# **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 2019

# **H A Beasley and Company PLLC**

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

July 30, 2020

Special Kids Inc 2132 E Main Street Murfreesboro, TN 37130

Special Kids Inc:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Special Kids Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The 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

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Murfreesboro, TN 37129
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July 30, 2020

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

#### Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

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

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

OMB No. 1545-0047

Open to Public

Inspection

| A                       | For       | the 2     | 2019 calendar y   | ear, or tax year begin    | ning   | , 2019, a              | and endir    | ng  |                | , 20                       |  |  |
|-------------------------|-----------|-----------|---|---------------------------|--|------------------------|--------------|---|----------------|----------------------------|--|--|
| В                       | Chec      | ck if ap  | plicable:   | C Name of organizationSP  | ECIAL KIDS INC                                     |                        |              |   | D Emplo        | oyer identification number |  |  |
|                         | Addre     | ress ch   | ange  | Doing business as         |  |                        |              |   |                | 62-1718638                 |  |  |
| $\overline{\Box}$       |           | ne chan   | -   | Number and street (or P.0 | D. box if mail is not delivered to street address) |                        | Room/suite   | e   | E Teleph       | none number                |  |  |
| П                       |           | al return | _   | 2132 E MAIN STE           |  |                        |              |   | ·              | (615)809-2632              |  |  |
| П                       |           |           | /terminated   |                           | rince, country, and ZIP or foreign postal code     |                        | 1            | 1   | <b>G</b> Gross |                            |  |  |
| П                       | Amer      | nded re   | eturn   | MURFREESBORO, 1           |  |                        |              |   | \$             | 4,289,333                  |  |  |
| Ī                       |           |           | pending   |                           | ncipal officer: CHRIS TRUELOVE                     |                        |              | H(a) Is this a group return for subordinates? Yes X |                |                            |  |  |
| _                       |           |           |   | SAME AS C ABOVE           |  |                        |              | H(b) Are all s                                      |                |                            |  |  |
|                         | Tax-e     | exemp     | t status: X 501   |                           | ) ◀ (insert no.) 4947(a)(1) or                     | 527                    |              |   |                | t. (see instructions)      |  |  |
|                         |           | site:     |   | ALKIDSTN.COM              | , (  |                        |              |   |                | number ►                   |  |  |
|                         |           |           | ganization: X Corp  |                           | ociation Other ►                                   | L Year of format       | tion: 199    |   |                | al domicile: <b>TN</b>     |  |  |
|                         | art I     |           | Summary   | porduori                  | Suidi S  | E real or format       |              | <u> </u>  | state or legi  | al definione.              |  |  |
|                         |           |           |   | the organization's missi  | on or most significant activities:                 | ROVIDE THEF            | RAPEIITI     | C REHA  | BTLTT          | ATTON AND                  |  |  |
|                         |           |           | •   | •                         | ICES TO CHILDREN WITH S                            |                        |              | IC KEIIII   |                | IIION IIID                 |  |  |
| ce                      |           |           | ROFEDDIONE  | AL NORDING DERV           | TOBO TO CHIEDREN WITH D                            | FECIAL NEEL            |              |   |                |                            |  |  |
| nar                     |           | -         |   |                           |  |                        |              |   |                |                            |  |  |
| Ver                     |           | 2         | Check this hox  | if the organization       | discontinued its operations or dispo-              | sed of more than       | 25% of its   | s net asset   | te             |                            |  |  |
| Activities & Governance |           |           |   | _                         | rning body (Part VI, line 1a)                      |                        |              |   | 1 1            | 15                         |  |  |
| م<br>س                  |           |           |   | -                         | s of the governing body (Part VI, line             |                        |              |   |                | 15                         |  |  |
| ties                    |           |           |   | =                         | calendar year 2019 (Part V, line 2a)               |                        |              |   |                | 131                        |  |  |
| ίž                      |           |           |   | volunteers (estimate if r |  |                        |              |   |                | 944                        |  |  |
| Ă                       |           |           |   | •                         | Part VIII, column (C), line 12                     |                        |              |   |                | 0                          |  |  |
|                         |           |           |   |                           | from Form 990-T, line 39                           |                        |              |   |                | 0                          |  |  |
|                         |           |           | Not uniciated be  | dollicoo taxable illcome  | 10111 0111 000-1, 1110 00                          |                        | · · · · ·    | Prior Year  | .   15         | Current Year               |  |  |
| Revenue                 |           | 8 (       | Contributions and   | d grants (Part VIII line  | 1h)  |                        |              | 1,213   | 421            | 1,688,226                  |  |  |
|                         |           |           |   | • ,                       | :2g)   |                        |              |   |                |                            |  |  |
|                         | 4         |           | _   |                           | .), lines 3, 4, and 7d)                            |                        |              | 1,924   |                | 2,112,787                  |  |  |
|                         | '         |           |   |                           | es 5, 6d, 8c, 9c, 10c, and 11e)                    |                        |              |   | 5,570          | 43,243                     |  |  |
| _                       | Ι.        |           |   |                           | must equal Part VIII, column (A), line             |                        |              |   | 764            | 261,482                    |  |  |
|                         |           |           |   |                           | X, column (A), lines 1-3)                          |                        |              | 3,378   | , / 04         | 4,105,738                  |  |  |
|                         |           |           |   |                           |  | 0                      |              |   |                |                            |  |  |
|                         |           |           |   | or for members (Part IX   | 2,607  | 140                    | 0            |   |                |                            |  |  |
| es                      |           |           | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |                           |  |                        |              |   |                | 2,655,092                  |  |  |
| Expenses                | '         |           |   |                           |  |                        |              |   |                | 0                          |  |  |
| ă                       | ١,        |           | _   | expenses (Part IX, col    |  | 508,120                | _            | 45.0  |                | F07 007                    |  |  |
| ш                       | Ι.        |           |   |                           | es 11a-11d, 11f-24e)                               |                        |              |   | ,928           | 527,227                    |  |  |
|                         |           |           |   |                           | equal Part IX, column (A), line 25)                |                        |              | 3,084   |                | 3,182,319                  |  |  |
| _                       | _         | 19        | iveveriue iess ex   | tpenses. Subtract line    | 18 from line 12                                    |                        |              |   | ,687           | 923,419<br>End of Year     |  |  |
| ts or                   | ance      | 20        | Total assats (Pa  | rt V lino 16)             |  |                        |              | ning of Curre                                       |                |                            |  |  |
| \sse                    | Bag       |           | ,   | ,                         |  |                        |              | 4,251   |                | 5,139,328                  |  |  |
| Net Assets or           | pun 2     |           | `   | , ,                       | line 21 from line 20                               |                        |              |   | 710            | 237,682                    |  |  |
|                         | art I     |           | Signature I   |                           |  |                        | •            | 3,847   | , / 10         | 4,901,646                  |  |  |
|                         |           |           |   |                           | n, including accompanying schedules and state      | ments, and to the best | t of my know | ledge and bel                                       | ief, it is     |                            |  |  |
|                         |           |           |   |                           | cer) is based on all information of which prepare  |                        |              |   |                |                            |  |  |
|                         |           | - h       | Сирте т   | TRUELOVE                  |  |                        |              |   |                | 07-30-2020                 |  |  |
| Sig                     | nr        |           | Signature of o  |                           |  |                        |              |   | Dat            |                            |  |  |
| He                      |           |           | , י<br>ביים דפיים   | TRUELOVE, EXECU           | TIVE DIRECTOR                                      |                        |              |   |                |                            |  |  |
| 110                     | 10        |           |   | name and title            | TIVE DIRECTOR                                      |                        |              |   |                |                            |  |  |
|                         |           |           | Print/Type prepare  |                           | Preparer's signature                               | Date                   |              | Charle  | : :            | PTIN                       |  |  |
| Pa                      | id        |           |   |                           |  |                        | 20           | Check   | ∐ if           |                            |  |  |
|                         | iu<br>epa | ıror      | Bryan Bla:  |                           | Bryan Blair  | 07-30-20               |              | self-em   | pioyea         | P00631975                  |  |  |
|                         | •         | ner       | Firm's name   |                           | ley and Company PLLC                               |                        |              | rm's EIN  |                |                            |  |  |
| US                      | e U       | riily     | Firm's address  |                           |  |                        | Pr           | none no.  | 615            | 005 5675                   |  |  |
| N 4                     | , +1      | , IDO     | discuss this set  |                           | boro TN 37129                                      |                        |              |   |                | 395-5675                   |  |  |
| ıvıa                    | yιne      | : IKS     | uiscuss triis retu  | ını wıtırıne preparer sh  | own above? (see instructions)                      |                        |              |   |                | 🗓 Yes 🗌 No                 |  |  |

