

# **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 2020**

# H A Beasley and Company PLLC

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

June 24, 2021

Special Kids Inc  
2132 E Main Street  
Murfreesboro, TN 37130

Special Kids Inc:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for Special Kids Inc from the information provided. The return was e-filed with the IRS and was accepted on June 30, 2021.

The federal return reflects neither a refund nor a balance due.

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

Sincerely,

Bryan Blair  
H A Beasley and Company PLLC

# H A Beasley and Company PLLC

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

June 24, 2021

Special Kids Inc  
2132 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

Return of Organization Exempt From Income Tax

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

2020

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

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: SPECIAL KIDS INC. D Employer identification number: 62-1718638. E Telephone number: (615) 809-2632. G Gross receipts: \$ 4,074,092. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. I Tax-exempt status: 501(c)(3). J Website: SPECIALKIDSTN.COM. K Form of organization: Corporation. L Year of formation: 1998. M State of legal domicile: TN.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission: PROVIDE THERAPEUTIC REHABILITATION AND PROFESSIONAL NURSING SERVICES TO CHILDREN WITH SPECIAL NEEDS. 2-7a. Governance metrics. 8-12. Revenue: Total revenue 3,905,208. 13-19. Expenses: Total expenses 2,907,608. 20-22. Net Assets or Fund Balances: Total assets 6,382,729.

Part II Signature Block

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

Sign Here: Signature of officer: CHRIS TRUELOVE. Type or print name and title: CHRIS TRUELOVE, EXECUTIVE DIRECTOR.

Paid Preparer Use Only: Print/Type preparer's name: Bryan Blair. Preparer's signature: Bryan Blair. Date: 06-24-2021. Check if PTIN self-employed: P00631975. Firm's name: H A Beasley and Company PLLC. Firm's address: 111 MTCS Drive, Murfreesboro TN 37129. Firm's EIN: 615-895-5675.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROVIDE THERAPEUTIC REHABILITATION AND PROFESSIONAL NURSING SERVICES TO CHILDREN WITH SPECIAL NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,351,559 including grants of \$ ) (Revenue \$ 721,019 ) PROVIDE THERAPEUTIC REHABILITATION TO CHILDREN WITH SPECIAL NEEDS.

4b (Code: ) (Expenses \$ 837,010 including grants of \$ ) (Revenue \$ 496,257 ) PROVIDE PROFESSIONAL NURSING SERVICES TO CHILDREN WITH SPECIAL NEEDS.

4c (Code: ) (Expenses \$ 50,941 including grants of \$ ) (Revenue \$ 2,135 ) CAMPABILITY - SEVEN WEEK DAY CAMP THAT ENCOURAGES CAMPERS, CHILDREN AND YOUTH AGES 6-25, TO PARTICIPATE IN AN INTERACTIVE, SOCIAL, AND FUN ENVIRONMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,239,510

**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 . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . .	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 . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .		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 . . . . .		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	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 . . . . .	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		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 . . . . .		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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 . . . . .		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		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 . . . . .		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		X

**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 . . . . .		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II . . . . .		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . .		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.



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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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 any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed Tennessee; 18 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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O); 19 Describe on 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, 2132 E MAIN STREET, MURFREESBORO, TN 37130

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS TRUELOVE EXECUTIVE DIRECTOR	40.00			X	X			91,052	0	0
(2) ANGIE KLEINAU DIRECTOR	3.00	X						0	0	0
(3) CHARLIE YATES IMMEDIATE PAST CHAIR	3.00	X						0	0	0
(4) A J GOODWIN CHAIR ELECT	3.00	X						0	0	0
(5) BEVERLY DAVIS DIRECTOR	3.00	X						0	0	0
(6) BEN H MCFARLIN JR DIRECTOR	3.00	X						0	0	0
(7) CARRIE M GOODWIN DIRECTOR AND CO-FOUNDER	3.00	X						0	0	0
(8) CRAIG CONYERS DIRECTOR	3.00	X						0	0	0
(9) CHARLENE JONES DIRECTOR	3.00	X						0	0	0
(10) MACK BARRETT TREASURER AND PARLIAMENTARIAN	3.00	X		X				0	0	0
(11) MARY E POLK CHAIR	3.00	X		X				0	0	0
(12) ELIZABETH SMITH SECRETARY AND HISTORIAN	3.00	X		X				0	0	0
(13)										
(14)										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							91,052	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a				
	b Membership dues . . . . .	1b				
	c Fundraising events . . . . .	1c	166,713			
	d Related organizations . . . . .	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,269,518			
	g Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 1,000			
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		<b>1,436,231</b>			
Program Service Revenue	Business Code					
	2a <b>PATIENT SERVICE FEES</b>	621300	1,219,408	1,219,408		
	b					
	c					
	d					
	e					
	f All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		<b>1,219,408</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		128,376	128,376		
	4 Income from investment of tax-exempt bond proceeds . . . ▶					
	5 Royalties . . . . . ▶					
	6a Gross rents . . . . .	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses . . . . .	6b				
	c Rental income or (loss) . . . . .	6c				
	d Net rental income or (loss) . . . . . ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		1,000		
		7a				
	b Less: cost or other basis and sales expenses . . . . .	7b		5,858		
c Gain or (loss) . . . . .	7c		(4,858)			
d Net gain or (loss) . . . . . ▶		(4,858)		(4,858)		
8a Gross income from fundraising events (not including \$ 166,713 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	505,358				
b Less: direct expenses . . . . .	8b	163,026				
c Net income or (loss) from fundraising events . . . . . ▶		342,332		342,332		
9a Gross income from gaming activities, See Part IV, line 19 . . . . .	9a					
b Less: direct expenses . . . . .	9b					
c Net income or (loss) from gaming activities . . . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . . .	10a					
b Less: cost of goods sold . . . . .	10b					
c Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue	Business Code					
	11a <b>OTHER REVENUE</b>	110000	10,109	10,109		
	b <b>PPP LOAN/GRANT</b>	900099	512,733	512,733		
	c <b>PROVIDER RELIEF FUND</b>	900099	260,877	260,877		
	d All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . . ▶		<b>783,719</b>			
<b>12 Total revenue.</b> See instructions . . . . . ▶		<b>3,905,208</b>	<b>2,131,503</b>	<b>0</b>	<b>337,474</b>	

**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>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	91,052	71,021	5,463	14,568
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 . . . . .	2,042,091	1,592,831	122,525	326,735
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits . . . . .	199,232	155,401	11,954	31,877
10 Payroll taxes . . . . .	129,480	100,994	7,769	20,717
11 Fees for services (nonemployees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	14,920		14,920	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 .				
f Investment management fees . . . . .	10,829		10,829	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	36,751	21,905	14,846	
12 Advertising and promotion . . . . .	5,253			5,253
13 Office expenses . . . . .	25,707	20,051	1,544	4,112
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	23,143	18,050	1,390	3,703
17 Travel . . . . .	958	747	58	153
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	799			799
20 Interest . . . . .	12		12	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	129,815	101,256	7,789	20,770
23 Insurance . . . . .	62,190	48,508	3,732	9,950
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b> . . . . .	36,325	28,334	2,180	5,811
b <b>FAMILY SUPPORT</b> . . . . .	8,986	8,986		
c <b>SUBSCRIPTIONS</b> . . . . .	39,738	30,996	2,384	6,358
d <b>REPAIRS AND MAINTENANCE</b> . . . . .	32,701	25,507	1,962	5,232
e All other expenses . . . . .	17,626	14,923	710	1,993
<b>25 Total functional expenses.</b> Add lines 1 through 24e . .	2,907,608	2,239,510	210,067	458,031
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	418,391	1	1,040,308
	<b>2</b> Savings and temporary cash investments	347,024	2	890,422
	<b>3</b> Pledges and grants receivable, net	127,766	3	40,098
	<b>4</b> Accounts receivable, net	112,332	4	37,832
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	41,086	9	59,192
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,348,983		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 992,875	2,422,864	<b>10c</b> 2,356,108
	<b>11</b> Investments - publicly traded securities	73,901	11	42,428
	<b>12</b> Investments - other securities. See Part IV, line 11	1,595,964	12	1,916,341
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,139,328	16	6,382,729	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	177,117	17	260,062
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	60,565	19	153,512
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<b>25</b> 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	
	<b>26 Total liabilities.</b> Add lines 17 through 25	237,682	26	413,574
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	3,324,129	27	4,273,981
	<b>28</b> Net assets with donor restrictions	1,577,517	28	1,695,174
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
	<b>32</b> Total net assets or fund balances	4,901,646	32	5,969,155
<b>33</b> Total liabilities and net assets/fund balances	5,139,328	33	6,382,729	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,905,208
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,907,608
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	997,600
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,901,646
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	69,909
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,969,155

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		x
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SPECIAL KIDS INC**

Employer identification number

**62-1718638**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,273,094	1,926,972	1,734,352	2,271,488	1,778,043	8,983,949
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	2,166,858	2,422,126	1,924,939	2,112,787	1,219,408	9,846,118
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	3,439,952	4,349,098	3,659,291	4,384,275	2,997,451	18,830,067
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	46,856	64,584	43,776	64,829	21,750	241,795
<b>b</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 . . . . .	821,697	852,266	914,752	941,295	552,397	4,082,407
<b>c</b> Add lines 7a and 7b . . . . .	868,553	916,850	958,528	1,006,124	574,147	4,324,202
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						14,505,865

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	3,439,952	4,349,098	3,659,291	4,384,275	2,997,451	18,830,067
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,038	17,404	33,570	45,869	128,376	226,257
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	1,038	17,404	33,570	45,869	128,376	226,257
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	10,800	2,777	4,450	1,830	784,239	804,096
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	3,451,790	4,369,279	3,697,311	4,431,974	3,910,066	19,860,420
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	73.04 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	75.68 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	1.00 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.00 %

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015 . . . . .		
b	From 2016 . . . . .		
c	From 2017 . . . . .		
d	From 2018 . . . . .		
e	From 2019 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016 . . . .		
b	Excess from 2017 . . . .		
c	Excess from 2018 . . . .		
d	Excess from 2019 . . . .		
e	Excess from 2020 . . . .		



