,120		100.00			1,120	7	SL	MQ 14.2	6 460	160	620	160
130	SUPERACTIVE LED FIBER	01162015	1,492		100.00			1,492	7	SL	MQ 14.2	6 613	213	826	213
131	SOMATRON BODY PILLOW	01162015	1,208		100.00			1,208	7	SL	MQ 14.2	6 497	173	670	173
132	SOMATRON TUBBY BALL P	01162015	2,360		100.00			2,360	7	SL	MQ 14.2	6 969	337	1,306	337
133	HEALTHMETER 2650KL PR	01162015	1,868		100.00			1,868	7	SL	MQ 14.2	6 768	267	1,035	267
134	L&B APPLIANCE	01312015	5,940		100.00			5,940	7	SL	MQ 14.2	6 2,441	849	3,290	849
135	TOWEL DISPENSER-TOUCH	01032015	350		100.00			350	7	SL	MQ 14.2	6 144	50	194	50
136	PURELL TFX HAND SANIT	01032015	265		100.00			265	7	SL	MQ 14.2	6 109	38	147	38
137	DELL INSPIRON 17 5000	01052015	4,312		100.00			4,312	5	SL	MQ 20	2,479	862	3,341	862
138	DELL OPTIPLEX 3020-NU	01052015	5,742		100.00			5,742	5	SL	MQ 20	3,301	1,148	4,449	1,148
139	DELL XPS 12 LAPTOP	01052015	2,428		100.00			2,428	5	SL	MQ 20	1,397	486	1,883	486
140	DELL 17" MONITOR	01052015	960		100.00			960	5	SL	MQ 20	552	192	744	192
141	LESRO NEWPORT MODERN	01072015	2,872		100.00			2,872	7	SL	MQ 14.2	6 1,179	410	1,589	410
142	MAYLINE COHERE FLIP&N	01072015	1,138		100.00			1,138	7	SL	MQ 14.2	6 468	163	631	163
143	BULLETIN BOARDS-NURSI	01122015	499		100.00			499	7	SL	MQ 14.2	6 204	71	275	71
144	SIDDON CHAIR-NURSING	01172015	2,100		100.00			2,100	7	SL	MQ 14.2	6 863	300	1,163	300
145	TRASH CAN-10 GAL SEMI	01242015	1,960		100.00			1,960	7	SL	MQ 14.2	6 805	280	1,085	280
146	FRIGIDAIR REFRIGERATO	01282015	910		100.00			910	7	SL	MQ 14.2	6 374	130	504	130
147	42 ROYAL SEATING 14"C	02012015	1,863		100.00			1,863	7	SL	MQ 14.2	6 765	266	1,031	266
148	12 ARTCOBELL 7P90 SWI	02012015	2,157		100.00			2,157	7	SL	MQ 14.2	6 886	308	1,194	308
149	5 TABLES 30X72 CLASSR	02012015	893		100.00			893	7	SL	MQ 14.2	6 368	128	496	128
150	2 TABLES 30X48 CLASSR	02012015	279		100.00			279	7	SL	MQ 14.2	6 115	40	155	40
151	SINGLE PEDESTAL DESK-	02062015	849		100.00			849	7	SL	MQ 14.2	6 348	121	469	121
152	EXAM TABLE-FOLD UP WA	02112015	1,172		100.00			1,172	7	SL	MQ 14.2	6 481	167	648	167
153	UPTON EXPRESSO KITCHE	02132015	644		100.00			644	7	SL	MQ 14.2	6 265	92	357	92
154	PRESCHOOL SOFA&CHAIR	02172015	998		100.00			998	7	SL	MQ 14.2	6 411	143	554	143
155	LADY BUG HOLLOW	02232015	330		100.00			330	7	SL	MQ 14.2	6 135	47	182	47

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	PECIAL KIDS INC							<b>.</b>					62	-1718638		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life		Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
156	15" LAPTOP-FAMILY SER	03092015	1,139		100.00			1,139	5	SL	MQ	20	655	228	883	228
157	VITAL SIGN MONITOR-NU	03312015	1,591		100.00			1,591	5	SL	MQ	20	914	318	1,232	318
158	VITAL SIGN MONITOR ST	03312015	1,591		100.00			1,591	5	SL	MQ	20	914	318	1,232	318
159	60" VIZIO TV	04302015	1,108		100.00			1,108	7	SL	MQ	14.286	415	158	573	158
160	CANVAS PRINTS-THERAPY	04302015	1,007		100.00			1,007	7	SL	MQ	14.286	378	144	522	144
161	14 DELL OPTIPLEX 3020	06052015	10,060		100.00			10,060	5	SL	MQ	20	5,282	2,012	7,294	2,012
162	3 DELL INSPIRON 15 LA	06052015	3,716		100.00			3,716	5	SL	MQ	20	1,951	743	2,694	743
163	POWEREDGE T320 SERVER	07052015	2,294		100.00			2,294	5	SL	MQ	20	1,090	459	1,549	459
164	AUTO SCRUB MACHINE-TH	08102015	2,995		100.00			2,995	7	SL	MQ	14.286	1,016	428	1,444	428
165	APC100 BACKUP	11012015	322		100.00			322	5	SL	MQ	20	136	64	200	64
166	PLAYGROUND-OUTSIDE	12012015	116,659		100.00			116,659	7	SL	MQ	14.286	35,415	16,666	52,081	16,666
167	CRAB ORCHARD STONE-SK	11302015	660		100.00			660	7	SL	MQ	14.286	200	94	294	94
168	SOLAR PROJECTOR KIT B	01132015	1,414		100.00			1,414	7	SL	MQ	14.286	581	202	783	202
169	UV SOLUTIONS	01132015	381		100.00			381	7	SL	MQ	14.286	156	54	210	54
170	SOUND TO LIGHT PANEL	01132015	2,110		100.00			2,110	7	SL	MQ	14.286	866	301	1,167	301
171	PORTABLE 27" BUBBLE T	01132015	405		100.00			405	7	SL	MQ	14.286	167	58	225	58
172	MAXI BUBBLE TUBE	01132015	429		100.00			429	7	SL	MQ	14.286	176	61	237	61
173	PRAISE BOARD-THERAPY	01282015	1,002		100.00			1,002	7	SL	MQ	14.286	411	143	554	143
174	KLEINAU WALL COLLAGE-	02262015	323		100.00			323	7	SL	MQ	14.286	132	46	178	46
175	TABLET CHARGING CART	04132015	645		100.00			645	7	SL	MQ	14.286	242	92	334	92
176	LENVOA YOGA LAPTOP-CA	04152015	1,028		100.00			1,028	5	SL	MQ	20	541	206	747	206
177	8 IPAD MINIS-CAMPABIL	04152015	2,560		100.00			2,560	5	SL	MQ	20	1,344	512	1,856	512
178	12 IPAD AIR 16GB-CAMP	04152015	5,040		100.00			5,040	5	SL	MQ	20	2,646	1,008	3,654	1,008
179	WALL DECALS-NURSING B	06182015	805		100.00			805	7	SL	MQ	14.286	302	115	417	115
180	BLACK LOVESEAT	07102015	626		100.00			626	7	SL	MQ	14.286	212	89	301	89
181	BLACK ONE SEAT SECTIO	07102015	1,080		100.00			1,080	7	SL	MQ	14.286	366	154	520	154
183	NURSING CENTER REMODE	02282015	344,760		100.00			344,760	39	SL	MM	2.564	25,416	8,840	34,256	8,840
184	CABING, HDMI, WALL BR	01202015	4,541		100.00			4,541	7	SL	MQ	14.286	1,866	649	2,515	649
185	NAME PLATES-NURSING C	06172015	1,292		100.00			1,292	7	SL	MQ	14.286	485	185	670	185
186	SIGN FOR PRAISE BOARD	06262015	1,002		100.00			1,002	7	SL	MQ	14.286	375	143	518	143