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

4e Total program service expenses ▶ 2,446,160

Form 990 (2019)

### Part IV Checklist of Required Schedules

|           |   |      | Yes | No |
|-----------|---|------|-----|----|
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |      |     |    |
|           | complete Schedule A   | 1    | Х   |    |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    | X   |    |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                      |      |     |    |
|           | candidates for public office? If "Yes," complete Schedule C, Part I   | 3    |     | X  |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   |      |     |    |
|           | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4    |     | X  |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |      |     |    |
|           | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5    |     |    |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   |      |     |    |
|           | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If   |      |     |    |
|           | "Yes," complete Schedule D, Part I  | 6    |     | 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  | 7    |     | X  |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                   |      |     |    |
| _         | complete Schedule D, Part III   | 8    |     | X  |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a                                       |      |     |    |
|           | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or  |      |     |    |
| 4.0       | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9    |     | X  |
| 10        | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | 40   |     |    |
| 44        | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10   | Х   |    |
| 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.       |      |     |    |
| _         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>   |      |     |    |
| а         | complete Schedule D, Part VI  | 11a  | х   |    |
| h         | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more                                       | ı ıa | Λ   |    |
| D         | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b  | x   |    |
| c         | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more  | 110  | Λ   |    |
| ·         | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |     | х  |
| d         | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets                                     |      |     |    |
| -         | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d  |     | х  |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                 | 11e  |     | х  |
| f         |   |      |     |    |
|           | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                | 11f  |     | х  |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                   |      |     |    |
|           | Schedule D, Parts XI and XII  | 12a  | 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                                    | 12b  |     | х  |
| 13        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13   |     | Х  |
| 14a       | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | Х  |
| b         | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  |      |     |    |
|           | fundraising, business, investment, and program service activities outside the United States, or aggregate   |      |     |    |
|           | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b  |     | X  |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                     |      |     |    |
| 4.5       | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   |     | X  |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  | 4.0  |     |    |
| 4-        | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |     | X  |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  | 4-   |     |    |
| 10        | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17   |     | X  |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   | 10   | v   |    |
| 10        | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   | Х   |    |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III | 19   |     | v  |
| 20 a      | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>   | 20a  |     | X  |
| zu a<br>b |   | 20b  |     |    |
| 21        | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |      |     |    |
|           | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21   |     | х  |

Page 4

|      | rt IV Checklist of Required Schedules (continued)  | 330 |      | age -    |
|------|--|-----|------|----------|
| I U  | Oncomist of required continued/  |     | Yes  | No       |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     | 1.00 |          |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |      | х        |
| 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   | 23  |      | х        |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |     |      |          |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |     |      |          |
|      | through 24d and complete Schedule K. If "No," go to line 25a   | 24a |      | Х        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |      |          |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |     |      |          |
|      | to defease any tax-exempt bonds?   | 24c |      |          |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |      |          |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |     |      |          |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |      | Х        |
| 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 L  | 25b |      | Х        |
| 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   | 26  |      | Х        |
| 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   | 27  |      | 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):  |     |      |          |
| а    | 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  | 28b |      | Х        |
| С    | 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  | 28c |      | X        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  | X    |          |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |     |      |          |
| 24   | 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   | 31  |      | Х        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  | 20  |      |          |
| 22   | complete Schedule N, Part II   | 32  |      | Х        |
| 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 | 22  |      |          |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   | 33  |      | Х        |
| 34   | or IV, and Part V, line 1  | 34  |      |          |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |      | X        |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  | JJa |      | Α        |
| D    | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |      | х        |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   | 335 |      | _ A      |
| 50   | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |      | х        |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 30  |      | Λ        |
| 0.   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |      | х        |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   | -   |      | Λ        |
| 00   | 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | 38  | x    |          |
| Par  |  |     | Λ    | <u> </u> |
| ı uı | 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   | -   |      |          |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and   |     |      |          |
|      | reportable gaming (gambling) winnings to prize winners?  | 10  | v    |          |

Page 5

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Form 990 (2019) SPECIAL KIDS INC 62-1718638 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 131 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?............. 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?....... 3a 3a X h 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . . . . 4a X **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a b X С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х b 7b Х Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7c Х d 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . . . . . . . . . е Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?........ f 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . . . . h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ......... 8 Sponsoring organizations maintaining donor advised funds. 9a h 10 Section 501(c)(7) organizations. Enter: а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . . . . . . . h Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b 13b C

Form 990 (2019) EEA

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . . . . . . . . . .

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

14a

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Form 990 (2019) SPECIAL KIDS INC 62-1718638

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

| Section A. | Governing Body and Management   |   |
|------------|---|---|
|            | Check if Schedule O contains a response or note to any line in this Part VI   | X |
|            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. |   |
| Fait VI    | Governance, management, and Disclosure For each Fes Tesponse to lines 2 through 75 below, and for a No                    |   |

|          |   |     | Yes | No      |
|----------|---|-----|-----|---------|
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   |     |     |         |
|          | If there are material differences in voting rights among members of the governing body, or  |     |     |         |
|          | if the governing body delegated broad authority to an executive committee or similar  |     |     |         |
|          | committee, explain on Schedule O.   |     |     |         |
| b        | Enter the number of voting members included in line 1a, above, who are independent 1b 15  |     |     |         |
| 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?  | 2   | X   |         |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct                           |     |     |         |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person?                          | 3   |     | Х       |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4   |     | Х       |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5   |     | Х       |
| 6        | Did the organization have members or stockholders?  | 6   |     | X       |
| 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?  | 7a  |     | X       |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |     |     |         |
|          | stockholders, or persons other than the governing body?   | 7b  |     | Х       |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during                              |     |     |         |
|          | the year by the following:  |     |     |         |
| a        | The governing body?   | 8a  | X   |         |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b  | Х   |         |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    | •   |     |         |
| 500      | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9   |     | Х       |
| <u> </u> | tion b. Foncies (This Section B requests information about policies not required by the internal Revenue Code.)                     |     | V   | NI-     |
| 10a      | Did the organization have local chapters, branches, or affiliates?  | 10a | Yes | No<br>X |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      | IVa |     |         |
| D        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b |     |         |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?        | 11a | х   |         |
| b        | 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   | 12a | х   |         |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X   |         |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"                    |     |     |         |
|          | describe in Schedule O how this was done  | 12c | х   |         |
| 13       | Did the organization have a written whistleblower policy?   | 13  | х   |         |
| 14       | Did the organization have a written document retention and destruction policy?  | 14  | Х   |         |
| 15       | Did the process for determining compensation of the following persons include a review and approval by                              |     |     |         |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       |     |     |         |
| а        | The organization's CEO, Executive Director, or top management official  | 15a | х   |         |
| b        | Other officers or key employees of the organization   | 15b | Х   |         |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |     |     |         |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                      |     |     |         |
|          | with a taxable entity during the year?  | 16a |     | х       |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      |     |     |         |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |     |     |         |
|          | organization's exempt status with respect to such arrangements?   | 16b |     |         |
| Sec      | tion C. Disclosure  |     |     |         |
| 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.                            |     |     |         |
|          | ▼   Own website     ▼   Another's website     ▼   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, 2208 E MAIN STREET, MURFREESBORO, TN 37130  |     |     |         |

Form 990 (2019) SPECIAL KIDS INC 62-1718638 Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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.