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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 conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB 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, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part 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 for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,317,747	678,204	347,820	15,134	
b Contributions	296,869	474,498	372,435	305,438	14,791
c Net investment earnings, gains, and losses	194,059	171,301	(38,310)	28,621	365
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	9,925	6,256	3,741	1,373	22
g End of year balance	1,798,750	1,317,747	678,204	347,820	15,134

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  | x   |    |
| (ii) Related organizations   |     | x  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| 3b   |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		358,340		358,340
b Buildings		2,220,437	527,481	1,692,956
c Leasehold improvements		190,990	32,260	158,730
d Equipment		394,839	306,776	88,063
e Other		184,377	126,358	58,019
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,356,108

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) THE COMMUNITY FOUNDATION OF MIDDLE	1,798,750	FMV
(B) RESTRICTED CASH	117,591	FMV
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶	<b>1,916,341</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶		

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





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>RACE</u> (event type)	<u>BANQUET</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	266,347	116,624	126,074	509,045
	2	Less: Contributions . . . . .	89,336	55,977	21,400	166,713
	3	Gross income (line 1 minus line 2) . . . . .	177,011	60,647	104,674	342,332
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .	11,751		3,409	15,160
	6	Rent/facility costs . . . . .			15,370	15,370
	7	Food and beverages . . . . .	5,100	5,770	3,870	14,740
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	95,359	5,186	17,211	117,756
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					179,306

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		Revenue	1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**SPECIAL KIDS INC**

Employer identification number  
**62-1718638**

**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.

# Depreciation and Amortization (Including Information on Listed Property)

2020

Attachment  
Sequence No. **179**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>SPECIAL KIDS INC</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>62-1718638</b>
--	--	---

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. . . . .	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	120,467

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020 . . . . .	17	3,359
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/> . . . . .		

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property <b>Statement #567</b>						2,093
c 7-year property <b>Statement #568</b>						163
d 10-year property						
e 15-year property <b>Statement #569</b>						40
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life		
b	12-year		12 yrs.
c	30-year		30 yrs. MM S/L
d	40-year		40 yrs. MM S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	2,850
22	<b>Total.</b> 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 . . . . .	22	128,972
23	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 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 - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . <b>25</b>								
<b>26</b> Property used more than 50% in a qualified business use:								
NISSAN NV3500	07-07-2015	100.0%	30,830	30,830	5	S/L-MQ	1,975	
SCHOOL BUS	12-17-2015	100.0%	7,000	7,000	5	S/L-MQ	875	
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . . <b>28</b>							<b>2,850</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . <b>29</b>								

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2020 tax year . . . . . <b>43</b>					<b>843</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . <b>44</b>					<b>843</b>



Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. 27

Name(s) shown on return: SPECIAL KIDS INC Identifying number: 62-1718638

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Rows include PHONE SYSTEM-THERAPY CENTER, SCHOOL BUS, MICS PHONE SYSTEM - ANNEX, and HUBBLE CAT 3 JACKS - ANNEX.

Part II Ordinary Gains and Losses (see instructions)

Table for Part II Ordinary Gains and Losses with 10 columns. Rows include 10 Ordinary gains and losses not included on lines 11 through 16, 11 Loss, if any, from line 7, 12 Gain, if any, from line 7 or amount from line 8, 13 Gain, if any, from line 31, 14 Net gain or (loss) from Form 4684, lines 31 and 38a, 15 Ordinary gain from installment sales from Form 6252, line 25 or 36, 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824, 17 Combine lines 10 through 16, 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below.

**Federal Supporting Statements**

**2020 PG01**

Name(s) as shown on return

Tax ID Number

SPECIAL KIDS INC

62-1718638

**FORM 4562 - LINE 19B**

Statement #567

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
2,100	5	MQ	SL	158
7,281	5	MQ	SL	546
21,430	5	MQ	SL	536
811	5	MQ	SL	20
7,300	5	MQ	SL	183
7,300	5	MQ	SL	183
1,299	5	MQ	SL	32
1,299	5	MQ	SL	32
2,301	5	MQ	SL	403
<b>TOTAL</b>				<b>2,093</b>

**FORM 4562 - LINE 19C**

**PG01**  
Statement #568

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
3,290	7	MQ	SL	59
5,235	7	MQ	SL	93
622	7	MQ	SL	11
<b>TOTAL</b>				<b>163</b>

**FORM 4562 - LINE 19E**

**PG01**  
Statement #569

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
207	15	MQ	SL	12
343	15	MQ	SL	20
1,000	15	MQ	SL	8
<b>TOTAL</b>				<b>40</b>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

ALL OTHER

Description	Amount
HALO CONTRIBUTIONS	\$ 520
PRIVATE GIFTS AND GRANTS	893,509
SPECIAL EVENTS AND CONTRIBUTIONS LESS FUNDRAISING EVENTS	374,489
<b>Total:</b>	<b>\$ 1,268,518</b>

GROSS INCOME FROM FUNDRAISING EVENTS

Description	Amount
FUNDRAISING EVENTS	\$ 509,045
LESS FUNDRAISING DONATIONS	(166,713)
ADD DIRECT FUNDRAISING EXPENSES	163,026
<b>Total:</b>	<b>\$ 505,358</b>

DIRECT FUNDRAISING EXPENSES

Description	Amount
FUNDRAISING EVENTS	\$ 163,026
<b>Total:</b>	<b>\$ 163,026</b>

OFFICE EXPENSES-PROGRAM EXPENSES

Description	Amount
TELEPHONE AND INTERNET	\$ 18,361
POSTAGE	1,690
<b>Total:</b>	<b>\$ 20,051</b>

OFFICE EXPENSE-MANAGEMENT AND GENERAL

Description	Amount
TELEPHONE AND INTERNET	\$ 1,414
POSTAGE	130
<b>Total:</b>	<b>\$ 1,544</b>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

OFFICE EXPENSE-FUNDRAISING

Description	Amount
TELEPHONE AND INTERNET	\$ 3,765
POSTAGE	347
<b>Total:</b>	<b>\$ 4,112</b>

OCCUPANCY

Description	Amount
REAL ESTATE TAXES	\$ 2
UTILITIES	1,388
<b>Total:</b>	<b>\$ 1,390</b>

OTHER EXPENSES-PROGRAM EXPENSES

Description	Amount
BANK CHARGES	\$ 6,092
LEASE EXPENSE	8,643
LICENSES, REGISTRATIONS AND TAXES	454
UNIFORMS	2,317
OTHER	353
BAD DEBTS	(2,936)
<b>Total:</b>	<b>\$ 14,923</b>

OTHER EXPENSES-MANAGEMENT AND GENERAL

Description	Amount
BANK CHARGES	\$ 468
LICENSES, REGISTRATIONS AND TAXES	35
UNIFORMS	178
OTHER	29
<b>Total:</b>	<b>\$ 710</b>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

**OTHER EXPENSES-FUNDRAISING**

Description	Amount
BANK CHARGES	\$ 1,250
LICENSES, REGISTRATIONS AND TAXES	93
UNIFORMS	475
OTHER	71
ENDOWMENT FUNDRAISING EXPENSE	104
<b>Total:</b>	<b>\$ 1,993</b>

**LINE 1 INCOME**

Description	Amount
SPECIAL EVENTS AND ACTIVITIES NET	\$ 789,004
SPECIAL EVENTS CONTRIBUTIONS	94,530
PRIVATE GIFTS AND GRANTS	893,509
IN KIND DONATIONS	1,000
<b>Total:</b>	<b>\$ 1,778,043</b>

**INVESTMENT EARNINGS**

Description	Amount
INVESTMENT INCOME	\$ 42,752
REALIZED GAINS	76,675
UNREALIZED GAINS	74,632
<b>Total:</b>	<b>\$ 194,059</b>

**TOTAL REVENUE PER AUDITED FINANCIAL STMTS**

Description	Amount
TOTAL REVENUE AND SUPPORT	\$ 3,184,907
MISCELLANEOUS INCOME	10,629
PPP	512,733
PROVIDER RELIEF FUND	260,877
<b>Total:</b>	<b>\$ 3,969,146</b>

**OTHER REVENUES SCHEDULE D**

Description	Amount
LOSS ON DISPOSAL OF EQUIPMENT	\$ 4,858
UNREALIZED GAIN ON INVESTMENTS	69,909
<b>Total:</b>	<b>\$ 74,767</b>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

**TOTAL EXPENSES PER AUDITED FINANCIAL STMTS**

<b>Description</b>	<b>Amount</b>
TOTAL EXPENSES	\$ 2,896,767
INTEREST EXPENSE	12
LOSS ON DISPOSAL OF EQUIPMENT	4,858
<b>Total:</b>	<b>\$ 2,901,637</b>

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 1

Name(s) as shown on return

Social security number/EIN

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	SL MM	2.5	139,178	6,331	145,509	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	SL MM	2.564	45,132	3,359	48,491	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	SL HY	6.667	12,443	1,082	13,525	1,082
12	CRIB&ACCESSORIES	01242008	3,113		100.00			3,113	7		0	3,113		3,113	
13	PEAVEY ESCORT 2000 PC	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	
20	DELL-2LAPTOPS, 3PC'S, 1	07132010	5,837		100.00			5,837	5		0	5,837		5,837	
21	46"TV&BLU RAY PLAYER	08012010	1,470		100.00			1,470	5		0	1,470		1,470	
22	RECEIVER DENON	08012010	550		100.00			550	5		0	550		550	
23	CAMERA CANON REBEL	08012010	960		100.00			960	5		0	960		960	
24	PROJECTOR MITSUBISHI	08012010	1,253		100.00			1,253	5		0	1,253		1,253	
25	5 DELL COMPUTERS	08192010	3,646		100.00			3,646	5		0	3,646		3,646	
26	2 COMPUTERS-HP 500B-P	05312011	740		100.00			740	5		0	740		740	
27	VITAL SIGN MONITOR	08052011	2,778		100.00			2,778	5		0	2,778		2,778	
28	ANNEX ROOF	04062012	7,600		100.00			7,600	15	SL HY	6.667	3,802	507	4,309	507
29	2006 CARGO TRAILER 12	05072012	2,100		100.00			2,100	7		0	2,100		2,100	
30	WHEEL CLAMP-CARGO (CAM	05102012	321		100.00			321	7		0	321		321	
31	2 OUTSIDE GLASS DOORS	08312012	2,808		100.00			2,808	15	SL HY	6.667	1,403	187	1,590	187
32	3 HVAC UNITS	09252012	18,000		100.00			18,000	15	SL HY	6.667	9,000	1,200	10,200	1,200