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Description														
	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
SK DIMENSIONAL LOGO-N	07022015	1,056		100.00			1,056	7	SL MQ	14.286	359	151	510	151
INSPIRON 14 3000 WITH	01052016	1,668		100.00			1,668	5	SL HY	20	501	334	835	334
SIGN-IMPACT&FAMILY DI	01252016	1,254		100.00			1,254	7	SL HY	14.286	269	179	448	179
SURFACE PRO 4 BUNDLE	02012016	1,899		100.00			1,899	5	SL HY	20	570	380	950	380
BROTHER SCANNER	02162016	438		100.00			438	5	SL HY	20	132	88	220	88
CANON SCANNER	02162016	400		100.00			400	5	SL HY	20	120	80	200	80
PRIVACY SCREENS	03072016	1,194		100.00			1,194	7	SL HY	14.286	256	171	427	171
DELL - XPS 18"	07152016	700		100.00			700	5	SL HY	20	210	140	350	140
OPTIPLEX 7040 DESKTOP	12072016	3,500		100.00			3,500	5	SL HY	20	1,050	700	1,750	700
PORTABLE PATIENT ELEC	12292016	3,500		100.00			3,500	7	SL HY	14.286	750	500	1,250	500
KITCHEN OFFICE JOB	09122016	3,500		100.00			3,500	39	SL MM	2.564	116	90	206	90
PLAYGROUND LANDSCAPIN	02222016	1,554		100.00			1,554	7	SL HY	14.286	333	222	555	222
CABINET FOR THERAPY C	10012016	1,927		100.00			1,927	7	SL HY	14.286	413	275	688	275
LIGHT&POLE PROJECT-PA	04302016	29,778		100.00			29,778	15	SL HY	6.667	2,977	1,985	4,962	1,985
4 HP 15.6 NOTEBOOKS -	01042017	1,516		100.00			1,516	5	SL HY	20	152	303	455	303
MICS PHONE SYSTEM - A	02082017	4,954		100.00			4,954	7	SL HY	14.286	354	708	1,062	708
HUBBLE CAT 3 JACKS -	02082017	2,162		100.00			2,162	7	SL HY	14.286	154	309	463	309
DELL XPS13.3 TOUCH SC	03032017	1,048		100.00			1,048	5	SL HY	20	105	210	315	210
DELL 15.6 TOUCH NOTEB	03132017	860		100.00			860	5	SL HY	20	86	172	258	172
CHARITY OPEN LICENSE	04112017	624		100.00			624	5	SL HY	20	62	125	187	125
CHARITY OPEN LICENSE	04112017	1,352		100.00			1,352	5	SL HY	20	135	270	405	270
APPLE IPAD WITH WIFI	04272017	660		100.00			660	5	SL HY	20	66	132	198	132
DELL INSPIRON15.6 TOU	04272017	1,700		100.00			1,700	5	SL HY	20	170	340	510	340
HP 15.6 TOUCH SCR LAP	05252017	510		100.00			510	5	SL HY	20	51	102	153	102
LEASEHOLD IMPROVEMENT	05162017	13,800		100.00			13,800	15	SL HY	6.667	460	920	1,380	920
LIFETIME GIVING INVES	06152017	500		100.00			500	7	SL HY	14.286	36	71	107	71
WINDOWS 10 PRO - DEVE	10042017	482		100.00			482	5	AMT-AMT	20	24	96	120	96
WINDOWS 10 PRO - THER	10122017	663		100.00			663	5	AMT-AMT	20	33	133	166	133
ADOBE LICENSE RENEWAL	11172017	864		100.00			864	5	AMT-AMT	20	29	173	202	173
WINDOWS 10 PRO - THER	11242017	723		100.00			723	5	AMT-AMT	20	24	145	169	145
	SIGN-IMPACT&FAMILY DI SURFACE PRO 4 BUNDLE BROTHER SCANNER CANON SCANNER PRIVACY SCREENS DELL - XPS 18" DPTIPLEX 7040 DESKTOP PORTABLE PATIENT ELEC KITCHEN OFFICE JOB PLAYGROUND LANDSCAPIN CABINET FOR THERAPY C LIGHT&POLE PROJECT-PA 4 HP 15.6 NOTEBOOKS - MICS PHONE SYSTEM - A MUSBLE CAT 3 JACKS - DELL XPS13.3 TOUCH SC DELL XPS13.3 TOUCH SC DELL 15.6 TOUCH NOTEB CHARITY OPEN LICENSE CH	SURFACE PRO 4 BUNDLE  BROTHER SCANNER  CANON SCANNER  CELL - XPS 18"  COPTIPLEX 7040 DESKTOP  COPTIPLE AND COPTIPLE  COPTIPLEX 7040 DESKTOP  COPTIPLEX 7040 DESKTOP  COPTIPLE AND COPTIPLE  COPTIPLE AND COPTIPLE  COPTIPL	SIGN-IMPACT&FAMILY DI 01252016 1,254   SURFACE PRO 4 BUNDLE 02012016 1,899   BROTHER SCANNER 02162016 400   PRIVACY SCREENS 03072016 1,194   DELL - XPS 18" 07152016 3,500   DEPTIPLEX 7040 DESKTOP 12072016 3,500   DEPTIPLEX 7040 DESKTOP 12292016 3,500   DELAYGROUND LANDSCAPIN 