Section A.

organization's tax year.

| Comparizations   Comp | Check this box if neither the organization nor an |  | ion co      | mpei  | nsat            | ed a    | ny curr | ent | officer, director, or   | trustee.                             |  |
|--|---|--|-------------|---|-----------------|---------|---------|-----|-------------------------|--------------------------------------|--|
| (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do not check more ban one both an officer and a director/tuster)   (do  |   |  |             |   | (               | (C)     |         |     |                         |                                      |  |
| Committed organizations below odted ine)   Committed organizations of related organizations below odted ine)   Committed organizations of related organizations of the committed organizations organiz |   | Average hours                                  | box         | , unles   | eck m<br>ss per | nore th | both an |     | Reportable compensation | Reportable compensation from related | Estimated amount of other compensation |
| DIRECTOR   |   | hours for<br>related<br>organizations<br>below | or director | Tighest compensated amployee Gey employee  Tificer Institutional trustee Individual trustee Individual trustee Individual trustee |                 | Former  |         | _   |                         |                                      |  |
| C2   MACK BARRETT  | (1) GREG ARNOLD                                   | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR AND PARLIAMENTARIAN   | DIRECTOR  |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR AND PARLIAMENTARIAN   | (2) MACK BARRETT                                  | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR   X   | DIRECTOR AND PARLIAMENTARIAN                      |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR   X   | (3) CRAIG CONYERS                                 | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR AND CO-FOUNDER  |   |  |             |   | х               |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR AND CO-FOUNDER  | (4) CARRIE M GOODWIN                              | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR   |   |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR   | (5) CHARLENE JONES                                | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR   | DIRECTOR  |  | х           |   | х               |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR   | (6) BEN H MCFARLIN JR                             | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| SECRETARY  | DIRECTOR  |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| SECRETARY  | (7) EMILY PEGG                                    | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR AND CHAIR ELECT   |   |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR AND CHAIR ELECT   | (8) MARY E POLK                                   | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR AND HISTORIAN   | DIRECTOR AND CHAIR ELECT                          |  |             |   | х               |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR AND HISTORIAN   | (9) ELIZABETH SMITH                               | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR     X     0     0     0       (11)CHARLIE YATES     3.00     X     0     0     0       CHAIR     X     0     0     0       (12)GREG COOKE     3.00     X     0     0     0       DIRECTOR     X     0     0     0       (13)ANGIE KLEINAU     3.00     X     0     0     0       (14)BEVERLY DAVIS     3.00     3.00     0     0  |   |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR     X     0     0     0       (11)CHARLIE YATES     3.00     X     0     0     0       CHAIR     X     0     0     0       (12)GREG COOKE     3.00     X     0     0     0       DIRECTOR     X     0     0     0       (13)ANGIE KLEINAU     3.00     X     0     0     0       (14)BEVERLY DAVIS     3.00     3.00     0     0  | (10)RICK THIGPEN                                  | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| CHAIR     X     0     0     0       (12)GREG_COOKE     3.00     0     0     0       DIRECTOR     X     0     0     0       (13)ANGIE_KLEINAU     3.00     0     0     0       DIRECTOR     X     0     0     0       (14)BEVERLY DAVIS     3.00     0     0  |   |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| CHAIR     X     0     0     0       (12)GREG_COOKE     3.00     0     0     0       DIRECTOR     X     0     0     0       (13)ANGIE_KLEINAU     3.00     0     0     0       DIRECTOR     X     0     0     0       (14)BEVERLY DAVIS     3.00     0     0  | (11)CHARLIE YATES                                 | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| DIRECTOR         X         0         0         0           (13)ANGIE KLEINAU         3.00         X         0         0         0           DIRECTOR         X         0         0         0         0           (14)BEVERLY DAVIS         3.00            |   |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR         X         0         0         0           (13)ANGIE KLEINAU         3.00         X         0         0         0           DIRECTOR         X         0         0         0         0           (14)BEVERLY DAVIS         3.00            | (12)GREG COOKE                                    | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| (13)ANGIE KLEINAU       3.00         DIRECTOR       X       0       0       0         (14)BEVERLY DAVIS       3.00       0       0       0   |   |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
| DIRECTOR   |   | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
| (14)BEVERLY DAVIS 3.00   |   |  |             |   |                 |         |         |     | 0                       | 0                                    | 0                                      |
|  | -   | 3.00   |             |   |                 |         |         |     |                         |                                      |  |
|  | DIRECTOR  |  | х           |   |                 |         |         |     | 0                       | 0                                    | 0                                      |

62-1718638

| rait        | Section A. Officers, Directors, Trustee   | s, rey cilip  | noyee                             | s, ai                 | IU П                   | igne         | 251 CO                            | iiibe  | ensateu Employe                       | es (continu                                    | eu)       |         |                                       |    |
|-------------|---|---|-----------------------------------|-----------------------|------------------------|--------------|-----------------------------------|--------|---------------------------------------|--|-----------|---------|---------------------------------------|----|
|             | (A)<br>Name and title   | (B) Average hours per week  | box                               | , unles               | Pos<br>eck m<br>ss per | son is       | nan one<br>s both an<br>/trustee) |        | (D)  Reportable compensation from the | (E) Reportab compensat from relate organizatio | ion<br>ed | cor     | (F)<br>ated am<br>of other<br>mpensat |    |
|             |   | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee | Officer                | Key employee | Highest compensated employee      | Former | organization<br>(W-2/1099-MISC)       | organizati<br>(W-2/1099-M                      |           | orga    | rom the<br>nization<br>I organiz      |    |
| (15)A       | J GOODWIN   | 3.00  | )                                 |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| TREA        | SURER   |   | х                                 |                       |                        |              |                                   |        | 0                                     |  | 0         |         |                                       | 0  |
|             | RIS_TRUELOVE  | 40.00   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
|             | JTIVE DIRECTOR  |   |                                   |                       | Х                      | Х            |                                   |        | 88,609                                |  | 0         |         |                                       | 0  |
| <u>(17)</u> |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| (18)        |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| <u>(19)</u> |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| (20)        |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| (21)        |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| (22)_       |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| (23)        |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| (24)        |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| (25)        |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| 1b          | Subtotal  |   |                                   | • •                   |                        |              |                                   | ٠ •    |                                       |  |           |         |                                       |    |
| c<br>d      | Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)                              |   |                                   | • • •                 | • •                    | • •          |                                   | •      | 88,609                                |  | 0         |         |                                       | 0  |
| 2           | Total number of individuals (including but not limit  |   |                                   |                       |                        |              |                                   |        |                                       | of   | U         |         |                                       | U  |
|             | reportable compensation from the organization   |   |                                   |                       |                        |              |                                   |        | . ,                                   |  |           |         | Yes                                   | No |
| 3           | Did the organization list any former officer, direct  |   | -                                 |                       |                        |              | -                                 |        |                                       |  |           |         |                                       |    |
| 4           | employee on line 1a? If "Yes," complete Schedu.<br>For any individual listed on line 1a, is the sum of re |   |                                   |                       |                        |              |                                   |        |                                       |  |           | 3       |                                       | Х  |
| 4           | organization and related organizations greater th   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
|             | individual  |   |                                   |                       |                        |              |                                   |        |                                       |  |           | 4       |                                       | х  |
| 5           | Did any person listed on line 1a receive or accrue  | compensation  | n from                            | any                   | unr                    | elate        | ed orga                           | aniza  | ation or individual                   |  |           |         |                                       |    |
|             | for services rendered to the organization? If "Yes  | s," complete  | Sched                             | lule J                | J for                  | suc          | h pers                            | on     |                                       |  |           | 5       |                                       | Х  |
|             | on B. Independent Contractors   | A and the allow are a   | l t                               |                       | . 4                    | 414          |                                   |        |                                       | 10 - f   |           |         |                                       |    |
| 1           | Complete this table for your five highest compensa compensation from the organization. Report comp        |   |                                   |                       |                        |              |                                   |        |                                       |  | / Vear    |         |                                       |    |
|             | (A)   | ensation for  | li le cai                         | Cilua                 | агус                   | ai e         | ilulig '                          | VVILII | (B)                                   | IIZALIOITS LAZ                                 | усаг.     | (C)     |                                       |    |
|             | Name and business addres  | SS  |                                   |                       |                        |              |                                   |        | Description of service                | es   |           | Compens | ation                                 |    |
|             |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
|             |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
|             |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
|             |   |   |                                   |                       |                        |              |                                   |        |                                       |  |           |         |                                       |    |
| 2           | Total number of independent contractors (includin   | g but not lim   | ited to                           | thos                  | e lis                  | ted a        | above)                            | who    | 0                                     |  |           |         |                                       |    |
|             | received more than \$100,000 of compensation fro  | -   |                                   |                       |                        |              | ,                                 |        |                                       |  |           |         |                                       |    |