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 2

Name(s) as shown on return

Social security number/EIN

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
33	7 DELL COMPUTERS	10312012	4,732		100.00			4,732	5		0	4,732		4,732	
34	DELL POWER EDGE 1900	01012012	2,799		100.00			2,799	5		0	2,799		2,799	
35	2 PICNIC TABLES	12032012	1,000		100.00			1,000	7		0	1,000		1,000	
36	OTTOBOCK AQUANET TOILET	12112012	599		100.00			599	5		0	599		599	
37	WALKER	12142012	4,000		100.00			4,000	7		0	4,000		4,000	
38	BOLSTER SWING-OT/PT	01312013	578		100.00			578	7	SL MQ	14.286	570	8	578	8
39	4 OPTIPLEX 3010 MINTO	04012013	2,527		100.00			2,527	5		0	2,527		2,527	
40	2 RIFTON TODDLER CHAIRS	07312013	908		100.00			908	7	SL MQ	14.286	829	79	908	79
41	12 X 16 METAL SHED	09302013	1,000		100.00			1,000	7	SL MQ	14.286	912	88	1,000	88
42	EMR SOFTWARE	11262013	13,900		100.00			13,900	5		0	13,900		13,900	
43	OFFICE EQUIPMENT AND	02212013	9,000		100.00			9,000	7	SL MQ	14.286	8,841	159	9,000	159
44	GAGGLE BUGGY	05022013	1,499		100.00			1,499	7	SL MQ	14.286	1,418	81	1,499	81
45	THERAPY BED	06142013	1,000		100.00			1,000	7	SL MQ	14.286	947	53	1,000	53
46	GAGGLE BUGGY (BYE-BYE)	04182014	1,978		100.00			1,978	7	SL MQ	14.286	1,592	283	1,875	283
47	OFFICE FURNITURE-ANNE	05292014	5,140		100.00			5,140	7	SL MQ	14.286	4,129	734	4,863	734
48	LAPTOP DELL INSPIRON	08072014	983		100.00			983	5		0	983		983	
49	LAPTOP DELL XPS 12 FC	08072014	983		100.00			983	5		0	983		983	
50	LAPTOP DELL INSPIRON	10012014	1,208		100.00			1,208	5		0	1,208		1,208	
51	41 LESRO NEWPORT MODE	10012014	9,815		100.00			9,815	7	SL MQ	14.286	7,185	1,402	8,587	1,402
52	15 LESRO NEWPORT MODE	10012014	3,591		100.00			3,591	7	SL MQ	14.286	2,629	513	3,142	513
53	5 LESRO NEWPORT OVERS	10012014	1,511		100.00			1,511	5		0	1,511		1,511	
54	4 MAYLINE FLIP & NEST	10012014	2,276		100.00			2,276	7	SL MQ	14.286	1,666	325	1,991	325
55	APC BATTERY BACKUPS F	10062014	1,269		100.00			1,269	5		0	1,269		1,269	
56	4 TIERED LITERATURE R	10062014	332		100.00			332	7	SL MQ	14.286	241	47	288	47
57	PORTABLE SINK FOR CHU	10072014	5,520		100.00			5,520	7	SL MQ	14.286	4,044	789	4,833	789
58	EXPANDABLE BALL PIT	10082014	1,060		100.00			1,060	7	SL MQ	14.286	774	151	925	151
59	SPACE WALK	10082014	319		100.00			319	7	SL MQ	14.286	236	46	282	46
60	SCOOTERBOARD RAMP	10082014	364		100.00			364	7	SL MQ	14.286	267	52	319	52
61	4 PACK CUBE CHAIRS	10082014	219		100.00			219	7	SL MQ	14.286	159	31	190	31
62	3 BLACK VERTICAL FILE	10112014	1,409		100.00			1,409	7	SL MQ	14.286	1,030	201	1,231	201



\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 3

Name(s) as shown on return

Social security number/EIN

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
63	SHED FOR SHERI'S SUPP	10162014	1,100		100.00			1,100	15	SL MQ	6.667	374	73	447	73
64	APPLE MACBOOK PRO FOR	10172014	1,235		100.00			1,235	5		0	1,235		1,235	
65	RAINBOW ACROBAT SWING	10232014	445		100.00			445	7	SL MQ	14.286	328	64	392	64
66	LADDER WALL	10232014	414		100.00			414	7	SL MQ	14.286	302	59	361	59
67	FOLDING 4X8 2 PANEL	10242014	305		100.00			305	7	SL MQ	14.286	225	44	269	44
68	WEPLAY WATER MOTOR LI	10282014	1,275		100.00			1,275	7	SL MQ	14.286	933	182	1,115	182
69	3 IPAD 2'S - THERAPY	10292014	1,068		100.00			1,068	5		0	1,068		1,068	
70	21 SIDDON BLACK CHAIR	10312014	2,556		100.00			2,556	7	SL MQ	14.286	1,871	365	2,236	365
71	EPSON DS-510 SCANNER	11042014	280		100.00			280	5		0	280		280	
72	COMPUTER DESK	11042014	350		100.00			350	7	SL MQ	14.286	256	50	306	50
73	FLARE CHAIR	11072014	419		100.00			419	7	SL MQ	14.286	307	60	367	60
74	FLARE LOVESEAT	11072014	539		100.00			539	7	SL MQ	14.286	395	77	472	77
75	2 SQUARE END TABLES	11072014	298		100.00			298	7	SL MQ	14.286	220	43	263	43
76	2 DELL OPTIPLEX 3020	11112014	1,371		100.00			1,371	5		0	1,371		1,371	
77	2 DELL OPTIPLEX 3020	11112014	1,372		100.00			1,372	5		0	1,372		1,372	
78	MAYTAG BI DISHWASHER	12052014	570		100.00			570	7	SL MQ	14.286	415	81	496	81
79	DELUXE BOLSTER SWING	12192014	756		100.00			756	7	SL MQ	14.286	554	108	662	108
80	PLATFORM SWING W/INFA	12192014	403		100.00			403	7	SL MQ	14.286	297	58	355	58
81	BUBBLE WALL PANEL	12242014	2,546		100.00			2,546	7	SL MQ	14.286	1,865	364	2,229	364
82	55" LG LED TV-THERAPY	10282014	598		100.00			598	7	SL MQ	14.286	436	85	521	85
84	WEPLAY MOTOR SKILLS U	09092014	710		100.00			710	7	SL MQ	14.286	543	101	644	101
85	TUMBLEFORM 2 VARREL C	09112014	939		100.00			939	7	SL MQ	14.286	720	134	854	134
86	3 DELL XPS 12 LAPTOPS	09122014	3,831		100.00			3,831	7	SL MQ	14.286	2,940	547	3,487	547
87	FOLDING CHILDREN'S PA	09152014	754		100.00			754	7	SL MQ	14.286	580	108	688	108
88	FOAMNASIUM PLAYGROUND	09152014	425		100.00			425	7	SL MQ	14.286	328	61	389	61
89	SMALL BENCH ADAPTIVE	09152014	369		100.00			369	7	SL MQ	14.286	285	53	338	53
90	LARGE BENCH ADAPTIVE	09152014	451		100.00			451	7	SL MQ	14.286	344	64	408	64
91	XL BENCH ADAPTIVE MAI	09152014	490		100.00			490	7	SL MQ	14.286	376	70	446	70
92	WEDGE MAT GSC DOWNHII	09162014	1,810		100.00			1,810	7	SL MQ	14.286	1,392	259	1,651	259
93	WELCH ALLYN SURETEMP	09172014	305		100.00			305	7	SL MQ	14.286	236	44	280	44