02222016 1,554   DELAYGROUND LANDSCAPIN 02222016 1,927   DELAYGROUND LANDSCAPIN 02222016 1,927   DELAYGROUND LANDSCAPIN 02222016 1,927   DELAYGROUND LANDSCAPIN 02082017 1,954   DELL XPS13.3 TOUCH SC 03032017 1,048   DELL XPS13.3 TOUCH SC 03032017 1,048   DELL XPS13.3 TOUCH SC 03032017 1,048   DELL ST.6 TOUCH NOTEB 04112017 660   DELL XPS13.3 TOUCH SC 04112017 660   DELL INSPIRON15.6 TOU 04272017 1,700   DELAYGROUND 10 PRO - DEVE 10042017 1,800   DELAYGROUND 10 PRO - THER 10122017 1,800   DELAYGROUND 10 PRO - T	SIGN-IMPACT&FAMILY DI 01252016 1,254   SURFACE PRO 4 BUNDLE 02012016 1,899   BROTHER SCANNER 02162016 438   CANON SCANNER 02162016 400   PRIVACY SCREENS 03072016 1,194   DELL - XPS 18" 07152016 700   DPTIPLEX 7040 DESKTOP 12072016 3,500   PORTABLE PATIENT ELEC 12292016 3,500   PORTABLE PATIENT ELEC 12292016 3,500   PORTABLE PATIENT ELEC 108 09122016 1,554   CABINET FOR THERAPY C 10012016 1,927   CLIGHT&POLE PROJECT-PA 04302016 29,778   4 HP 15.6 NOTEBOOKS - 01042017 1,516   MICS PHONE SYSTEM - A 02082017 4,954   HUBBLE CAT 3 JACKS - 02082017 2,162   DELL XPS13.3 TOUCH SC 03032017 1,048   DELL 15.6 TOUCH NOTEB 03132017 624   CHARITY OPEN LICENSE 04112017 1,352   APPLE IPAD WITH WIFI 04272017 660   DELL INSPIRON15.6 TOU 04272017 1,700   HP 15.6 TOUCH SCR LAP 05252017 510   LEASEHOLD IMPROVEMENT 05162017 13,800   LIFETIME GIVING INVES 06152017 500   WINDOWS 10 PRO - DEVE 10042017 482   WINDOWS 10 PRO - DEVE 10042017 482   WINDOWS 10 PRO - THER 10122017 663   ADDBE LICENSE RENEWAL 11172017 864	SIGN-IMPACT&FAMILY DI	SIGN-IMPACT&FAMILY DI OU252016 1,254 100.00 100.00 2012016 1,899 100.00 2012016 1,899 100.00 2012016 1,899 100.00 2012016 1,899 100.00 2012016 1,899 20212016 438 100.00 2012016 1,194 100.00 2012016 1,194 100.00 2012016 1,194 100.00 2012016 2012016 3,500 100.00 2012016 3,500 100.00 2012016 3,500 100.00 2012016 3,500 100.00 2012016 2012016 3,500 100.00 2012016 2012016 3,500 100.00 2012016 2012016 3,500 100.00 2012016 201	SIGN-IMPACT&FAMILY DI 01252016 1,254 100.00 SURFACE PRO 4 BUNDLE 02012016 1,899 100.00 STOTHER SCANNER 02162016 438 100.00 STOTHER SCANNER 02162016 400 100.00 STOTHER SCANNER 02162016 1,194 100.00 STOTHER SCANNER 02072016 700 100.00 STOTHER SCANNER 07152016 700.00 STOTHER SCANNER 07152017 700 STOTHER 07152017 700 STOTHER 07152017 700 STOTHER 07152017 700 ST	SIGN-IMPACT&FAMILY DI 01252016 1,254 100.00 1,254 1,899 100.00 1,899 100.00 1,899 100.00 1,899 100.00 1,899 100.00 1488 100.00 4488 100.00 4488 100.00 4488 100.00 4488 100.00 4488 100.00 100.00 1,194 1,194 100.00 1,194 1,194 100.00 1,194 1,194 100.00 1,194 1,194 100.00 1,194 1,194 100.00 1,194 1,194 100.00 1,194 1	SIGN-IMPACT&FAMILY DI 01252016 1,254 100.00 1,254 7 SURFACE PRO 4 BUNDLE 02012016 1,899 100.00 1,899 5 SURFACE PRO 4 BUNDLE 02012016 1,899 100.00 1,899 5 SURFACE PRO 4 BUNDLE 02012016 438 100.00 438 5 CANON SCANNER 02162016 400 100.00 400 5 SURVACY SCREENS 03072016 1,194 100.00 1,194 7 SUBLL - XPS 18* 07152016 700 100.00 700 5 SURVACY SCREENS 03072016 3,500 100.00 3,500 5 SURTABLE PATIENT ELEC 12292016 3,500 100.00 3,500 5 SURTABLE PATIENT ELEC 12292016 3,500 100.00 3,500 7 SURTCHEN OFFICE JOB 09122016 3,500 100.00 3,500 3 SURVACY SCREENS 09122016 1,554 100.00 3,500 3 SURVACY SCREENS 09122016 1,554 100.00 1,554 7 SURFACE PROJECT-PA 04302016 29,778 100.00 1,927 7 SURFACE PROJECT-PA 04302017 1,516 100.00 1,516 5 SURFACE PROJECT-PA 