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Form 990 (2019) SPECIAL KI
Part VIII Statement of Revenue

|  |               | Check if Schedule O co   | ontains a respons | e or no    | ote to any line in this | Part VIII                   |  |                                      |  |
|--|---------------|--|-------------------|------------|-------------------------|-----------------------------|--|--------------------------------------|--|
|  |               |  |                   |            |                         | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts | b<br>c<br>d   | Federated campaigns . Membership dues Fundraising events Related organizations . Government grants (contr All other contributions, gif and similar amounts not in Noncash contributions inclines 1a-1f Total. Add lines 1a-1f  PATIENT SERVICE F | ributions)        |            | Business Code 621300    | 1,688,226                   | 2,112,787                              |                                      |  |
|  |               |  |                   |            |                         | 2,112,787                   |  |                                      |  |
|  | 4 5           | other similar amounts) . Income from investment of Royalties   | tax-exempt bond   | one        | ▶  <br>eeds ▶           | 45,869                      | 45,869                                 |                                      |  |
|  | b<br>c        | Gross rents Less: rental expenses Rental income or (loss)  Net rental income or (loss)   | 6b<br>6c          |            |                         |                             |  |                                      |  |
| en   |               | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  | 7a 7b             | es         | (ii) Other  2,500 5,126 |                             |  |                                      |  |
| Other Revenue  | d             | Gain or (loss)   |                   |            | (2,626)                 | (2,626)                     |  |                                      | (2,626)  |
|  |               | of contributions reported of 1c). See Part IV, line 18 Less: direct expenses .   | on line           | 8a<br>8b   |                         |                             |  |                                      |  |
|  | 9a<br>b       | Net income or (loss) from a Gross income from gaming activities, See Part IV, line Less: direct expenses .   | g<br>19           | 9a<br>9b   | '                       | 260,352                     |  |                                      | 260,352  |
|  | 10a<br>b      | Net income or (loss) from a<br>Gross sales of inventory, I<br>returns and allowances .<br>Less: cost of goods sold<br>Net income or (loss) from  | ess               | 10a<br>10b |                         |                             |  |                                      |  |
| Miscellanous<br>Revenue  | 11a<br>b<br>c | OTHER REVENUE  |                   |            | Business Code<br>110000 | 1,130                       | 1,130                                  |                                      |  |
| Mis<br>R   | е             | All other revenue  Total Add lines 11a-11d  Total revenue See instru   |                   |            |                         | 1,130                       | 2 150 786                              | 0                                    | 257 726  |

#### Part IX **Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, trustees, and key employees ...... 69,115 88,609 5,317 14,177 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 . . . . . . . . . . . . . . 2,245,322 1,751,351 134,719 359,252 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 148,296 115,671 8,898 23,727 10 172,865 134,835 10,372 27,658 Fees for services (nonemployees): 11 b 14,740 14,740 d Professional fundraising services. See Part IV, line 17 . f 6,256 6,256 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 27,494 9,368 18,126 12 9,391 9,391 13 23,026 17,961 1,382 3,683 14 15 16 21,788 4,015 4,469 30,272 17 1,608 124 2,062 330 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,072 3,072 20 784 784 21 22 Depreciation, depletion, and amortization . . . . . . 139,045 108,455 8,343 22,247 23 59,745 46,601 3,585 9,559 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.) SUPPLIES 68,097 53,116 4,086 10,895 b FAMILY SUPPORT 9,668 9,668 2,427 6,471 c SUBSCRIPTIONS 40,446 31,548 d REPAIRS AND MAINTENANCE 66,883 52,169 4,013 10,701 All other expenses е 26,246 22,906 852 2,488 Total functional expenses. Add lines 1 through 24e. . 3,182,319 2,446,160 228,039 508,120 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

| i ai                        | - 71 | Check if Schedule O contains a response or note to any line in this Part X   |                   |     |                      |
|-----------------------------|------|--|-------------------|-----|----------------------|
|                             |      |  | (A)               |     | (B)                  |
|                             |      |  | Beginning of year |     | End of year          |
|                             | 1    | Cash - non-interest-bearing  | 702,071           | 1   | 418,391              |
|                             | 2    | Savings and temporary cash investments                                       | 55,121            | 2   | 347,024              |
|                             | 3    | Pledges and grants receivable, net   | 26,202            | 3   | 127,766              |
|                             | 4    | Accounts receivable, net   | 159,625           | 4   | 112,332              |
|                             | 5    | 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   |                      |
|                             | 6    | 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   |                      |
| "                           | 7    | Notes and loans receivable, net  |                   | 7   |                      |
| Assets                      | 8    | Inventories for sale or use  |                   | 8   |                      |
| As                          | 9    | Prepaid expenses and deferred charges  | 48,966            | 9   | 41,086               |
|                             | 10a  | Land, buildings, and equipment: cost or other                                |                   |     |                      |
|                             |      | basis. Complete Part VI of Schedule D 10a 3,300,915                          |                   |     |                      |
|                             | b    | Less: accumulated depreciation 10b 878,051                                   | 2,528,784         | 10c | 2,422,864            |
|                             | 11   | Investments - publicly traded securities                                     | 52,600            | 11  | 73,901               |
|                             | 12   | Investments - other securities. See Part IV, line 11                         | 678,204           | 12  | 1,595,964            |
|                             | 13   | Investments - program-related. See Part IV, line 11                          |                   | 13  |                      |
|                             | 14   | Intangible assets  |                   | 14  |                      |
|                             | 15   | Other assets. See Part IV, line 11   |                   | 15  |                      |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line 33)                    | 4,251,573         | 16  | 5,139,328            |
|                             | 17   | Accounts payable and accrued expenses  | 169,999           | 17  | 177,117              |
|                             | 18   | Grants payable   |                   | 18  |                      |
|                             | 19   | Deferred revenue   | 158,465           | 19  | 60,565               |
|                             | 20   | Tax-exempt bond liabilities  |                   | 20  |                      |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D        |                   | 21  |                      |
| S                           | 22   | Loans and other payables to any current or former officer, director,         |                   |     |                      |
| Liabilities                 |      | trustee, key employee, creator or founder, substantial contributor, or 35%   |                   |     |                      |
| iab                         |      | controlled entity or family member of any of these persons                   |                   | 22  |                      |
| _                           | 23   | Secured mortgages and notes payable to unrelated third parties               | 75,391            | 23  |                      |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties                 |                   | 24  |                      |
|                             | 25   | Other liabilities (including federal income tax, payables to related third   |                   |     |                      |
|                             |      | parties, and other liabilities not included on lines 17-24). Complete Part X |                   |     |                      |
|                             |      | of Schedule D  |                   | 25  |                      |
|                             | 26   | Total liabilities. Add lines 17 through 25                                   | 403,855           | 26  | 237,682              |
|                             |      | Organizations that follow FASB ASC 958, check here ▶ 🗓                       |                   |     |                      |
| S                           |      | and complete lines 27, 28, 32, and 33.                                       |                   |     |                      |
| nce                         | 27   | Net assets without donor restrictions  | 2,922,014         | 27  | 3,324,129            |
| sala                        | 28   | Net assets with donor restrictions   | 925,704           | 28  | 1,577,517            |
| DE E                        |      | Organizations that do not follow FASB ASC 958, check here ▶                  |                   |     |                      |
| Fur                         |      | and complete lines 29 through 33.  |                   |     |                      |
| ō                           | 29   | Capital stock or trust principal, or current funds                           |                   | 29  |                      |
| ets                         | 30   | Paid-in or capital surplus, or land, building, or equipment fund             |                   | 30  |                      |
| Ass                         | 31   | Retained earnings, endowment, accumulated income, or other funds             |                   | 31  |                      |
| Net Assets or Fund Balances | 32   | Total net assets or fund balances  | 3,847,718         | 32  | 4,901,646            |
|                             | 33   | Total liabilities and net assets/fund balances                               | 4,251,573         | 33  | 5,139,328            |
|                             |      |  |                   |     | Form <b>990</b> (201 |

EEA Form **990** (2019)

| Form | n 990 (2019) SPECIAL KIDS INC   | 62-1718638 |    | Pa   | age <b>1</b> 2 |
|------|---|------------|----|------|----------------|
| Pai  | rt XI Reconciliation of Net Assets  |            |    |      |                |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                     |            |    |      | $\Box$         |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   |            |    | 105, |                |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | . 2        | 3, | 182, | 319            |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | . 3        |    | 923, | 419            |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | . 4        | 3, | 847, | 718            |
| 5    | Net unrealized gains (losses) on investments  | . 5        |    | 130, | 509            |
| 6    | Donated services and use of facilities  | . 6        |    |      |                |
| 7    | Investment expenses   | . 7        |    |      |                |
| 8    | Prior period adjustments  | . 8        |    |      |                |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | . 9        |    |      | 0              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |            |    |      |                |
|      | 32, column (B))   | . 10       | 4, | 901, | 646            |
| Pai  | rt XII Financial Statements and Reporting   |            |    |      |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |            |    |      | . 🗌            |
|      |   | _          |    | Yes  | No             |
| 1    | Accounting method used to prepare the Form 990:  Cash  Accrual  Other   |            |    |      |                |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |            |    |      |                |
|      | Schedule O.   |            |    |      |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |            | 2a |      | Х              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |            |    |      |                |
|      | reviewed on a separate basis, consolidated basis, or both:  |            |    |      |                |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            |    |      |                |
| b    | Were the organization's financial statements audited by an independent accountant?                              |            | 2b | Х    |                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |            |    |      |                |
|      | separate basis, consolidated basis, or both:  |            |    |      |                |
|      | X Separate basis Consolidated basis Both consolidated and separate basis  |            |    |      |                |
| С    | 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?       |            | 2c | Х    |                |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |            |    |      |                |
|      | Schedule O.   |            |    |      |                |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |            |    |      |                |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits EEA Form **990** (2019)

3b

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Single Audit Act and OMB Circular A-133?