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 4

Name(s) as shown on return

Social security number/EIN

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
94	2 FLAT SCREEN TV'S	09182014	1,446		100.00			1,446	7	SL MQ	14.286	1,112	207	1,319	207
95	9 5X10X4 LANDING MATS	09182014	4,226		100.00			4,226	7	SL MQ	14.286	3,246	604	3,850	604
96	10 4X8X4 LANDING MATS	09182014	3,468		100.00			3,468	7	SL MQ	14.286	2,661	495	3,156	495
97	2 4X6X4 LANDING MATS	09182014	506		100.00			506	7	SL MQ	14.286	387	72	459	72
98	DELUXE BOLSTER SWING	09182014	549		100.00			549	7	SL MQ	14.286	419	78	497	78
99	PLATFORM SWING W/INFA	09182014	293		100.00			293	7	SL MQ	14.286	226	42	268	42
100	10 SOLID OAK SINGLE P	09242014	6,949		100.00			6,949	7	SL MQ	14.286	5,337	993	6,330	993
101	BOBATH TABLE	09242014	3,285		100.00			3,285	7	SL MQ	14.286	2,521	469	2,990	469
102	SUSPENSION & HEIGHT A	09182014	950		100.00			950	7	SL MQ	14.286	731	136	867	136
103	FLYING TRAPEZE	09182014	1,225		100.00			1,225	7	SL MQ	14.286	941	175	1,116	175
104	2 DELL COMPUTER/TABLE	11112014	2,446		100.00			2,446	5		0	2,446		2,446	
105	OTTO BOCK BASE	04032014	3,000		100.00			3,000	7	SL MQ	14.286	2,413	429	2,842	429
106	SHED FOR ANNEX	05162014	2,500		100.00			2,500	15	SL MQ	6.667	939	167	1,106	167
107	OFFICE FURNITURE	09032014	2,043		100.00			2,043	7	SL MQ	14.286	1,569	292	1,861	292
108	2 STORAGE UNITS	10282014	2,280		100.00			2,280	15	SL MQ	6.667	779	152	931	152
109	DELL INSPIRON 17 COMP	11112014	1,208		100.00			1,208	5		0	1,208		1,208	
110	COMPUTER FOR NURSING	12052014	1,343		100.00			1,343	5		0	1,343		1,343	
111	ACCESS CONTROL SYSTEM	10302014	8,961		100.00			8,961	7	SL MQ	14.286	6,560	1,280	7,840	1,280
112	212 EAST MAIN STREET	08292013	329,989		100.00			329,989	39	SL MM	2.564	53,586	8,461	62,047	8,461
113	THERAPY CENTER	09202014	1,052,227		100.00			1,052,227	39	SL MM	2.564	142,769	26,980	169,749	26,980
114	NISSAN NV3500 VAN (PA	07072015	30,830		100.00			30,830	5	SL MQ	20	15,212	1,975	17,187	1,975
115	AMTRYKE EXTENDER	08312015	2,000		100.00			2,000	7	SL MQ	14.286	1,251	286	1,537	286
116	POWER WHEEL CHAIR	11012015	3,000		100.00			3,000	7	SL MQ	14.286	1,770	429	2,199	429
118	MONUMENT SIGN-NURSING	02282015	3,263		100.00			3,263	5	SL MQ	20	3,183	80	3,263	80
119	VENETIAN GOLD GRANITE	08012015	892		100.00			892	7	SL MQ	14.286	556	127	683	127
120	BEDFORD MAPLE CARAMEL	08022015	527		100.00			527	7	SL MQ	14.286	328	75	403	75
121	WALL BOX-EMERGENCY EX	09182015	328		100.00			328	39	SL MM	2.564	34	8	42	8
122	SMOKE DETECTORS FOR S	08042015	1,391		100.00			1,391	39	SL MM	2.564	157	36	193	36
123	LANDING MATS 5X10X4	01062015	1,230		100.00			1,230	7	SL MQ	14.286	858	176	1,034	176
124	FOLDING MAT 2 PANEL 4	01122015	358		100.00			358	7	SL MQ	14.286	249	51	300	51

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 5

Name(s) as shown on return

Social security number/EIN

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
125	MINI FRIDG-NURSING CE	01152015	452		100.00			452	7	SL MQ	14.286	317	65	382	65
126	SCHOOL SPECIALTY SPAC	01162015	1,120		100.00			1,120	7	SL MQ	14.286	780	160	940	160
127	SUPERACTIVE LED FIBER	01162015	1,492		100.00			1,492	7	SL MQ	14.286	1,039	213	1,252	213
128	SOMATRON BODY PILLOW	01162015	1,208		100.00			1,208	7	SL MQ	14.286	843	173	1,016	173
129	SOMATRON TUBBY BALL P	01162015	2,360		100.00			2,360	7	SL MQ	14.286	1,643	337	1,980	337
130	HEALTHMETER 2650KL PR	01162015	1,868		100.00			1,868	7	SL MQ	14.286	1,302	267	1,569	267
131	L&B APPLIANCE	01312015	5,940		100.00			5,940	7	SL MQ	14.286	4,139	849	4,988	849
132	PURELL TFX HAND SANIT	01032015	265		100.00			265	7	SL MQ	14.286	185	38	223	38
133	DELL INSPIRON 17 5000	01052015	4,312		100.00			4,312	5	SL MQ	20	4,203	109	4,312	109
134	DELL OPTIPLEX 3020-NU	01052015	5,742		100.00			5,742	5	SL MQ	20	5,597	145	5,742	145
135	DELL XPS 12 LAPTOP	01052015	2,428		100.00			2,428	5	SL MQ	20	2,369	59	2,428	59
136	DELL 17" MONITOR	01052015	960		100.00			960	5	SL MQ	20	936	24	960	24
137	LESRO NEWPORT MODERN	01072015	2,872		100.00			2,872	7	SL MQ	14.286	1,999	410	2,409	410
138	MAYLINE COHERE FLIP&N	01072015	1,138		100.00			1,138	7	SL MQ	14.286	794	163	957	163
139	BULLETIN BOARDS-NURSI	01122015	499		100.00			499	7	SL MQ	14.286	346	71	417	71
140	SIDON CHAIR-NURSING	01172015	2,100		100.00			2,100	7	SL MQ	14.286	1,463	300	1,763	300
141	TRASH CAN-10 GAL SEMI	01242015	1,960		100.00			1,960	7	SL MQ	14.286	1,365	280	1,645	280
142	FRIGIDAIR REFRIGERATO	01282015	910		100.00			910	7	SL MQ	14.286	634	130	764	130
143	42 ROYAL SEATING 14"C	02012015	1,863		100.00			1,863	7	SL MQ	14.286	1,297	266	1,563	266
144	12 ARTCOBELL 7P90 SWI	02012015	2,157		100.00			2,157	7	SL MQ	14.286	1,502	308	1,810	308
145	5 TABLES 30X72 CLASSR	02012015	893		100.00			893	7	SL MQ	14.286	624	128	752	128
146	2 TABLES 30X48 CLASSR	02012015	279		100.00			279	7	SL MQ	14.286	195	40	235	40
147	SINGLE PEDESTAL DESK-	02062015	849		100.00			849	7	SL MQ	14.286	590	121	711	121
148	EXAM TABLE-FOLD UP WA	02112015	1,172		100.00			1,172	7	SL MQ	14.286	815	167	982	167
149	UPTON EXPRESSO KITCHE	02132015	644		100.00			644	7	SL MQ	14.286	449	92	541	92
150	PRESCHOOL SOFA&CHAIR	02172015	998		100.00			998	7	SL MQ	14.286	697	143	840	143
151	LADY BUG HOLLOW	02232015	330		100.00			330	7	SL MQ	14.286	229	47	276	47
152	15" LAPTOP-FAMILY SER	03092015	1,139		100.00			1,139	5	SL MQ	20	1,111	28	1,139	28
153	VITAL SIGN MONITOR-NU	03312015	1,591		100.00			1,591	5	SL MQ	20	1,550	41	1,591	41
154	VITAL SIGN MONITOR ST	03312015	1,591		100.00			1,591	5	SL MQ	20	1,550	41	1,591	41

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 6

Name(s) as shown on return

Social security number/EIN

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
155	60" VIZIO TV	04302015	1,108		100.00			1,108	7	SL MQ	14.286	731	158	889	158
156	CANVAS PRINTS-THERAPY	04302015	1,007		100.00			1,007	7	SL MQ	14.286	666	144	810	144
157	14 DELL OPTIPLEX 3020	06052015	10,060		100.00			10,060	5	SL MQ	20	9,306	754	10,060	754
158	3 DELL INSPIRON 15 LAP	06052015	3,716		100.00			3,716	5	SL MQ	20	3,437	279	3,716	279
159	POWEREDGE T320 SERVER	07052015	2,294		100.00			2,294	5	SL MQ	20	2,008	286	2,294	286
160	AUTO SCRUB MACHINE-TH	08102015	2,995		100.00			2,995	7	SL MQ	14.286	1,872	428	2,300	428
161	APC100 BACKUP	11012015	322		100.00			322	5	SL MQ	20	264	58	322	58
162	PLAYGROUND-OUTSIDE	12012015	116,659		100.00			116,659	7	SL MQ	14.286	68,747	16,666	85,413	16,666
163	CRAB ORCHARD STONE-SK	11302015	660		100.00			660	7	SL MQ	14.286	388	94	482	94
164	SOLAR PROJECTOR KIT B	01132015	1,414		100.00			1,414	7	SL MQ	14.286	985	202	1,187	202
165	JV SOLUTIONS	01132015	381		100.00			381	7	SL MQ	14.286	264	54	318	54
166	SOUND TO LIGHT PANEL	01132015	2,110		100.00			2,110	7	SL MQ	14.286	1,468	301	1,769	301
167	PORTABLE 27" BUBBLE T	01132015	405		100.00			405	7	SL MQ	14.286	283	58	341	58
168	MAXI BUBBLE TUBE	01132015	429		100.00			429	7	SL MQ	14.286	298	61	359	61
169	PRAISE BOARD-THERAPY	01282015	1,002		100.00			1,002	7	SL MQ	14.286	697	143	840	143
170	KLEINAU WALL COLLAGE-	02262015	323		100.00			323	7	SL MQ	14.286	224	46	270	46
171	TABLET CHARGING CART	04132015	645		100.00			645	7	SL MQ	14.286	426	92	518	92
172	LENVOA YOGA LAPTOP-CA	04152015	1,028		100.00			1,028	5	SL MQ	20	953	75	1,028	75
173	8 IPAD MINIS-CAMPABII	04152015	2,560		100.00			2,560	5	SL MQ	20	2,368	192	2,560	192
174	12 IPAD AIR 16GB-CAMP	04152015	5,040		100.00			5,040	5	SL MQ	20	4,662	378	5,040	378
175	WALL DECALS-NURSING B	06182015	805		100.00			805	7	SL MQ	14.286	532	115	647	115
176	BLACK LOVESEAT	07102015	626		100.00			626	7	SL MQ	14.286	390	89	479	89
177	BLACK ONE SEAT SECTIO	07102015	1,080		100.00			1,080	7	SL MQ	14.286	674	154	828	154
179	NURSING CENTER REMODE	02282015	344,760		100.00			344,760	39	SL MM	2.564	43,096	8,840	51,936	8,840
180	CABLING, HDMI, WALL B	01202015	4,541		100.00			4,541	7	SL MQ	14.286	3,164	649	3,813	649
181	NAME PLATES-NURSING C	06172015	1,292		100.00			1,292	7	SL MQ	14.286	855	185	1,040	185
182	SIGN FOR PRAISE BOARD	06262015	1,002		100.00			1,002	7	SL MQ	14.286	661	143	804	143
183	SK DIMENSIONAL LOGO-N	07022015	1,056		100.00			1,056	7	SL MQ	14.286	661	151	812	151
185	INSPIRON 14 3000 WITH	01052016	1,668		100.00			1,668	5	SL HY	20	1,169	334	1,503	334
186	SIGN-IMPACT&FAMILY DI	01252016	1,254		100.00			1,254	7	SL HY	14.286	627	179	806	179