04302017 2,162 100.00 1,516 5 SURFACE PROJECT-PA 03302017 1,048 100.00 1,516 5 SURFACE PROJECT-PA 0412017 624 100.00 1,048 5 SURFACE PROJECT-PA 0412017 624 100.00 624 5 SURFACE PROJECT-PA 0412017 1,352 100.00 660 5 SURFACE PROJECT-PA 0412017 624 100.00 624 5 SURFACE PROJECT-PA 0412017 624 100.00 624 5 SURFACE PROJECT-PA 0412017 624 100.00 660 5 SURFACE PROJECT-PA 0412017 660 100.0	SIGN-IMPACT&FAMILY DI 01252016 1,254 100.00 1,254 7 SL HY SURFACE PRO 4 BUNDLE 02012016 1,899 100.00 1,899 5 SL HY SROTHER SCANNER 02162016 438 100.00 438 5 SL HY CANON SCANNER 02162016 400 100.00 400 5 SL HY CANON SCANNER 03072016 1,194 100.00 1,194 7 SL HY DELL - XPS 18" 07152016 700 100.00 700 5 SL HY DELL - XPS 18" 07152016 3,500 100.00 3,500 5 SL HY DETIPLEX 7040 DESKTOP 12072016 3,500 100.00 3,500 70 SL HY DETIPLEX 7040 DESKTOP 12072016 3,500 100.00 3,500 7 SL HY CASHINET FOR THERE LEC 12292016 3,500 100.00 3,500 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,554 7 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,556 5 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,556 5 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,556 5 SL HY CASHINET FOR THERAPY C 10012016 1,927 100.00 1,556 5 SL HY CASHINET FOR THERAPY C 10012017 1,516 100.00 1,516 5 SL HY CASHINET FOR THERAPY C 10012017 1,516 100.00 1,516 5 SL HY CASHINET FOR THERAPY C 10012017 1,516 100.00 1,516 5 SL HY CASHINET FOR THERAPY C 10012017 1,516 100.00 1,516 5 SL HY CASHINET OPEN LICENSE 04112017 660 100.00 1,556 5 SL HY CASHINET OPEN LICENSE 04112017 660 100.00 1,556 5 SL HY CASHINET OPEN LICENSE 04112017 1,552 100.00 1,550 5 SL HY CASHINET GOVERNENT 05162017 1,700 100.00 1,700 5 SL HY CASHINET GOVERNENT 05162017 1,700 100.00 1,700 5 SL HY CASHINET GOVERNENT 05162017 1,700 100.00 1,700 5 SL HY CASHINET GOVERNENT 05162017 1,700 100.00 1,700 5 SL HY CASHINET GOVERNENT 05162017 1,700 100.00 1,700 5 SL HY CASHINET GOVERNENT 105162017 1,700 100.00 1,700 5 SL HY CASHINET GOVERNENT 105162017 1,700 100.00 1,700 5 SL HY CASHINET GOV	SIGN-IMPACT&FAMILY DI 01252016	SIGN-IMPACT&FAMILY DI 01252016 1.254 100.00 1.254 7 SL HY 14.286 269 200FACE PRO 4 BUNDLE 02012016 1.899 100.00 1.899 100.00 1.899 5 SL HY 20 570 80 STOTHER SCANNER 02162016 400 100.00 4488 5 SL HY 20 120 PRIVACY SCREENS 03072016 1.194 100.00 100.00 400 5 SL HY 20 120 PRIVACY SCREENS 03072016 1.194 100.00 100.00 1.194 7 SL HY 14.286 256 PRILL - XPS 18* 07152016 700 100.00 700 5 SL HY 20 210 PRIVACY SCREENS 12292016 3.500 100.00 700 5 SL HY 20 210 PRIVACY SCREENS 12292016 3.500 100.00 3.500 5 SL HY 20 210 PRIVACY SCREENS 12292016 3.500 100.00 3.500 5 SL HY 20 210 PRIVACY SCREENS 12292016 3.500 100.00 3.500 7 SL HY 14.286 750 CHICLEN OFFICE JOB 0122016 3.500 100.00 3.500 7 SL HY 14.286 750 CHICLEN OFFICE JOB 0122016 1.554 100.00 3.500 7 SL HY 14.286 750 CHICLEN OFFICE JOB 12292016 1.554 100.00 3.500 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 116 PRIVACY SCREENS 1.554 100.00 1.554 7 SL HY 14.286 1154 PRIVACY SCREENS 1.554 100.00 1.554 1 SL HY 20 152 PRIVACY SCREENS 1.554 100.00 1.554 1 SL HY 20 152 PRIVACY SCREENS 1.554 100.00 1.554 1 SL HY 20 155 PRIVACY SCREENS 1.554 100.00 1.554 1 SL HY 20 155 PRIVACY SCREENS 1.554 1 SL HY 20 155	SIGN-IMPACTEPANTLY DI 0252016 1,254   100.00   1,895   5 SL HY 14.286 269 179 SURFACE PRO 4 BUNDLE 2012016 1,899   100.00   1,895   5 SL HY 20 570 380	SIGN-IMPACTGFAMILY DI 01252016