#### **SCHEDULE A**

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

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

► Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ)

Employer identification number

| SPE  | CIA    | L KIDS INC                                   |                        |                                 |                   |               | 62-171863                |                    |
|------|--------|--|------------------------|---------------------------------|-------------------|---------------|--------------------------|--------------------|
| Pa   | rt I   | Reason for Public Charity                    | y Status (All or       | ganizations must co             | omplete           | this part     | .) See instructions      |                    |
| The  | orga   | nization is not a private foundation bec     | ause it is: (For lines | s 1 through 12, check onl       | y one box.        | )             |                          |                    |
| 1    |        | A church, convention of churches, or         | association of chu     | urches described in <b>sect</b> | ion 170(b)        | (1)(A)(i).    |                          |                    |
| 2    |        | A school described in section 170(b          | )(1)(A)(ii). (Attach   | Schedule E (Form 990 c          | or 990-EZ).       | .)            |                          |                    |
| 3    |        | A hospital or a cooperative hospital s       | service organization   | n described in section 1        | 70(b)(1)(A        | A)(iii).      |                          |                    |
| 4    |        | A medical research organization ope          | rated in conjunctio    | n with a hospital describ       | ed in <b>sect</b> | ion 170(b)    | (1)(A)(iii). Enter the   |                    |
|      |        | hospital's name, city, and state:            |                        |                                 |                   |               |                          |                    |
| 5    |        | An organization operated for the bene        | efit of a college or u | university owned or opera       | ated by a g       | governmen     | tal unit described in    |                    |
|      |        | section 170(b)(1)(A)(iv). (Complete          | _                      |                                 |                   |               |                          |                    |
| 6    |        | A federal, state, or local government        | or governmental u      | ınit described in section       | 170(b)(1)         | (A)(v).       |                          |                    |
| 7    | $\Box$ | An organization that normally receive        | _                      |                                 |                   |               | m the general public     |                    |
|      | _      | described in section 170(b)(1)(A)(vi         | •                      |                                 |                   |               | 0 1                      |                    |
| 8    |        | A community trust described in <b>sect</b> i |                        | •                               |                   |               |                          |                    |
| 9    | П      | An agricultural research organization        |                        |                                 | rated in co       | niunction     | with a land-grant collec | ae                 |
|      | _      | or university or a non-land-grant colle      |                        |                                 |                   | •             | •                        | ,                  |
|      |        | university:                                  | gg (-                  |                                 | ,                 | - <b>,</b> ,  | <b>g</b>                 |                    |
| 10   | X      | An organization that normally receive        | s: (1) more than 33    | 3 1/3% of its support from      | n contributi      | ons. memb     | ership fees, and gross   |                    |
|      | _      | receipts from activities related to its e    |                        |                                 |                   |               |                          |                    |
|      |        | support from gross investment income         | ·                      | •                               | •                 | •             |                          |                    |
|      |        | acquired by the organization after Ju        |                        | ,                               |                   | ,             |                          |                    |
| 11   | П      | An organization organized and opera          |                        | . , , , ,                       |                   | ,             |                          |                    |
| 12   | П      | An organization organized and opera          | •                      |                                 |                   |               |                          | 3                  |
|      |        | of one or more publicly supported or         | •                      | ·                               |                   |               |                          |                    |
|      |        | Check the box in lines 12a through 12        | 9                      | ` , ` ,                         |                   | . , . ,       |                          | ,                  |
|      | а      | Type I. A supporting organization            |                        |                                 |                   |               |                          | -                  |
|      | -      | the supported organization(s) the            |                        |                                 |                   | -             |                          | 19                 |
|      |        | supporting organization. <b>You mu</b>       |                        |                                 | ity or the c      | 00:010 01     |                          |                    |
|      | b      | Type II. A supporting organization           | -                      |                                 | ith its sunr      | orted oraș    | enization(s) by having   |                    |
|      |        | control or management of the sup             | •                      |                                 |                   | •             | . , .                    |                    |
|      |        | organization(s). You must com                |                        | ·                               | ioono triat v     | 00111101 01 1 | nanage the supported     |                    |
|      | С      | Type III functionally integrated             |                        |                                 | nection w         | ith and fu    | nctionally integrated wi | ith                |
|      | C      | its supported organization(s) (se            |                        | ·                               |                   |               |                          | ш,                 |
|      | d      | Type III non-functionally integr             | ,                      | -                               |                   |               |                          | n(e)               |
|      | u      | that is not functionally integrated.         |                        |                                 |                   |               | •                        | 11(3)              |
|      |        | requirement (see instructions). Y            | 0 0                    |                                 |                   | •             | it and an attentiveness  |                    |
|      | е      | Check this box if the organization           |                        |                                 |                   |               | Tyne II Tyne III         |                    |
|      |        | functionally integrated, or Type II          |                        |                                 |                   | , а турст,    | Type II, Type III        |                    |
|      | f      | Enter the number of supported organ          |                        |                                 | ariizatiori.      |               |                          |                    |
|      | g      | Provide the following information abo        |                        |                                 |                   |               |                          |                    |
|      |        | ) Name of supported organization             | (ii) EIN               | (iii) Type of organization      | (iv) Is the o     | rganization   | (v) Amount of monetary   | (vi) Amount of     |
|      | (1     | ) Name of supported organization             | (II) LIIV              | (described on lines 1-10        |                   | r governing   | support (see             | other support (see |
|      |        |  |                        | above (see instructions))       | docum             | ent?          | instructions)            | instructions)      |
|      |        |  |                        |                                 | Yes               | No            |                          |                    |
|      |        |  |                        |                                 | 100               | 110           |                          |                    |
| (A)  |        |  |                        |                                 |                   |               |                          |                    |
|      |        |  |                        |                                 |                   |               |                          |                    |
| (B)  |        |  |                        |                                 |                   |               |                          |                    |
|      |        |  |                        |                                 |                   |               |                          |                    |
| (C)  |        |  |                        |                                 |                   |               |                          |                    |
| (D)  |        |  |                        |                                 |                   |               |                          |                    |
| (D)  |        |  |                        |                                 |                   |               |                          |                    |
| (E)  |        |  |                        |                                 |                   |               |                          |                    |
|      | .,     |  |                        |                                 |                   |               |                          |                    |
| Tota | ai 💮   |  |                        |                                 |                   |               | 1                        | I                  |

b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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### Part III Support Sche

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.)