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 7

Name(s) as shown on return

Social security number/EIN

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
187	SURFACE PRO 4 BUNDLE	02012016	1,899		100.00			1,899	5	SL HY	20	1,330	380	1,710	380
188	BROTHER SCANNER	02162016	438		100.00			438	5	SL HY	20	308	88	396	88
189	CANON SCANNER	02162016	400		100.00			400	5	SL HY	20	280	80	360	80
190	PRIVACY SCREENS	03072016	1,194		100.00			1,194	7	SL HY	14.286	598	171	769	171
191	DELL - XPS 18"	07152016	700		100.00			700	5	SL HY	20	490	140	630	140
192	OPTIPLEX 7040 DESKTOP	12072016	3,500		100.00			3,500	5	SL HY	20	2,450	700	3,150	700
193	PORTABLE PATIENT ELEC	12292016	3,500		100.00			3,500	7	SL HY	14.286	1,750	500	2,250	500
194	KITCHEN OFFICE JOB	09122016	3,500		100.00			3,500	39	SL MM	2.564	296	90	386	90
195	PLAYGROUND LANDSCAPIN	02222016	1,554		100.00			1,554	7	SL HY	14.286	777	222	999	222
196	CABINET FOR THERAPY C	10012016	1,927		100.00			1,927	7	SL HY	14.286	963	275	1,238	275
198	LIGHT&POLE PROJECT-PA	04302016	29,778		100.00			29,778	15	SL HY	6.667	6,947	1,985	8,932	1,985
199	HP 15.6 NOTEBOOKS -	01042017	1,516		100.00			1,516	5	SL HY	20	758	303	1,061	303
202	DELL XPS13.3 TOUCH SC	03032017	1,048		100.00			1,048	5	SL HY	20	525	210	735	210
203	DELL 15.6 TOUCH NOTEB	03132017	860		100.00			860	5	SL HY	20	430	172	602	172
204	CHARITY OPEN LICENSE	04112017	624		100.00			624	5	SL HY	20	312	125	437	125
205	CHARITY OPEN LICENSE	04112017	1,352		100.00			1,352	5	SL HY	20	675	270	945	270
206	APPLE IPAD WITH WIFI	04272017	660		100.00			660	5	SL HY	20	330	132	462	132
207	DELL INSPIRON15.6 TOU	04272017	1,700		100.00			1,700	5	SL HY	20	850	340	1,190	340
208	HP 15.6 TOUCH SCR LAP	05252017	510		100.00			510	5	SL HY	20	255	102	357	102
209	LEASEHOLD IMPROVEMENT	05162017	13,800		100.00			13,800	15	SL HY	6.667	2,300	920	3,220	920
210	LIFETIME GIVING INVES	06152017	500		100.00			500	7	SL HY	14.286	178	71	249	71
211	WINDOWS 10 PRO - DEVE	10042017	482		100.00			482	5	AMT-AMT	20	216	96	312	96
212	WINDOWS 10 PRO - THER	10122017	663		100.00			663	5	AMT-AMT	20	299	133	432	133
213	ADOBE LICENSE RENEWAL	11172017	864		100.00			864	5	AMT-AMT	20	375	173	548	173
214	WINDOWS 10 PRO - THER	11242017	723		100.00			723	5	AMT-AMT	20	314	145	459	145
215	LANDSCAPING AT THERAP	11302017	1,721		100.00			1,721	7	SL HY	14.286	615	246	861	246
216	2 SPEED BUMPS	06302018	6,200		100.00			6,200	15	SL MQ	6.667	671	413	1,084	413
217	SECURITY FOR NEW STOR	07232018	150		100.00			150	15	SL MQ	6.667	14	10	24	10
218	DOOR AT THERAPY AND N	09102018	4,768		100.00			4,768	15	SL MQ	6.667	437	318	755	318
219	2212 LEASEHOLD IMPROV	10312018	124,496		100.00			124,496	15	SL MQ	6.667	9,337	8,300	17,637	8,300

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Program Services  
For your records only

**2020**

PAGE 8

Name(s) as shown on return

Social security number/EIN

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
220	DELL I3567-3919BLK IN	03062018	519		100.00			519	5	SL MQ	20	195	104	299	104
221	DELL I3567-3919BLK IN	03062018	519		100.00			519	5	SL MQ	20	195	104	299	104
222	DELL INSPIRON 3668 DE	03082018	449		100.00			449	5	SL MQ	20	169	90	259	90
223	DELL INSPIRON 3668 DE	03082018	449		100.00			449	5	SL MQ	20	169	90	259	90
224	381-404H SPORTS PLAY	02092018	2,389		100.00			2,389	7	SL MQ	14.286	640	341	981	341
225	AMAZON CLOUD CAM INDC	03212018	570		100.00			570	7	SL MQ	14.286	152	81	233	81
226	EXECUTIVE OFFICE FURN	05312018	2,500		100.00			2,500	7	SL MQ	14.286	580	357	937	357
227	MICROSOFT OFFICE LICE	12052018	1,479		100.00			1,479	5	AMT-AMT	20	321	296	617	296
228	BUILDING IMPROVEMENT	10312018	18,372		100.00			18,372	15	SL MQ	6.667	1,378	1,225	2,603	1,225
229	UNIFI AC ACCESS POINT	03142019	525		100.00			525	7	SL HY	14.286	38	75	113	75
230	UNIFI 24 PORT SWITCH	03152019	199		100.00			199	7	SL HY	14.286	14	28	42	28
231	MACBOOK PRO 13 INCH	204122019	1,299		100.00			1,299	5	SL HY	20	130	260	390	260
232	IPHONE 8 PLUS 256 GB	04122019	849		100.00			849	5	SL HY	20	85	170	255	170
233	INSPIRON 14 5000 2 IN	07052019	2,120		100.00			2,120	5	SL HY	20	212	424	636	424
234	VOSTOR 14 5390 LAPTOP	07052019	2,097		100.00			2,097	5	SL HY	20	210	419	629	419
235	OPTIPLEX 3060 DESKTOP	07052019	825		100.00			825	5	SL HY	20	83	165	248	165
236	LAPTOP FOR KAREN OSBO	11142019	650		100.00			650	5	SL HY	20	65	130	195	130
237	COMPUTER DESKTOP TOWE	12312019	400		100.00			400	5	SL HY	20	40	80	120	80
238	COMPUTER DESKTOP TOWE	12312019	400		100.00			400	5	SL HY	20	40	80	120	80
239	COMPUTER DESKTOP TOWE	12312019	400		100.00			400	5	SL HY	20	40	80	120	80
240	COMPUTER DESKTOP TOWE	12312019	400		100.00			400	5	SL HY	20	40	80	120	80
241	COMPUTER DESKTOP TOWE	12312019	400		100.00			400	5	SL HY	20	40	80	120	80
242	COMPUTER DESKTOP TOWE	12312019	400		100.00			400	5	SL HY	20	40	80	120	80
243	MICROPHONES, HEADPHON	03212019	1,745		100.00			1,745	7	SL HY	14.286	125	249	374	249
245	E3 ROLLER SHADES MANU	04302019	1,278		100.00			1,278	7	SL HY	14.286	91	183	274	183
246	BLINDS FOR CODY'S COR	07012019	735		100.00			735	7	SL HY	14.286	53	105	158	105
247	REFRIGERATOR AT CODY'	10072019	999		100.00			999	7	SL HY	14.286	71	143	214	143
249	EXECUTIVE DESK	12282019	500		100.00			500	7	SL HY	14.286	36	71	107	71
250	DRAIN AT NURSING CENT	10312019	7,500		100.00			7,500	15	SL HY	6.667	250	500	750	500
251	IT & COMMUNICATIONS W	05282019	8,601		100.00			8,601	15	SL HY	6.667	329	573	902	573

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

For your records only

2020

PAGE 9

Name(s) as shown on return

Social security number/EIN

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
2525	OUTLETS IN THERAPY	10182019	775		100.00			775	15	SL HY	6.667	26	52	78	52
253	CONTROLLER IN RECEIPT	11012019	1,278		100.00			1,278	15	SL HY	6.667	43	85	128	85
254	SECURITY SYSTEM AT CO	08282019	3,079		100.00			3,079	15	SL HY	6.667	51	205	256	205
255	CONSTRUCTION IN PROGR	12312019	797	797	100.00			0	0		0				
256	ANNEX FRONT EXTERIOR	03012020	207		100.00			207	15	SL MQ	5.833		12	12	12
257	ANNEX EXTERIOR DOOR -	03012020	343		100.00			343	15	SL MQ	5.833		20	20	20
258	LANDSCAPING	10312020	1,000		100.00			1,000	15	SL MQ	.833		8	8	8
259	SECURITY SYSTEM	10312020	3,290		100.00			3,290	7	SL MQ	1.786		59	59	59
260	MICROSOFT SURFACE PRO	08242020	2,100		100.00			2,100	5	SL MQ	7.5		158	158	158
261	DELL LATITUDE 3510 -	08242020	7,281		100.00			7,281	5	SL MQ	7.5		546	546	546
262	MERAKI MR33 WIRLESS A	10212020	21,430		100.00			21,430	5	SL MQ	2.5		536	536	536
263	DELL LATITUDE 3510 LA	10222020	811		100.00			811	5	SL MQ	2.5		20	20	20
264	7 DELL LATITUDE 3510	10222020	7,300		100.00			7,300	5	SL MQ	2.5		183	183	183
265	7 DELL LATITUDE 3510	10272020	7,300		100.00			7,300	5	SL MQ	2.5		183	183	183
266	13 INCH MACBOOK PRO	11022020	1,299		100.00			1,299	5	SL MQ	2.5		32	32	32
267	13 INCH MACBOOK PRO	11022020	1,299		100.00			1,299	5	SL MQ	2.5		32	32	32
268	MINDRAY	01292020	2,301		100.00			2,301	5	SL MQ	17.5		403	403	403
269	CAT MICROMINI WALKBEH	10132020	5,235		100.00			5,235	7	SL MQ	1.786		93	93	93
270	ELECTRIC DRYER WHITE	12022020	622		100.00			622	7	SL MQ	1.786		11	11	11
271	CIP - PARKING EXPANSI	12312020	7,103	7,103	100.00			0	0		0				
Assets Sold/Abandoned															
83	PHONE SYSTEM-THERAPY	11022014	6,733		100.00			6,733	7	SL MQ	14.28	4,930	361	5,291	361
117	SCHOOL BUS	12172015	7,000		100.00			7,000	5	SL MQ	20	5,775	875	6,650	875
200	MICS PHONE SYSTEM - A	02082017	4,954		100.00			4,954	7	SL HY	14.28	1,770	354	2,124	354
201	HUBBLE CAT 3 JACKS -	02082017	2,162		100.00			2,162	7	SL HY	14.28	772	154	926	154
244	RODE RODECASTER PRO P	04052019			100.00			0	7	SL HY	14.28				
248	PELICAN AIR CASE (210	11212019			100.00			0	7	SL HY	14.28				
<b>Totals</b>			<b>3,011,493</b>					<b>3,003,592</b>				<b>878,051</b>	<b>129,815</b>	<b>1,007,866</b>	<b>129,815</b>