### **Depreciation Detail Listing**

Program Services

2018

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Name(s) as shown on return

\* Item is included in UBIA for Section 199A calculations.

See "UBIA" in lower right corner.

For your records only

Social security number/EIN 62-1718638

S	PECIAL KIDS INC	ı	I				1			T		62	2-1718638		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
219	LANDSCAPING AT THERAP	11302017	1,721		100.00			1,721	7	SL I	IY 14.286	123	246	369	246
220	2 SPEED BUMPS	06302018	6,200		100.00			6,200	15	SL I	IQ 4.167		258	258	258
221	SECURITY FOR NEW STOR	07232018	150		100.00			150	15	SL I	IQ 2.5		4	4	4
222	DOOR AT THERAPY AND N	09102018	4,768		100.00			4,768	15	SL I	IQ 2.5		119	119	119
223	2212 LEASEHOLD IMPROV	10312018	124,496		100.00			124,496	15	SL I	IQ .833		1,037	1,037	1,037
224	DELL 13567-3919BLK IN	03062018	519		100.00			519	5	SL I	IQ 17.5		91	91	91
225	DELL 13567-3919BLK IN	03062018	519		100.00			519	5	SL I	IQ 17.5		91	91	91
226	DELL INSPIRON 3668 DE	03082018	449		100.00			449	5	SL I	IQ 17.5		79	79	79
227	DELL INSPIRON 3668 DE	03082018	449		100.00			449	5	SL I	IQ 17.5		79	79	79
228	381-404H SPORTS PLAY	02092018	2,389		100.00			2,389	7	SL I	IQ 12.5		299	299	299
229	AMAZON CLOUD CAM INDO	03212018	570		100.00			570	7	SL I	IQ 12.5		71	71	71
230	EXECUTIVE OFFICE FURN	05312018	2,500		100.00			2,500	7	SL I	IQ 8.929		223	223	223
231	6 TABLES & 12 CHAIRS	05312018	984		100.00			984	7	SL I	IQ 8.929		88	88	88
232	2015 EZ GO RXV GOLF C	10312018	4,750		100.00			4,750	7	SL I	IQ 1.786		85	85	85
233	MICROSOFT OFFICE LICE	12052018	1,479		100.00			1,479	5	AMT-AMT	1.6667		25	25	25
234	BUILDING IMPROVEMENT	10312018	18,372		100.00			18,372	15	SL I	IQ .833		153	153	153
	Assets Sold/Abandoned														
20	SKIMS UPDATES	12012009	900		100.00			900	5		0	900		900	
30	LYTEC SERVER	04162012	1,682		100.00			1,682	5		0	1,682		1,682	
33	2002 CHEVY EXPRESS VA	05172012	5,500		100.00			5,500	5		0	5,500		5,500	
	Totals		2,918,487					2,918,486				617,054	130,991	748,045	130,991

# **Depreciation Detail Listing**

Management & General

2018

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See "UBIA" in lower right corner.

Name(s) as shown on return

\* Item is included in UBIA for Section 199A calculations.

For your records only

Social security number/EIN

S	PECIAL KIDS INC											62	-1718638		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
2	LAND	01011997	35,404	35,404	100.00			0	0		0				
14	LAND 202 ARNETTE STRE	02152007	84,000	84,000	100.00			0	0		0				
182	LAND 2220 E MAIN ST	06152015	71,790	71,790	100.00			0	0		0				
188	LAND 2208 E MAIN ST	09302013	147,396	147,396	100.00			0	0		0				
201	2220 E MAIN ST - RAZI	04142016	19,750	19,750	100.00			0	0		0				
	Totals		358,340												

# **Depreciation Reconciliation for SPECIAL KIDS INC**

	Cost	Basis	Current Depreciation	Accumulated Depreciation	
Beginning of Year	3,108,233	2,749,892	128,289	745,343	
Placed in Service in Current Year	168,594	168,594	2,702	2,702	
Removed from Service in Current Year	8,082	8,082		8,082	
End of Year	3,268,745	2,910,404	130,991	739,963	

# **Next Year's Depreciation Worksheet**

Name(s) as ahown on return

2018 (Keep for your records) Tax ID Number

SPEC	SPECIAL KIDS INC 62-1718638											
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction					
PRG	1	BUILDING	03011998	253,225	SL	40	6,331					
MGT	1	LAND	01011997		NDA	0						
PRG	1	50KW EMERGENCY GENERATOR	04262001	16,877	SL	5						
PRG	1	CLIMBING WALL	05082003		SL	5						
PRG	1	TREADMILL	01232004		SL	5						
PRG	1	GAIT TRAINER	10082004		SL	5						
PRG	1	PREDATORS GRANT EQUIPMEN			SL	5						
PRG	1	202 ARNETTE STREET		,	M	39	3,359					
PRG		TERMINAL SERVER	02132007		M	5	3,339					
	1											
PRG	1	OFFICE FURNITURE-CHRIS			M	5	1 000					
PRG	1	OFFICE RENOVATION ANNEX(			SL	15	1,082					
PRG	1	CRIB&ACCESSORIES	01242008		SL	7						
PRG	1	PEAVEY ESCORT 2000 PORTA			SL	7						
MGT	1	LAND 202 ARNETTE STREET			NDA	0						
PRG	1	DELL SERVERS-ARNETTE ST			SL	5						
PRG	1	DELL COMP-TONI, ANDRE, JUL	08192009	4,266	SL	5						
PRG	1	DELL COMPUTERS	10152009	2,075	SL	5						
PRG	1	OXYGEN CONCENTRATOR	11012009	596	SL	7						
PRG	1	SOFTWARE FOR SERVER AT A DELL-2LAPTOPS,3PC'S,14MO	03012009	370	SL	5						
PRG	1	DELL-2LAPTOPS, 3PC'S, 14MO	07132010	5,837	SL	5						
PRG	1	46"TV&BLU RAY PLAYER	08012010	1,470	SL	5						
PRG	1	RECEIVER DENON	08012010		SL	5						
PRG	1	CAMERA CANON REBEL			SL	5						
PRG	1	PROJECTOR MITSUBISHI			SL	5						
				3,646		5						
PRG	1		08192010		SL	5						
PRG	1	2 COMPUTERS-HP 500B-P E5		740	SL	5						
PRG	1	VITAL SIGN MONITOR			SL	5	F 0 F					
PRG	1		04062012		SL	15	507					
PRG	1	2006 CARGO TRAILER 12X5			SL	7	150					
PRG	1	WHEEL CLAMP-CARGO(CAMPAB			SL	7	22					
PRG	1	2 OUTSIDE GLASS DOORS-ST			SL	15	187					
PRG	1	3 HVAC UNITS	09252012		SL	15	1,200					
PRG	1	7 DELL COMPUTERS	10312012	4,732	SL	5						
PRG	1	DELL POWER EDGE 1900 SER	01012012	2,799	SL	5						
PRG	1	2 PICNIC TABLES	12032012		SL	7	71					
PRG	1	OTTOBOCK AQUANET TOILET	12112012	1	SL	5						
PRG	1	WALKER	12142012		SL	7	288					
PRG	1	BOLSTER SWING-OT/PT	01312013		SL	7	83					
PRG	1	4 OPTIPLEX 3010 MINTOWER			SL	5						
PRG	1	2 RIFTON TODDLER CHAIRS	07312013	1	SL	7	130					
PRG	1	12 X 16 METAL SHED	09302013		SL	7	143					
PRG		EMR SOFTWARE	11262013		SL	I	113					
	1					5	1 206					
PRG	1	OFFICE EQUIPMENT AND FUR			SL	7	1,286					
PRG	1	GAGGLE BUGGY	05022013	1	SL	7	214					
PRG	1	THERAPY BED	06142013		SL	7	143					
PRG	1	GAGGLE BUGGY (BYE-BYE BU		1	SL	7	283					
PRG	1	OFFICE FURNITURE-ANNEX	05292014		SL	7	734					
PRG	1	LAPTOP DELL INSPIRON 17	08072014		SL	5	121					
PRG	1	LAPTOP DELL XPS 12 FOR N	08072014		SL	5	121					
PRG	1	LAPTOP DELL INSPIRON 17	10012014	1,208	SL	5	210					
PRG	1	41 LESRO NEWPORT MODERN	10012014	9,815	SL	7	1,402					
PRG	1	15 LESRO NEWPORT MODERN	10012014	3,591	SL	7	513					
	,											