| Sec  | ction A. Public Support  |               |                 |               |           | •               |            |
|------|--|---------------|-----------------|---------------|-----------|-----------------|------------|
| Cal  | endar year (or fiscal year beginning in) ▶   | (a) 2015      | <b>(b)</b> 2016 | (c) 2017      | (d) 2018  | (e) 2019        | (f) Total  |
| 1    | Gifts, grants, contributions, and membership fees  |               | , ,             | , ,           | . ,       | , ,             |            |
|      | received. (Do not include any "unusual grants.")   | 1,361,045     | 1,273,094       | 1,926,972     | 1,734,352 | 2,271,488       | 8,566,951  |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,677,525     |                 |               |           | 2,112,787       | 10,304,235 |
| 3    | Gross receipts from activities that are not an   | 1,011,323     | 2,100,030       | 2,122,120     | 1,321,333 | 2/112//07       | 10/301/233 |
|      | unrelated trade or business under section 513.   |               |                 |               |           |                 |            |
| 4    | Tax revenues levied for the  |               |                 |               |           |                 |            |
|      | organization's benefit and either paid to  |               |                 |               |           |                 |            |
|      | or expended on its behalf  |               |                 |               |           |                 |            |
| 5    | •  |               |                 |               |           |                 |            |
|      | furnished by a governmental unit to the  |               |                 |               |           |                 |            |
|      | organization without charge  |               |                 |               |           |                 |            |
| 6    |  | 3.038.570     | 3.439.952       | 4.349.098     | 3.659.291 | 4,384,275       | 18,871,186 |
|      | Amounts included on lines 1, 2, and 3  | 0,000,010     | 0,100,001       |               | 0,000,000 |                 |            |
|      | received from disqualified persons   | 32,312        | 46,856          | 64,584        | 43,776    | 64,829          | 252,357    |
| b    | Amounts included on lines 2 and 3  | 02,022        | 10,000          | 01,001        | 20,777    | 01,010          |            |
|      | received from other than disqualified  |               |                 |               |           |                 |            |
|      | persons that exceed the greater of \$5,000   |               |                 |               |           |                 |            |
|      | or 1% of the amount on line 13 for the year  | 709,641       | 821,697         | 852,266       | 914,752   | 941,295         | 4,239,651  |
| С    | Add lines 7a and 7b  | 741,953       | 868,553         | 916,850       | 958,528   |                 | 4,492,008  |
| 8    | Public support. (Subtract line 7c from   |               |                 |               |           |                 |            |
|      | line 6.)   |               |                 |               |           |                 | 14,379,178 |
| Sec  | ction B. Total Support   |               |                 |               |           |                 |            |
| Cal  | endar year (or fiscal year beginning in) ▶   | (a) 2015      | <b>(b)</b> 2016 | (c) 2017      | (d) 2018  | <b>(e)</b> 2019 | (f) Total  |
| 9    | Amounts from line 6  | 3,038,570     | 3,439,952       | 4,349,098     | 3,659,291 | 4,384,275       | 18,871,186 |
| 10a  | Gross income from interest, dividends,   |               |                 |               |           |                 |            |
|      | payments received on securities loans, rents,  |               |                 |               |           |                 |            |
|      | royalties, and income from similar sources   | 1,231         | 1,038           | 17,404        | 33,570    | 45,869          | 99,112     |
| b    | Unrelated business taxable income (less  |               |                 |               |           |                 |            |
|      | section 511 taxes) from businesses   |               |                 |               |           |                 |            |
|      | acquired after June 30, 1975   |               |                 |               |           |                 |            |
| С    | Add lines 10a and 10b  | 1,231         | 1,038           | 17,404        | 33,570    | 45,869          | 99,112     |
| 11   |  |               |                 |               |           |                 |            |
|      | activities not included in line 10b, whether   |               |                 |               |           |                 |            |
|      | or not the business is regularly carried on  |               |                 |               |           |                 |            |
| 12   | Other income. Do not include gain or   |               |                 |               |           |                 |            |
|      | loss from the sale of capital assets   |               |                 |               |           |                 |            |
| 40   | (Explain in Part VI.)  | 10,060        | 10,800          | 2,777         | 4,450     | 1,830           | 29,917     |
| 13   | Total support. (Add lines 9, 10c, 11,  |               |                 |               |           |                 |            |
| 4.4  | and 12.)   |               |                 |               |           |                 | 19,000,215 |
| 14   |  |               |                 |               |           |                 |            |
| 500  | organization, check this box and stop here ction C. Computation of Public Support  | rt Percentage | <u> </u>        |               |           |                 | ▶ □        |
|      | Public support percentage for 2019 (line 8, c  |               |                 | column (f))   |           | 15              | 75.68 %    |
|      | Public support percentage from 2018 Sched  |               |                 |               |           | 16              | 75.05 %    |
|      | ction D. Computation of Investment Inc   |               |                 |               |           | 10              | 75.05 70   |
| 17   |  |               |                 | ne 13. column | (f))      | 17              | 1.00 %     |
|      | Investment income percentage from 2018 So  | •             |                 |               |           | 18              | 0.00 %     |
|      | 33 1/3% support tests - 2019. If the organiz   |               |                 |               |           |                 |            |
| . 50 | 17 is not more than 33 1/3%, check this box  |               |                 |               |           |                 |            |
| h    | 33 1/3% support tests - 2018. If the organiz   | -             | -               |               |           |                 |            |
| ~    | line 18 is not more than 33 1/3%, check this   |               |                 |               |           |                 |            |
| 20   | <b>Private foundation.</b> If the organization did n   | -             | -               | -             |           |                 |            |

#### Part IV

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

|         |     | Yes      | No      |
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| Par  | Supporting Organizations (continued)   |        |        |       |
|------|--|--------|--------|-------|
|      |  |        | Yes    | No    |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |        |        |       |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |        |        |       |
|      | below, the governing body of a supported organization?   | 11a    |        |       |
|      | A family member of a person described in (a) above?  | 11b    |        |       |
| С    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c    |        |       |
| Sect | ion B. Type I Supporting Organizations   |        |        |       |
| 4    | Did the directors, trustees, or membership of any or more supported argenizations have the newer to  |        | Yes    | No    |
|      | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the |        |        |       |
|      |  |        |        |       |
|      | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   |        |        |       |
|      | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported      |        |        |       |
|      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   |        |        |       |
|      | organizations and what conditions of restrictions, if any, applied to such powers during the tax year.   | 1      |        |       |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported  |        |        |       |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |        |        |       |
|      | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |        |        |       |
|      | supervised, or controlled the supporting organization.   | 2      |        |       |
| Sect | ion C. Type II Supporting Organizations  |        |        |       |
|      |  |        | Yes    | No    |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |        |        |       |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |        |        |       |
|      | or management of the supporting organization was vested in the same persons that controlled or managed   |        |        |       |
|      | the supported organization(s).   | 1      |        |       |
| Sect | ion D. All Type III Supporting Organizations   |        |        |       |
|      |  |        | Yes    | No    |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |        |        |       |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |        |        |       |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |        |        |       |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1      |        |       |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |        |        |       |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |        |        |       |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2      |        |       |
| 3    | By reason of the relationship described in (2), did the organization's supported organizations have a  |        |        |       |
|      | significant voice in the organization's investment policies and in directing the use of the organization's   |        |        |       |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |        |        |       |
|      | supported organizations played in this regard.   | 3      |        |       |
|      | ion E. Type III Functionally Integrated Supporting Organizations   |        |        |       |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in  | struc  | tions) |       |
| а    | The organization satisfied the Activities Test. Complete line 2 below.   |        |        |       |
| b    | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |        |        |       |
| С    | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (   | see in | struct | ions) |
|      | Activities Test. Answer (a) and (b) below.   |        | Yes    | No    |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |        |        |       |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |        |        |       |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,   |        |        |       |
|      | how the organization was responsive to those supported organizations, and how the organization determined  |        |        |       |
| _    | that these activities constituted substantially all of its activities.   | 2a     |        |       |
|      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |        |        |       |
|      | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |        |        |       |
|      | reasons for the organization's position that its supported organization(s) would have engaged in these   |        |        |       |
|      | activities but for the organization's involvement.   | 2b     |        |       |
|      | Parent of Supported Organizations. Answer (a) and (b) below.   |        |        |       |
|      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |        |        |       |
|      | trustees of each of the supported organizations? Provide details in Part VI.   | 3a     |        |       |
|      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |        |        |       |
|      | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b     |        |       |

| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization | trust o | n Nov. 20, 1970 (expla   | ,                           |
|-----|--|---------|--------------------------|-----------------------------|
| Sec | tion A - Adjusted Net Income   | Zations | (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   |         |                          |                             |
| CC  | llection of gross income or for management, conservation, or   |         |                          |                             |
| m   | aintenance of property held for production of income (see instructions)  | 6       |                          |                             |
| 7   | Other expenses (see instructions)  | 7       |                          |                             |
| 8   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8       |                          |                             |
| Sec | tion B - Minimum Asset Amount  |         | (A) Prior Year           | (B) Current Year (optional) |
| 1   | Aggregate fair market value of all non-exempt-use assets (see  |         |                          |                             |
| ins | structions for short tax year or assets held for part of year):  |         |                          |                             |
| a   | Average monthly value of securities  | 1a      |                          |                             |
|     | Average monthly cash balances  | 1b      |                          |                             |
| С   | Fair market value of other non-exempt-use assets   | 1c      |                          |                             |
|     | Total (add lines 1a, 1b, and 1c)   | 1d      |                          |                             |
| е   | Discount claimed for blockage or other   |         |                          |                             |
| fa  | nctors (explain in detail in <b>Part VI</b> ):   |         |                          |                             |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2       |                          |                             |
|     | Subtract line 2 from line 1d.  | 3       |                          |                             |
|     | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |         |                          |                             |
|     | e instructions).   | 4       |                          |                             |
|     | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5       |                          |                             |
| 6   | Multiply line 5 by .035.   | 6       |                          |                             |
| 7   | Recoveries of prior-year distributions   | 7       |                          |                             |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8       |                          |                             |
| Sec | tion C - Distributable Amount  |         |                          | Current Year                |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1       |                          |                             |
| 2   | Enter 85% of line 1.   | 2       |                          |                             |
| 3   | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3       |                          |                             |
| 4   | Enter greater of line 2 or line 3.   | 4       |                          |                             |
| 5   | Income tax imposed in prior year   | 5       |                          |                             |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to   |         |                          |                             |
| er  | nergency temporary reduction (see instructions).   | 6       |                          |                             |
| 7   | Check here if the current year is the organization's first as a non-functionally instructions).  | integra | ated Type III supporting | organization (see           |