Land Amount  
Net Depreciable Cost

3,011,493

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

129,815

ST ADJ:

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General

For your records only

**2020**

PAGE 1

Name(s) as shown on return

Social security number/EIN

**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
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				
178	LAND 2220 E MAIN ST	06152015	71,790	71,790	100.00				0 0		0				
184	LAND 2208 E MAIN ST	09302013	147,396	147,396	100.00				0 0		0				
197	2220 E MAIN ST - RAZI	04142016	19,750	19,750	100.00				0 0		0				
<b>Totals</b>			<b>358,340</b>												

Land Amount  
Net Depreciable Cost

358,340

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

ST ADJ:



## Depreciation Reconciliation for SPECIAL KIDS INC

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	3,300,912	2,941,774	127,519	1,005,570	
Placed in Service in Current Year	68,921	61,818	2,296	2,296	
Removed from Service in Current Year	20,849	20,849	1,744	14,991	
End of Year	3,348,984	2,982,743	128,071	992,875	

# Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**SPECIAL KIDS INC**

**62-1718638**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	BUILDING	03-01-1998	253,225	SL	40	6,331
MGT	1	LAND	01-01-1997		NDA	0	
PRG	1	50KW EMERGENCY GENERATOR	04-26-2001	16,877	SL	5	
PRG	1	CLIMBING WALL	05-08-2003	1,307	SL	5	
PRG	1	TREADMILL	01-23-2004	4,905	SL	5	
PRG	1	GAIT TRAINER	10-08-2004	705	SL	5	
PRG	1	PREDATORS GRANT EQUIPMEN	07-01-2006	8,081	SL	5	
PRG	1	202 ARNETTE STREET	02-15-2007	130,987	M	39	3,359
PRG	1	TERMINAL SERVER	02-07-2007	5,506	M	5	
PRG	1	OFFICE FURNITURE-CHRIS	05-07-2007	400	M	5	
PRG	1	OFFICE RENOVATION ANNEX (	06-30-2008	16,232	SL	15	1,082
PRG	1	CRIB&ACCESSORIES	01-24-2008	3,113	SL	7	
PRG	1	PEAVEY ESCORT 2000 PORTA	09-29-2008	500	SL	7	
MGT	1	LAND 202 ARNETTE STREET	02-15-2007		NDA	0	
PRG	1	DELL SERVERS-ARNETTE ST	04-14-2009	2,401	SL	5	
PRG	1	DELL COMP-TONI, ANDRE, JUL	08-19-2009	4,266	SL	5	
PRG	1	DELL COMPUTERS	10-15-2009	2,075	SL	5	
PRG	1	OXYGEN CONCENTRATOR	11-01-2009	596	SL	7	
PRG	1	SOFTWARE FOR SERVER AT A	03-01-2009	370	SL	5	
PRG	1	DELL-2LAPTOPS, 3PC'S, 14MO	07-13-2010	5,837	SL	5	
PRG	1	46"TV&BLU RAY PLAYER	08-01-2010	1,470	SL	5	
PRG	1	RECEIVER DENON	08-01-2010	550	SL	5	
PRG	1	CAMERA CANON REBEL	08-01-2010	960	SL	5	
PRG	1	PROJECTOR MITSUBISHI	08-01-2010	1,253	SL	5	
PRG	1	5 DELL COMPUTERS	08-19-2010	3,646	SL	5	
PRG	1	2 COMPUTERS-HP 500B-P E5	05-31-2011	740	SL	5	
PRG	1	VITAL SIGN MONITOR	08-05-2011	2,778	SL	5	
PRG	1	ANNEX ROOF	04-06-2012	7,600	SL	15	507
PRG	1	2006 CARGO TRAILER 12X5	05-07-2012	2,100	SL	7	
PRG	1	WHEEL CLAMP-CARGO (CAMPAB	05-10-2012	321	SL	7	
PRG	1	2 OUTSIDE GLASS DOORS-ST	08-31-2012	2,808	SL	15	187
PRG	1	3 HVAC UNITS	09-25-2012	18,000	SL	15	1,200
PRG	1	7 DELL COMPUTERS	10-31-2012	4,732	SL	5	
PRG	1	DELL POWER EDGE 1900 SER	01-01-2012	2,799	SL	5	
PRG	1	2 PICNIC TABLES	12-03-2012	1,000	SL	7	
PRG	1	OTTOBOCK AQUANET TOILET	12-11-2012	599	SL	5	
PRG	1	WALKER	12-14-2012	4,000	SL	7	
PRG	1	BOLSTER SWING-OT/PT	01-31-2013	578	SL	7	
PRG	1	4 OPTIPLEX 3010 MINTOWER	04-01-2013	2,527	SL	5	
PRG	1	2 RIFTON TODDLER CHAIRS	07-31-2013	908	SL	7	
PRG	1	12 X 16 METAL SHED	09-30-2013	1,000	SL	7	
PRG	1	EMR SOFTWARE	11-26-2013	13,900	SL	5	
PRG	1	OFFICE EQUIPMENT AND FUR	02-21-2013	9,000	SL	7	
PRG	1	GAGGLE BUGGY	05-02-2013	1,499	SL	7	
PRG	1	THERAPY BED	06-14-2013	1,000	SL	7	
PRG	1	GAGGLE BUGGY (BYE-BYE BU	04-18-2014	1,978	SL	7	103
PRG	1	OFFICE FURNITURE-ANNEX	05-29-2014	5,140	SL	7	277
PRG	1	LAPTOP DELL INSPIRON 17	08-07-2014	983	SL	5	
PRG	1	LAPTOP DELL XPS 12 FOR N	08-07-2014	983	SL	5	
PRG	1	LAPTOP DELL INSPIRON 17	10-01-2014	1,208	SL	5	
PRG	1	41 LESRO NEWPORT MODERN	10-01-2014	9,815	SL	7	1,228
PRG	1	15 LESRO NEWPORT MODERN	10-01-2014	3,591	SL	7	449

# Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**SPECIAL KIDS INC**

**62-1718638**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	5 LESRO NEWPORT OVERSIZE	10-01-2014	1,511	SL	5	
PRG	1	4 MAYLINE FLIP & NEST TR	10-01-2014	2,276	SL	7	285
PRG	1	APC BATTERY BACKUPS FOR	10-06-2014	1,269	SL	5	
PRG	1	4 TIERED LITERATURE RACK	10-06-2014	332	SL	7	44
PRG	1	PORTABLE SINK FOR CHURCH	10-07-2014	5,520	SL	7	687
PRG	1	EXPANDABLE BALL PIT	10-08-2014	1,060	SL	7	135
PRG	1	SPACE WALK	10-08-2014	319	SL	7	37
PRG	1	SCOOTERBOARD RAMP	10-08-2014	364	SL	7	45
PRG	1	4 PACK CUBE CHAIRS	10-08-2014	219	SL	7	29
PRG	1	3 BLACK VERTICAL FILE CA	10-11-2014	1,409	SL	7	178
PRG	1	SHED FOR SHERI'S SUPPLIE	10-16-2014	1,100	SL	15	73
PRG	1	APPLE MACBOOK PRO FOR DE	10-17-2014	1,235	SL	5	
PRG	1	RAINBOW ACROBAT SWING	10-23-2014	445	SL	7	53
PRG	1	LADDER WALL	10-23-2014	414	SL	7	53
PRG	1	FOLDING 4X8 2 PANEL - RO	10-24-2014	305	SL	7	36
PRG	1	WEPLAY WATER MOTOR LILY	10-28-2014	1,275	SL	7	160
PRG	1	3 IPAD 2'S - THERAPY CEN	10-29-2014	1,068	SL	5	
PRG	1	21 SIDDON BLACK CHAIRS	10-31-2014	2,556	SL	7	320
PRG	1	EPSON DS-510 SCANNER	11-04-2014	280	SL	5	
PRG	1	COMPUTER DESK	11-04-2014	350	SL	7	44
PRG	1	FLARE CHAIR	11-07-2014	419	SL	7	52
PRG	1	FLARE LOVESEAT	11-07-2014	539	SL	7	67
PRG	1	2 SQUARE END TABLES	11-07-2014	298	SL	7	35
PRG	1	2 DELL OPTIPLEX 3020 COM	11-11-2014	1,371	SL	5	
PRG	1	2 DELL OPTIPLEX 3020 COM	11-11-2014	1,372	SL	5	
PRG	1	MAYTAG BI DISHWASHER	12-05-2014	570	SL	7	74
PRG	1	DELUXE BOLSTER SWING	12-19-2014	756	SL	7	94
PRG	1	PLATFORM SWING W/INFANT	12-19-2014	403	SL	7	48
PRG	1	BUBBLE WALL PANEL	12-24-2014	2,546	SL	7	317
PRG	1	55" LG LED TV-THERAPY CE	10-28-2014	598	SL	7	77
PRG	1	WEPLAY MOTOR SKILLS UNIV	09-09-2014	710	SL	7	66
PRG	1	TUMBLEFORM 2 VARREL CRAW	09-11-2014	939	SL	7	85
PRG	1	3 DELL XPS 12 LAPTOPS	09-12-2014	3,831	SL	7	344
PRG	1	FOLDING CHILDREN'S PARAL	09-15-2014	754	SL	7	66
PRG	1	FOAMNASIUM PLAYGROUND	09-15-2014	425	SL	7	36
PRG	1	SMALL BENCH ADAPTIVE MAL	09-15-2014	369	SL	7	31
PRG	1	LARGE BENCH ADAPTIVE MAL	09-15-2014	451	SL	7	43
PRG	1	XL BENCH ADAPTIVE MALL K	09-15-2014	490	SL	7	44
PRG	1	WEDGE MAT GSC DOWNHILL M	09-16-2014	1,810	SL	7	159
PRG	1	WELCH ALLYN SURETEMP PLU	09-17-2014	305	SL	7	25
PRG	1	2 FLAT SCREEN TV'S	09-18-2014	1,446	SL	7	127
PRG	1	9 5X10X4 LANDING MATS	09-18-2014	4,226	SL	7	376
PRG	1	10 4X8X4 LANDING MATS	09-18-2014	3,468	SL	7	312
PRG	1	2 4X6X4 LANDING MATS	09-18-2014	506	SL	7	47
PRG	1	DELUXE BOLSTER SWING	09-18-2014	549	SL	7	52
PRG	1	PLATFORM SWING W/INFANT	09-18-2014	293	SL	7	25
PRG	1	10 SOLID OAK SINGLE PEDE	09-24-2014	6,949	SL	7	619
PRG	1	BOBATH TABLE	09-24-2014	3,285	SL	7	295
PRG	1	SUSPENSION & HEIGHT ADJU	09-18-2014	950	SL	7	83
PRG	1	FLYING TRAPEZE	09-18-2014	1,225	SL	7	109
PRG	1	2 DELL COMPUTER/TABLETS	11-11-2014	2,446	SL	5	
PRG	1	OTTO BOCK BASE	04-03-2014	3,000	SL	7	158

## Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**SPECIAL KIDS INC**

**62-1718638**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	SHED FOR ANNEX	05-16-2014	2,500	SL	15	167
PRG	1	OFFICE FURNITURE	09-03-2014	2,043	SL	7	182
PRG	1	2 STORAGE UNITS	10-28-2014	2,280	SL	15	152
PRG	1	DELL INSPIRON 17 COMPUT-	11-11-2014	1,208	SL	5	
PRG	1	COMPUTER FOR NURSING	12-05-2014	1,343	SL	5	
PRG	1	ACCESS CONTROL SYSTEM	10-30-2014	8,961	SL	7	1,121
PRG	1	2212 EAST MAIN STREET	08-29-2013	329,989	SL	39	8,461
PRG	1	THERAPY CENTER	09-20-2014	1,052,227	SL	39	26,980
PRG	1	NISSAN NV3500 VAN (PASSE	07-07-2015	30,830	SL	5	1,975
PRG	1	AMTRYKE EXTENDER	08-31-2015	2,000	SL	7	286
PRG	1	POWER WHEEL CHAIR	11-01-2015	3,000	SL	7	429
PRG	1	MONUMENT SIGN-NURSING CE	02-28-2015	3,263	SL	5	
PRG	1	VENETIAN GOLD GRANITE DE	08-01-2015	892	SL	7	127
PRG	1	BEDFORD MAPLE CARAMEL AR	08-02-2015	527	SL	7	75
PRG	1	WALL BOX-EMERGENCY EXIT	09-18-2015	328	SL	39	8
PRG	1	SMOKE DETECTORS FOR SECU	08-04-2015	1,391	SL	39	36
PRG	1	LANDING MATS 5X10X4	01-06-2015	1,230	SL	7	176
PRG	1	FOLDING MAT 2 PANEL 4X8	01-12-2015	358	SL	7	51
PRG	1	MINI FRIDG-NURSING CENTE	01-15-2015	452	SL	7	65
PRG	1	SCHOOL SPECIALTY SPACE R	01-16-2015	1,120	SL	7	160
PRG	1	SUPERACTIVE LED FIBER OP	01-16-2015	1,492	SL	7	213
PRG	1	SOMATRON BODY PILLOW	01-16-2015	1,208	SL	7	173
PRG	1	SOMATRON TUBBY BALL POOL	01-16-2015	2,360	SL	7	337
PRG	1	HEALTHMETER 2650KL PROPL	01-16-2015	1,868	SL	7	267
PRG	1	L&B APPLIANCE	01-31-2015	5,940	SL	7	849
PRG	1	PURELL TFX HAND SANITIZE	01-03-2015	265	SL	7	38
PRG	1	DELL INSPIRON 17 5000 LA	01-05-2015	4,312	SL	5	
PRG	1	DELL OPTIPLEX 3020-NURSI	01-05-2015	5,742	SL	5	
PRG	1	DELL XPS 12 LAPTOP	01-05-2015	2,428	SL	5	
PRG	1	DELL 17" MONITOR	01-05-2015	960	SL	5	
PRG	1	LESRO NEWPORT MODERN CHA	01-07-2015	2,872	SL	7	410
PRG	1	MAYLINE COHERE FLIP&NES	01-07-2015	1,138	SL	7	163
PRG	1	BULLETIN BOARDS-NURSING	01-12-2015	499	SL	7	71
PRG	1	SIDDON CHAIR-NURSING CEN	01-17-2015	2,100	SL	7	300
PRG	1	TRASH CAN-10 GAL SEMI RO	01-24-2015	1,960	SL	7	280
PRG	1	FRIGIDAIR REFRIGERATOR 2	01-28-2015	910	SL	7	130
PRG	1	42 ROYAL SEATING 14"CHAI	02-01-2015	1,863	SL	7	266
PRG	1	12 ARTCOBELL 7P90 SWIV P	02-01-2015	2,157	SL	7	308
PRG	1	5 TABLES 30X72 CLASSRM S	02-01-2015	893	SL	7	128
PRG	1	2 TABLES 30X48 CLASSRM S	02-01-2015	279	SL	7	40
PRG	1	SINGLE PEDESTAL DESK-SOL	02-06-2015	849	SL	7	121
PRG	1	EXAM TABLE-FOLD UP WALL	02-11-2015	1,172	SL	7	167
PRG	1	UPTON EXPRESSO KITCHEN	02-13-2015	644	SL	7	92
PRG	1	PRESCHOOL SOFA&CHAIR SET	02-17-2015	998	SL	7	143
PRG	1	LADY BUG HOLLOW	02-23-2015	330	SL	7	47
PRG	1	15" LAPTOP-FAMILY SERVIC	03-09-2015	1,139	SL	5	
PRG	1	VITAL SIGN MONITOR-NURSI	03-31-2015	1,591	SL	5	
PRG	1	VITAL SIGN MONITOR STAND	03-31-2015	1,591	SL	5	
PRG	1	60" VIZIO TV	04-30-2015	1,108	SL	7	158
PRG	1	CANVAS PRINTS-THERAPY CE	04-30-2015	1,007	SL	7	144
PRG	1	14 DELL OPTIPLEX 3020 CO	06-05-2015	10,060	SL	5	
PRG	1	3 DELL INSPIRON 15 LAPTO	06-05-2015	3,716	SL	5	

# Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**SPECIAL KIDS INC**

**62-1718638**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	POWEREDGE T320 SERVER	07-05-2015	2,294	SL	5	
PRG	1	AUTO SCRUB MACHINE-THERA	08-10-2015	2,995	SL	7	428
PRG	1	APC100 BACKUP	11-01-2015	322	SL	5	
PRG	1	PLAYGROUND-OUTSIDE	12-01-2015	116,659	SL	7	16,666
PRG	1	CRAB ORCHARD STONE-SK ME	11-30-2015	660	SL	7	94
PRG	1	SOLAR PROJECTOR KIT B	01-13-2015	1,414	SL	7	202
PRG	1	UV SOLUTIONS	01-13-2015	381	SL	7	54
PRG	1	SOUND TO LIGHT PANEL	01-13-2015	2,110	SL	7	301
PRG	1	PORTABLE 27" BUBBLE TUBE	01-13-2015	405	SL	7	58
PRG	1	MAXI BUBBLE TUBE	01-13-2015	429	SL	7	61
PRG	1	PRAISE BOARD-THERAPY CEN	01-28-2015	1,002	SL	7	143
PRG	1	KLEINAU WALL COLLAGE-THE	02-26-2015	323	SL	7	46
PRG	1	TABLET CHARGING CART	04-13-2015	645	SL	7	92
PRG	1	LENVOA YOGA LAPTOP-CAMPA	04-15-2015	1,028	SL	5	
PRG	1	8 IPAD MINIS-CAMPABILITY	04-15-2015	2,560	SL	5	
PRG	1	12 IPAD AIR 16GB-CAMPABI	04-15-2015	5,040	SL	5	
PRG	1	WALL DECALS-NURSING BLDG	06-18-2015	805	SL	7	115
PRG	1	BLACK LOVESEAT	07-10-2015	626	SL	7	89
PRG	1	BLACK ONE SEAT SECTION F	07-10-2015	1,080	SL	7	154
MGT	1	LAND 2220 E MAIN ST	06-15-2015		NDA	0	
PRG	1	NURSING CENTER REMODEL	02-28-2015	344,760	SL	39	8,840
PRG	1	CABLING, HDMI, WALL BRAC	01-20-2015	4,541	SL	7	649
PRG	1	NAME PLATES-NURSING CENT	06-17-2015	1,292	SL	7	185
PRG	1	SIGN FOR PRAISE BOARD	06-26-2015	1,002	SL	7	143
PRG	1	SK DIMENSIONAL LOGO-NURS	07-02-2015	1,056	SL	7	151
MGT	1	LAND 2208 E MAIN ST	09-30-2013		NDA	0	
PRG	1	INSPIRON 14 3000 WITH DU	01-05-2016	1,668	SL	5	165
PRG	1	SIGN-IMPACT&FAMILY DISPL	01-25-2016	1,254	SL	7	179
PRG	1	SURFACE PRO 4 BUNDLE	02-01-2016	1,899	SL	5	189
PRG	1	BROTHER SCANNER	02-16-2016	438	SL	5	42
PRG	1	CANON SCANNER	02-16-2016	400	SL	5	40
PRG	1	PRIVACY SCREENS	03-07-2016	1,194	SL	7	171
PRG	1	DELL - XPS 18"	07-15-2016	700	SL	5	70
PRG	1	OPTIPLEX 7040 DESKTOPS	12-07-2016	3,500	SL	5	350
PRG	1	PORTABLE PATIENT ELECTRI	12-29-2016	3,500	SL	7	500
PRG	1	KITCHEN OFFICE JOB	09-12-2016	3,500	SL	39	90
PRG	1	PLAYGROUND LANDSCAPING	02-22-2016	1,554	SL	7	222
PRG	1	CABINET FOR THERAPY CENT	10-01-2016	1,927	SL	7	275
MGT	1	2220 E MAIN ST - RAZING	04-14-2016		NDA	0	
PRG	1	LIGHT&POLE PROJECT-PARKI	04-30-2016	29,778	SL	15	1,985
PRG	1	4 HP 15.6 NOTEBOOKS - DE	01-04-2017	1,516	SL	5	303
PRG	1	DELL XPS13.3 TOUCH SCR L	03-03-2017	1,048	SL	5	210
PRG	1	DELL 15.6 TOUCH NOTEBOOK	03-13-2017	860	SL	5	172
PRG	1	CHARITY OPEN LICENSE EXC	04-11-2017	624	SL	5	125
PRG	1	CHARITY OPEN LICENSE WIN	04-11-2017	1,352	SL	5	270
PRG	1	APPLE IPAD WITH WIFI 32G	04-27-2017	660	SL	5	132
PRG	1	DELL INSPIRON15.6 TOUCH	04-27-2017	1,700	SL	5	340
PRG	1	HP 15.6 TOUCH SCR LAPTOP	05-25-2017	510	SL	5	102
PRG	1	LEASEHOLD IMPROVEMENT -	05-16-2017	13,800	SL	15	920
PRG	1	LIFETIME GIVING INVEST.M	06-15-2017	500	SL	7	71
PRG	1	WINDOWS 10 PRO - DEVELOP	10-04-2017	482	AMT	5	96
PRG	1	WINDOWS 10 PRO - THERAPY	10-12-2017	663	AMT	5	133

# Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**SPECIAL KIDS INC**

**62-1718638**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	ADOBE LICENSE RENEWAL -	11-17-2017	864	AMT	5	173
PRG	1	WINDOWS 10 PRO - THER,NU	11-24-2017	723	AMT	5	145
PRG	1	LANDSCAPING AT THERAPY C	11-30-2017	1,721	SL	7	246
PRG	1	2 SPEED BUMPS	06-30-2018	6,200	SL	15	413
PRG	1	SECURITY FOR NEW STORE F	07-23-2018	150	SL	15	10
PRG	1	DOOR AT THERAPY AND NURS	09-10-2018	4,768	SL	15	318
PRG	1	2212 LEASEHOLD IMPROVEME	10-31-2018	124,496	SL	15	8,300
PRG	1	DELL I3567-3919BLK INSPI	03-06-2018	519	SL	5	104
PRG	1	DELL I3567-3919BLK INSPI	03-06-2018	519	SL	5	104
PRG	1	DELL INSPIRON 3668 DESKT	03-08-2018	449	SL	5	90
PRG	1	DELL INSPIRON 3668 DESKT	03-08-2018	449	SL	5	90
PRG	1	381-404H SPORTS PLAY WHE	02-09-2018	2,389	SL	7	341
PRG	1	AMAZON CLOUD CAM INDOOR	03-21-2018	570	SL	7	81
PRG	1	EXECUTIVE OFFICE FURNITU	05-31-2018	2,500	SL	7	357
PRG	1	MICROSOFT OFFICE LICENSE	12-05-2018	1,479	AMT	5	296
PRG	1	BUILDING IMPROVEMENT	10-31-2018	18,372	SL	15	1,225
PRG	1	UNIFI AC ACCESS POINT 4	03-14-2019	525	SL	7	75
PRG	1	UNIFI 24 PORT SWITCH	03-15-2019	199	SL	7	28
PRG	1	MACBOOK PRO 13 INCH 2.3	04-12-2019	1,299	SL	5	260
PRG	1	IPHONE 8 PLUS 256 GB	04-12-2019	849	SL	5	170
PRG	1	INSPIRON 14 5000 2 IN 1	07-05-2019	2,120	SL	5	424
PRG	1	VOSTOR 14 5390 LAPTOP	07-05-2019	2,097	SL	5	419
PRG	1	OPTIPLEX 3060 DESKTOP W/	07-05-2019	825	SL	5	165
PRG	1	LAPTOP FOR KAREN OSBORNE	11-14-2019	650	SL	5	130
PRG	1	COMPUTER DESKTOP TOWER	12-31-2019	400	SL	5	80
PRG	1	COMPUTER DESKTOP TOWER	12-31-2019	400	SL	5	80
PRG	1	COMPUTER DESKTOP TOWER	12-31-2019	400	SL	5	80
PRG	1	COMPUTER DESKTOP TOWER	12-31-2019	400	SL	5	80
PRG	1	COMPUTER DESKTOP TOWER	12-31-2019	400	SL	5	80
PRG	1	COMPUTER DESKTOP TOWER	12-31-2019	400	SL	5	80
PRG	1	MICROPHONES, HEADPHONES,	03-21-2019	1,745	SL	7	249
PRG	1	E3 ROLLER SHADES MANUAL	04-30-2019	1,278	SL	7	183
PRG	1	BLINDS FOR CODY'S CORNER	07-01-2019	735	SL	7	105
PRG	1	REFRIGERATOR AT CODY'S C	10-07-2019	999	SL	7	143
PRG	1	EXECUTIVE DESK	12-28-2019	500	SL	7	71
PRG	1	DRAIN AT NURSING CENTER	10-31-2019	7,500	SL	15	500
PRG	1	IT & COMMUNICATIONS WORK	05-28-2019	8,601	SL	15	573
PRG	1	5 OUTLETS IN THERAPY CEN	10-18-2019	775	SL	15	52
PRG	1	CONTROLLER IN RECEPTIONI	11-01-2019	1,278	SL	15	85
PRG	1	SECURITY SYSTEM AT CODY'	08-28-2019	3,079	SL	15	205
PRG	1	CONSTRUCTION IN PROGRESS	12-31-2019		NDA	0	
PRG	1	ANNEX FRONT EXTERIOR DOO	03-01-2020	207	SL	15	14
PRG	1	ANNEX EXTERIOR DOOR - JA	03-01-2020	343	SL	15	23
PRG	1	LANDSCAPING	10-31-2020	1,000	SL	15	67
PRG	1	SECURITY SYSTEM	10-31-2020	3,290	SL	7	470
PRG	1	MICROSOFT SURFACE PRO 7-	08-24-2020	2,100	SL	5	420
PRG	1	DELL LATITUDE 3510 - THE	08-24-2020	7,281	SL	5	1,456
PRG	1	MERAKI MR33 WIRLESS ACCE	10-21-2020	21,430	SL	5	4,286
PRG	1	DELL LATITUDE 3510 LAPTO	10-22-2020	811	SL	5	162
PRG	1	7 DELL LATITUDE 3510 LAP	10-22-2020	7,300	SL	5	1,460
PRG	1	7 DELL LATITUDE 3510 LAP	10-27-2020	7,300	SL	5	1,460
PRG	1	13 INCH MACBOOK PRO	11-02-2020	1,299	SL	5	260

# Next Year's Depreciation Worksheet

(Keep for your records)

**2020**

Name(s) as shown on return

Tax ID Number

**SPECIAL KIDS INC**

**62-1718638**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	13 INCH MACBOOK PRO	11-02-2020	1,299	SL	5	260
PRG	1	MINDRAY	01-29-2020	2,301	SL	5	460
PRG	1	CAT MICROMINI WALKBEHIND	10-13-2020	5,235	SL	7	748
PRG	1	ELECTRIC DRYER WHITE 7.2	12-02-2020	622	SL	7	89
PRG	1	CIP - PARKING EXPANSION	12-31-2020		NDA	0	
		<b>TOTAL</b>					<b>129,932</b>

**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2020**

Name(s) as shown on return

**SPECIAL KIDS INC**

Employer Identification Number

**\*\*-\*\*\*8638**

Entity address

2132 E MAIN STREET

MURFREESBORO, TN 37130

**Thank you for participating in IRS e-file.**

1.  2020 990 income tax return for Federal was filed electronically.  
The electronic filing services were provided by H A Beasley and Company PLLC.
2.  990 income tax return was accepted on 06-30-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is 62322020211815mpt2ma.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**



**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2020**

Name(s) as shown on return

**SPECIAL KIDS INC**

Employer Identification Number

**\*\*-\*\*\*8638**

Entity address

2132 E MAIN STREET

MURFREESBORO, TN 37130

**Thank you for participating in IRS e-file.**

1.  2020 8868-01 income tax return for Federal was filed electronically.  
The electronic filing services were provided by H A Beasley and Company PLLC.
2.  8868-01 income tax return was accepted on 05-06-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is 623220202112611mnkuo.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**