# **Next Year's Depreciation Worksheet**

2018

(Keep for your records)

		(Keep to	r your records)				<u> </u>
	s ahown on retu		Tax ID 1	Number 1718638			
Form	Multi-Form	DS INC Description	Date	Basis	Method I	_ife	Deduction
PRG	1	5 LESRO NEWPORT OVERSIZE	10012014	1,511	SL	5	265
PRG	1	4 MAYLINE FLIP & NEST TR			SL	7	325
PRG	1	APC BATTERY BACKUPS FOR	10062014		SL	5	221
PRG		4 TIERED LITERATURE RACK			SL	7	47
	1				I I		
PRG	1	PORTABLE SINK FOR CHURCH			SL	7	789
PRG	1	EXPANDABLE BALL PIT	10082014		SL	7	151
PRG	1	SPACE WALK	10082014		SL	7	46
PRG	1	SCOOTERBOARD RAMP	10082014		SL	7	52
PRG	1	4 PACK CUBE CHAIRS	10082014		SL	7	31
PRG	1	3 BLACK VERTICAL FILE CA			SL	7	201
PRG	1	SHED FOR SHERI'S SUPPLIE	10162014		SL	15	73
PRG	1	APPLE MACBOOK PRO FOR DE	10172014	1,235	SL	5	217
PRG	1	RAINBOW ACROBAT SWING	10232014	445	SL	7	64
PRG	1	LADDER WALL	10232014	414	SL	7	59
PRG	1	FOLDING 4X8 2 PANEL - RO	10242014	305	SL	7	44
PRG	1	WEPLAY WATER MOTOR LILY	10282014		SL	7	182
PRG	1	3 IPAD 2'S - THERAPY CEN			SL	5	185
PRG	1	21 SIDDON BLACK CHAIRS	10312014		SL	7	365
PRG	1	EPSON DS-510 SCANNER	11042014		SL	5	49
PRG	1	COMPUTER DESK	11042014		SL	7	50
PRG	1	FLARE CHAIR	11072014		SL	7	60
PRG	1	FLARE CHAIR FLARE LOVESEAT	11072014		SL	7	77
					I I	7	43
PRG	1	2 SQUARE END TABLES	11072014		SL		
PRG	1	2 DELL OPTIPLEX 3020 COM			SL	5	241
PRG	1	2 DELL OPTIPLEX 3020 COM			SL	5	242
PRG	1	MAYTAG BI DISHWASHER	12052014		SL	7	81
PRG	1	DELUXE BOLSTER SWING	12192014		SL	7	108
PRG	1	PLATFORM SWING W/INFANT	12192014		SL	7	58
PRG	1	BUBBLE WALL PANEL	12242014		SL	7	364
PRG	1	55" LG LED TV-THERAPY CE			SL	7	85
PRG	1	PHONE SYSTEM-THERAPY CEN			SL	7	962
PRG	1	WEPLAY MOTOR SKILLS UNIV			SL	7	101
PRG	1	TUMBLEFORM 2 VARREL CRAW			SL	7	134
PRG	1	3 DELL XPS 12 LAPTOPS	09122014		SL	7	547
PRG	1	FOLDING CHILDREN'S PARAL			SL	7	108
PRG	1	FOAMNASIUM PLAYGROUND	09152014		SL	7	61
PRG	1	SMALL BENCH ADAPTIVE MAL			SL	7	53
PRG	1	LARGE BENCH ADAPTIVE MAL			SL	7	64
PRG	1	XL BENCH ADAPTIVE MALL K			SL	7	70
PRG	1	WEDGE MAT GSC DOWNHILL M	09162014	1,810	SL	7	259
PRG	1	WELCH ALLYN SURETEMP PLU	09172014	305	SL	7	44
PRG	1	2 FLAT SCREEN TV'S	09182014	1,446	SL	7	207
PRG	1	9 5x10x4 LANDING MATS	09182014	4,226	SL	7	604
PRG	1	10 4x8x4 LANDING MATS	09182014	3,468	SL	7	495
PRG	1	2 4x6x4 LANDING MATS	09182014	506	SL	7	72
PRG	1	DELUXE BOLSTER SWING	09182014	549	SL	7	78
PRG	1	PLATFORM SWING W/INFANT	09182014		SL	7	42
PRG	1	10 SOLID OAK SINGLE PEDE			SL	7	993
PRG	1	BOBATH TABLE	09242014		SL	7	469
PRG	1	SUSPENSION & HEIGHT ADJU			SL	7	136
PRG	1	FLYING TRAPEZE	09182014		SL	7	175
PRG	1	2 DELL COMPUTER/TABLETS	11112014		SL	5	429
				, 3		•	