EEA

| Pai | rt V Type III Non-Functionally Integrated 509(a)(3                   | ) Supporting Organia        | zations (continued)         | 8638 Page                     |
|-----|--|-----------------------------|-----------------------------|-------------------------------|
| Sec | tion D - Distributions   | ,                           | ,                           | Current Year                  |
| 1   | Amounts paid to supported organizations to accomplish exen           | nnt nurnoses                |                             |                               |
|     | Amounts paid to perform activity that directly furthers exempt       |                             |                             |                               |
| _   | organizations, in excess of income from activity                     |                             |                             |                               |
| 3   | Administrative expenses paid to accomplish exempt purpose            |                             |                             |                               |
| 4   | Amounts paid to acquire exempt-use assets                            |                             |                             |                               |
|     | Qualified set-aside amounts (prior IRS approval required)            |                             |                             |                               |
| 6   | Other distributions (describe in <b>Part VI</b> ). See instructions. |                             |                             |                               |
| 7   | Total annual distributions. Add lines 1 through 6.                   |                             |                             |                               |
| 8   | Distributions to attentive supported organizations to which the      | organization is respons     | ive                         |                               |
| Ü   | (provide details in <b>Part VI</b> ). See instructions.              | organization is respond     | 1140                        |                               |
| 9   | Distributable amount for 2019 from Section C, line 6                 |                             |                             |                               |
|     | Line 8 amount divided by line 9 amount                               |                             |                             |                               |
| -10 | Line o amount divided by line 3 amount                               |                             | (ii)                        | (iii)                         |
|     | Section E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
|     | Distributable amount for 2019 from Section C, line 6                 |                             |                             |                               |
| 2   | Underdistributions, if any, for years prior to 2019                  |                             |                             |                               |
|     | (reasonable cause required - explain in Part VI). See                |                             |                             |                               |
|     | instructions.  |                             |                             |                               |
| 3   | Excess distributions carryover, if any, to 2019                      |                             |                             |                               |
| а   | From 2014  |                             |                             |                               |
| b   | From 2015  |                             |                             |                               |
| С   | From 2016  |                             |                             |                               |
| d   | From 2017  |                             |                             |                               |
| е   | From 2018  |                             |                             |                               |
| f   | <b>Total</b> of lines 3a through e                                   |                             |                             |                               |
| g   | Applied to underdistributions of prior years                         |                             |                             |                               |
| h   | Applied to 2019 distributable amount                                 |                             |                             |                               |
| i   | Carryover from 2014 not applied (see instructions)                   |                             |                             |                               |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                             |                             |                               |
| 4   | Distributions for 2019 from  |                             |                             |                               |
|     | Section D, line 7: \$  |                             |                             |                               |
| а   | Applied to underdistributions of prior years                         |                             |                             |                               |
|     | Applied to 2019 distributable amount                                 |                             |                             |                               |
|     | Remainder. Subtract lines 4a and 4b from 4.                          |                             |                             |                               |
|     | Remaining underdistributions for years prior to 2019, if             |                             |                             |                               |
|     | any. Subtract lines 3g and 4a from line 2. For result                |                             |                             |                               |
|     | greater than zero, explain in <b>Part VI</b> . See instructions.     |                             |                             |                               |
| 6   | Remaining underdistributions for 2019. Subtract lines 3h             |                             |                             |                               |
|     | and 4b from line 1. For result greater than zero, explain in         |                             |                             |                               |
|     | Part VI. See instructions.   |                             |                             |                               |
| 7   | Excess distributions carryover to 2020. Add lines 3j                 |                             |                             |                               |
| •   | and 4c.  |                             |                             |                               |
| 8   | Breakdown of line 7:   |                             |                             |                               |
|     | Excess from 2015   |                             |                             |                               |
|     | Excess from 2016   |                             |                             |                               |
|     | Excess from 2017   |                             |                             |                               |
| -   |  |                             |                             |                               |

d Excess from 2018 e Excess from 2019

| Part VI | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|--|
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#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

2019

OMB No. 1545-0047

rtment of the Treasury

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization Employer identification number SPECIAL KIDS INC 62-1718638

| organizat   | ion type (cneck one):   |   |
|-------------|---|---|
| Filers of:  |   | Section:  |
| Form 990 (  | or 990-EZ [   | ▼ 501(c)( 3 ) (enter number) organization   |
|             | [   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation  |
|             | [   | 527 political organization  |
| Form 990-   | PF [  | 501(c)(3) exempt private foundation   |
|             | [   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |
|             | [   | 501(c)(3) taxable private foundation  |
| Check if yo | our organization is cover   | red by the <b>General Rule</b> or a <b>Special Rule</b> .   |
| Note: Only  |   | ), or (10) organization can check boxes for both the General Rule and a Special Rule. See   |
| General R   | ule   |   |
| O<br>C      | r more (in money or propontributor's total contribu   | Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a stions.   |
| Special Ru  | iles  |   |
|             | regulations under section 13, 16a, or 16b, and the  | cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.   |
|             | contributor, during the y   | cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.   |
|             | contributor, during the y<br>contributions totaled mo<br>during the year for an e<br><b>General Rule</b> applies to | cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the or this organization because it received nonexclusively religious, charitable, etc., contributions during the year |
| 990-EZ, c   | r 990-PF), but it <b>must</b> a   | I't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its tify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |

#### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| SPE | CIAL KIDS INC  |   | 62-1718638                                     |     |
|-----|--|---|--|-----|
| Pa  | t I Organizations Maintaining Donor Advised F                        | unds or Other Similar Funds             | or Accounts.                                   |     |
|     | Complete if the organization answered "Yes" or                       | Form 990, Part IV, line 6.              |  |     |
|     |  | (a) Donor advised funds                 | (b) Funds and other accounts                   |     |
| 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 v       | riting that the assets held in donor    | advised  |     |
|     | funds are the organization's property, subject to the organizat      | ion's exclusive legal control?          |  | )   |
| 6   | Did the organization inform all grantees, donors, and donor ac       | lvisors in writing that grant funds ca  | in be used                                     |     |
|     | only for charitable purposes and not for the benefit of the done     | or or donor advisor, or for any other   | purpose  |     |
|     | conferring impermissible private benefit?                            |   |  | )   |
| Pa  | t II Conservation Easements.   |   |  |     |
|     | Complete if the organization answered "Yes" of                       | on Form 990, Part IV, line 7.           |  |     |
| 1   | Purpose(s) of conservation easements held by the organization        | on (check all that apply).              |  |     |
|     | Preservation of land for public use (e.g., recreation or edit        | ucation) Pres                           | ervation of a historically important land area |     |
|     | Protection of natural habitat  | Pres                                    | ervation of a certified historic structure     |     |
|     | Preservation of open space   |   |  |     |
| 2   | Complete lines 2a through 2d if the organization held a qualifie     | d conservation contribution in the fo   | orm of a conservation                          |     |
|     | easement on the last day of the tax year.                            |   | Held at the End of the Tax Ye                  | ear |
| а   | Total number of conservation easements                               |   | 2a   |     |
| b   | Total acreage restricted by conservation easements                   |   | 2b   |     |
| С   | Number of conservation easements on a certified historic stru        | cture included in (a)                   | 2c   |     |
| d   | Number of conservation easements included in (c) acquired a          | after 7/25/06, and not on a             |  |     |
|     | historic structure listed in the National Register                   |   | 2d   |     |
| 3   | Number of conservation easements modified, transferred, rele         | eased, extinguished, or terminated      | by the organization during the                 |     |
|     | tax year ▶   | -                                       |  |     |
| 4   | Number of states where property subject to conservation eas          | ement is located ▶                      |  |     |
| 5   | Does the organization have a written policy regarding the peri       |   | g of   |     |
|     | violations, and enforcement of the conservation easements it         | - · · · · · · · · · · · · · · · · · · · |  | 5   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, ha      | andling of violations, and enforcing    | conservation easements during the year         |     |
|     | •  | -                                       | -  |     |
| 7   | Amount of expenses incurred in monitoring, inspecting, handli        | ng of violations, and enforcing con-    | servation easements during the year            |     |
|     | <b>▶</b> \$  |   |  |     |
| 8   | Does each conservation easement reported on line 2(d) above          | re satisfy the requirements of section  | on 170(h)(4)(B)(i)                             |     |
|     | and section 170(h)(4)(B)(ii)?  |   |  | 5   |
| 9   | In Part XIII, describe how the organization reports conservation     | on easements in its revenue and ex      | pense statement, and                           |     |
|     | balance sheet, and include, if applicable, the text of the footno    | te to the organization's financial sta  | tements that describes the                     |     |
|     | organization's accounting for conservation easements.                | -                                       |  |     |
| Pa  | t III Organizations Maintaining Collections                          | of Art, Historical Treasur              | es, or Other Similar Assets.                   |     |
|     | Complete if the organization answered "Yes"                          | on Form 990, Part IV, line 8.           |  |     |
| 1a  | If the organization elected, as permitted under FASB ASC 95          | 8, not to report in its revenue state   | ment and balance sheet works                   |     |
|     | of art, historical treasures, or other similar assets held for pub   | lic exhibition, education, or researc   | h in furtherance of public                     |     |
|     | service, provide, in Part XIII the text of the footnote to its final | ncial statements that describes thes    | e items.                                       |     |
| b   | If the organization elected, as permitted under FASB ASC 95          | 8, to report in its revenue statemen    | t and balance sheet works of                   |     |
|     | art, historical treasures, or other similar assets held for public   | exhibition, education, or research in   | n furtherance of public service,               |     |
|     | provide the following amounts relating to these items:               |   |  |     |
|     | (i) Revenue included on Form 990, Part VIII, line 1                  |   | <b> ▶</b> \$                                   |     |
|     | (ii) Assets included in Form 990, Part X                             |   |  |     |
| 2   | If the organization received or held works of art, historical trea   |   |  | _   |
| _   | following amounts required to be reported under FASB ASC             |   | 3 ,1   |     |
| а   | Revenue included on Form 990, Part VIII, line 1                      | •                                       | <b>⊳</b> \$                                    |     |
| b   | Assets included in Form 990, Part X                                  |   |  |     |
|     |  |   | *  |     |