# **Next Year's Depreciation Worksheet**

	(Keep for your records) 2018												
Name(s) a	s ahown on retur	n	· ·				Tax ID I	Number					
SPEC	IAL KI	DS INC					62-	1718638					
Form	Multi-Form	Description		Date	Basis	Method	Life	Deduction					
PRG	1		OCK BASE	04032014		SL	7	429					
PRG	1		OR ANNEX	05162014		SL	15	167					
PRG	1		FURNITURE	09032014		SL	7	292					
PRG	1		AGE UNITS	10282014		SL	15	152					
PRG	1		ISPIRON 17 COMPUT-	11112014	· ·	SL	5	210					
PRG	1		CR FOR NURSING	12052014		SL	5	233					
PRG	1		CONTROL SYSTEM	10302014		SL	7	1,280					
PRG	1		AST MAIN STREET	08292013		SL	39	8,461					
PRG	1 1		CENTER		1,052,227	SL	39	26,980					
PRG PRG	1 1		NV3500 VAN (PASSE E EXTENDER	07072015 08312015		SL SL	5 7	3,150 286					
PRG	1		HEEL CHAIR	11012015		SL	7	429					
PRG	1	SCHOOL		12172015		SL	5	1,400					
PRG	1		T SIGN-NURSING CE	02282015		SL	5	653					
PRG	1		AN GOLD GRANITE DE	08012015		SL	7	127					
PRG	1		MAPLE CARAMEL AR	08022015		SL	7	75					
PRG	1		X-EMERGENCY EXIT	09182015		SL	39	8					
PRG	1		DETECTORS FOR SECU	08042015		SL	39	36					
PRG	1		MATS 5X10X4	01062015		SL	7	176					
PRG	1		MAT 2 PANEL 4X8	01122015		SL	7	51					
PRG	1		RIDG-NURSING CENTE	01152015		SL	7	65					
PRG	1		SPECIALTY SPACE R	01162015		SL	7	160					
PRG	1		CTIVE LED FIBER OP	01162015		SL	7	213					
PRG	1	SOMATRO	N BODY PILLOW	01162015		SL	7	173					
PRG	1	SOMATRO	N TUBBY BALL POOL	01162015	2,360	SL	7	337					
PRG	1	HEALTHM	METER 2650KL PROPL	01162015	1,868	SL	7	267					
PRG	1	L&B APF	PLIANCE	01312015		SL	7	849					
PRG	1		DISPENSER-TOUCHLES			SL	7	50					
PRG	1		TFX HAND SANITIZE	01032015		SL	7	38					
PRG	1		ISPIRON 17 5000 LA	01052015		SL	5	862					
PRG	1		PTIPLEX 3020-NURSI	01052015		SL	5	1,148					
PRG	1		PS 12 LAPTOP	01052015	2,428	SL	5	486					
PRG	1		" MONITOR	01052015	960	SL	5	192					
PRG	1		TEWPORT MODERN CHA		2,872	SL	7	410					
PRG	1		COHERE FLIP&NES	01072015		SL	7	163					
PRG	1		IN BOARDS-NURSING	01122015		SL	7	71					
PRG	1		CHAIR-NURSING CEN			SL	7	300					
PRG	1		CAN-10 GAL SEMI RO		· ·	SL	7	280					
PRG	1		AIR REFRIGERATOR 2	01282015		SL	7	130					
PRG	1		AL SEATING 14"CHAI COBELL 7P90 SWIV P	02012015 02012015		SL	7	266 308					
PRG PRG	1   1		IS 30X72 CLASSRM S			SL SL	7 7	128					
PRG	1		IS 30X48 CLASSRM S			SL	7	40					
PRG	1		PEDESTAL DESK-SOL	02012015		SL	7	121					
PRG	1		ABLE-FOLD UP WALL	02002015		SL	7	167					
PRG	1		EXPRESSO KITCHEN	02132015		SL	7	92					
PRG	1		OOL SOFA&CHAIR SET	02172015		SL	7	143					
PRG	1		JG HOLLOW	02232015		SL	7	47					
PRG	1		PTOP-FAMILY SERVIC			SL	5	228					
PRG	1		SIGN MONITOR-NURSI	03312015		SL	5	318					
PRG	1		SIGN MONITOR STAND	03312015		SL	5	318					
PRG	1	60" VIZ	I	04302015		SL	7	158					

		Next Yea	r's Dep	oreciation V	Vorksheet			
			(Keep fo	r your records)			201	8
Name(s) a	s ahown on retur	n						Number
SPEC	IAL KI				I		62-	1718638
Form	Multi-Form	Description		Date	Basis	Method	Life	Deduction
PRG	1	CANVAS PRINTS-THERA			· ·	SL	7	144
PRG	1	14 DELL OPTIPLEX 30:	I			SL	5	2,012
PRG	1	3 DELL INSPIRON 15		06052015		SL	5	743
PRG	1	POWEREDGE T320 SERVI	I	07052015		SL	5	459
PRG	1	AUTO SCRUB MACHINE-	I'HERA	08102015		SL	7	428
PRG	1	APC100 BACKUP		11012015		SL	5	64
PRG	1	PLAYGROUND-OUTSIDE	OT	12012015		SL	7	16,666
PRG	1	CRAB ORCHARD STONE-	I			SL	7	94 202
PRG	1 1	SOLAR PROJECTOR KIT UV SOLUTIONS	В	01132015		SL	7	54
PRG PRG	1 1	SOUND TO LIGHT PANE	-	01132015 01132015		SL	7	301
PRG	1	PORTABLE 27" BUBBLE	I	01132015	· ·	SL SL	7	58
PRG	1	MAXI BUBBLE TUBE	TOPE	01132015		SL	7	61
PRG	1	PRAISE BOARD-THERAP	v cen			SL	7	143
PRG	1 1	KLEINAU WALL COLLAG		02262015		SL	7	46
PRG	1 1	TABLET CHARGING CAR		04132015		SL	7	92
PRG	1 1	LENVOA YOGA LAPTOP-0				SL	5	206
PRG	1	8 IPAD MINIS-CAMPAB				SL	5	512
PRG	1	12 IPAD AIR 16GB-CAI		04152015		SL	5	1,008
PRG	1 1	WALL DECALS-NURSING		06182015		SL	7	115
PRG	1 1	BLACK LOVESEAT		07102015		SL	7	89
PRG	1	BLACK ONE SEAT SECT	TON F	07102015		SL	7	154
MGT	1	LAND 2220 E MAIN ST		06152015		NDA	0	
PRG	1	NURSING CENTER REMOD	DEL	02282015		SL	39	8,840
PRG	1	CABING, HDMI, WALL	I	01202015		SL	7	649
PRG	1	NAME PLATES-NURSING		06172015		SL	7	185
PRG	1	SIGN FOR PRAISE BOAL	I	06262015		SL	7	143
PRG	1	SK DIMENSIONAL LOGO		07022015	· ·	SL	7	151
MGT	1	LAND 2208 E MAIN ST		09302013		NDA	0	
PRG	1	INSPIRON 14 3000 WI	TH DU			SL	5	334
PRG	1	SIGN-IMPACT&FAMILY	DISPL	01252016		SL	7	179
PRG	1	SURFACE PRO 4 BUNDLI	E	02012016		SL	5	380
PRG	1	BROTHER SCANNER		02162016	438	SL	5	88
PRG	1	CANON SCANNER		02162016	400	SL	5	80
PRG	1	PRIVACY SCREENS		03072016	1,194	SL	7	171
PRG	1	DELL - XPS 18"		07152016		SL	5	140
PRG	1	OPTIPLEX 7040 DESKT		12072016		SL	5	700
PRG	1	PORTABLE PATIENT EL	ECTRI	12292016		SL	7	500
PRG	1	KITCHEN OFFICE JOB		09122016		SL	39	90
PRG	1	PLAYGROUND LANDSCAP	I	02222016		SL	7	222
PRG	1	CABINET FOR THERAPY		10012016	· ·	SL	7	275
MGT	1	2220 E MAIN ST - RA	I	04142016		NDA	0	
PRG	1	LIGHT&POLE PROJECT-	I			SL	15	1,985
PRG	1	4 HP 15.6 NOTEBOOKS	I			SL	5	303
PRG	1	MICS PHONE SYSTEM -				SL	7	708
PRG	1	HUBBLE CAT 3 JACKS				SL	7	309
PRG	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	DELL XPS13.3 TOUCH				SL	5	210
PRG	1	DELL 15.6 TOUCH NOT	ĽВООК	03132017	860	SL	5	172

PRG DELL 15.6 TOUCH NOTEBOOK 03132017 860 172 1 SLPRG 1 CHARITY OPEN LICENSE EXC 04112017 624  $\operatorname{SL}$ 5 125 5 5 PRG CHARITY OPEN LICENSE WIN 04112017 1,352 270 1 SL132 PRG 1 APPLE IPAD WITH WIFI 32G 04272017 660  $\operatorname{SL}$ 5 DELL INSPIRON15.6 TOUCH PRG 1 04272017 1,700 SL 340

<b>Next Year's</b>	<b>Depreciation</b>	Worksheet
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(Keep for your records)

2018

Name(s) as ahown on return  Tax ID Numb							
	SPECIAL KIDS INC						1718638
Form PRG	Multi-Form	Description HP 15.6 TOUCH SCR LAPTOP	Date 05252017	Basis 510	Method SL	Life 5	Deduction 102
PRG	1	LEASEHOLD IMPROVEMENT -	05162017		SL	15	920
PRG	1	LIFETIME GIVING INVEST.M		500	SL	7	71
PRG	1	WINDOWS 10 PRO - DEVELOP			AMT	5	96
PRG	1	WINDOWS 10 PRO - THERAPY			AMT	5	133
PRG	1	ADOBE LICENSE RENEWAL -	11172017		AMT	5	173
PRG	1	WINDOWS 10 PRO - THER, NU			AMT	5	145
PRG	1	LANDSCAPING AT THERAPY C			SL	7	246
PRG	1	2 SPEED BUMPS	06302018		SL	15	413
PRG	1	SECURITY FOR NEW STORE F	07232018	150	SL	15	10
PRG	1	DOOR AT THERAPY AND NURS			SL	15	318
PRG	1	2212 LEASEHOLD IMPROVEME			SL	15	8,300
PRG	1	DELL I3567-3919BLK INSPI			SL	5	104
PRG	1	DELL I3567-3919BLK INSPI			SL	5	104
PRG	1	DELL INSPIRON 3668 DESKT			SL	5	90
PRG	1	DELL INSPIRON 3668 DESKT			SL	5	90
PRG	1	381-404H SPORTS PLAY WHE			SL	7	341
PRG	1	AMAZON CLOUD CAM INDOOR	03212018		SL	7	81
PRG	1	EXECUTIVE OFFICE FURNITU	05312018 05312018		SL	7	357
PRG PRG	1   1	6 TABLES & 12 CHAIRS 2015 EZ GO RXV GOLF CART			SL SL	7	141 679
PRG	1	MICROSOFT OFFICE LICENSE			AMT	5	296
PRG	1	BUILDING IMPROVEMENT	10312018		SL	15	1,225
FIG	_	BOIDDING IMPROVEMENT	10312010	10,372		13	
		TOTAL					138,348
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