| 62- | 171 | 8638 | Page 2 |
|-----|-----|------|--------|
|     |     |      |        |

| Sched | ule D (Form 990) 2019 SPECIAL KIDS IN  |                              |                       |               |            | 62-1718                |          | Page 2      |  |
|-------|--|------------------------------|-----------------------|---------------|------------|------------------------|----------|-------------|--|
| Pa    | rt III Organizations Maintaining   | Collections of A             | rt, Historical T      | reasures,     | or Otl     | ner Similar As         | sets (co | ontinued)   |  |
| 3     | Using the organization's acquisition, accession  | n, and other records, c      | heck any of the follo | owing that ma | ıke signif | icant use of its       |          |             |  |
|       | collection items (check all that apply):   |                              |                       |               |            |                        |          |             |  |
| а     | Public exhibition  |                              | d Loan o              | or exchange p | program    | 3                      |          |             |  |
| b     | Scholarly research   |                              | e Other               |               |            |                        |          |             |  |
| С     | Preservation for future generations  |                              |                       |               |            |                        |          |             |  |
| 4     | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part |                              |                       |               |            |                        |          |             |  |
|       | XIII.  |                              | •                     |               |            |                        |          |             |  |
| 5     |  |                              |                       |               |            |                        |          |             |  |
|       | assets to be sold to raise funds rather than to be maintained as part of the organization's collection?                          |                              |                       |               |            |                        |          |             |  |
| Pa    | rt IV Escrow and Custodial Arrar   |                              |                       |               |            |                        |          |             |  |
|       | Complete if the organization a   | •                            | n Form 990. Pa        | rt IV. line 9 | 9. or re   | ported an amo          | unt on F | orm         |  |
|       | 990, Part X, line 21.  |                              |                       | ,             | ,          | p = 1.10 a. a          |          | •           |  |
| 1a    | Is the organization an agent, trustee, custodian   | or other intermediary        | for contributions or  | other assets  | not        |                        |          |             |  |
| ıu    | •  | ·····                        |                       |               |            |                        | □ Vos    | s 🗌 No      |  |
| b     | If "Yes," explain the arrangement in Part XIII a   |                              |                       |               |            |                        |          | , _ NO      |  |
| D     | ii res, explain the arrangement in Fatt Alli a   | ria complete trie follov     | virig table.          |               |            | Λm                     | nunt     |             |  |
| _     | Deginning belones  |                              |                       |               | 10         | Amo                    | Junt     |             |  |
| C     | Beginning balance  |                              |                       |               | · —        |                        |          |             |  |
| d     | Additions during the year  |                              |                       |               |            |                        |          |             |  |
| e     | Distributions during the year  |                              |                       |               |            |                        |          |             |  |
| f     | Ending balance   |                              |                       |               |            |                        |          |             |  |
| 2a    | Did the organization include an amount on For  |                              |                       |               | •          |                        |          |             |  |
|       | If "Yes," explain the arrangement in Part XIII.  | Check here if the expl       | anation has been pr   | ovided on Pa  | rt XIII .  |                        |          | <u>. Ll</u> |  |
| Pa    | rt V Endowment Funds.  |                              |                       | -4 D./ P      | 4.0        |                        |          |             |  |
|       | Complete if the organization a   |                              |                       |               |            |                        |          |             |  |
|       | _  | (a) Current year             | (b) Prior year        | (c) Two years |            | (d) Three years back   | (e) Four | years back  |  |
| 1a    | Beginning of year balance  | 678,204                      | 347,820               | 15            | ,134       |                        |          |             |  |
| b     | Contributions  | 474,498                      | 372,435               | 305           | ,438       | 14,791                 |          |             |  |
| С     | Net investment earnings, gains, and  |                              |                       |               |            |                        |          |             |  |
|       | losses   | 171,301                      | (38,310)              | 28            | ,621       | 365                    |          |             |  |
| d     | Grants or scholarships   |                              |                       |               |            |                        |          |             |  |
| е     | Other expenditures for facilities and  |                              |                       |               |            |                        |          |             |  |
|       | programs   |                              |                       |               |            |                        |          |             |  |
| f     | Administrative expenses  | 6,256                        | 3,741                 | 1,            | ,373       | 22                     |          |             |  |
| g     | End of year balance  | 1,317,747                    | 678,204               | 347           | ,820       | 15,134                 |          |             |  |
| 2     | Provide the estimated percentage of the currer   | nt year end balance (li      | ine 1g, column (a)) h | neld as:      |            |                        |          |             |  |
| а     | Board designated or quasi-endowment  | %                            |                       |               |            |                        |          |             |  |
| b     | Permanent endowment > %  |                              |                       |               |            |                        |          |             |  |
| С     | Term endowment ▶ %   |                              |                       |               |            |                        |          |             |  |
|       | The percentages on lines 2a, 2b, and 2c should   | d equal 100%.                |                       |               |            |                        |          |             |  |
| 3a    | Are there endowment funds not in the possess   | •                            | on that are held and  | administered  | for the    |                        |          |             |  |
|       | organization by:   |                              |                       |               |            |                        |          | Yes No      |  |
|       | (i) Unrelated organizations  |                              |                       |               |            |                        | 3a(i)    | x           |  |
|       | (ii) Related organizations   |                              |                       |               |            |                        | - 11     | х           |  |
| b     | If "Yes" on line 3a(ii), are the related organization  |                              |                       |               |            |                        | 3b       | Α.          |  |
| 4     | Describe in Part XIII the intended uses of the   | ·                            |                       |               |            |                        | 30       |             |  |
| Dat   | rt VI Land, Buildings, and Equip   |                              | nont iuilus.          |               |            |                        |          |             |  |
| Га    | Complete if the organization a   |                              | n Form 000 Da         | rt IV/ line   | 110 0      | 00 Form 000 F          | ort V li | no 10       |  |
|       | <u> </u>   |                              |                       |               |            |                        |          |             |  |
|       | Description of property  | (a) Cost or other (investmen | ' '                   | r other basis | . ,        | Accumulated preciation | (d) Bool | k value     |  |
|       |  | ,                            | ,                     | other)        | de         | preciation             |          |             |  |
| 1a    | Land   |                              |                       | 358,340       |            |                        |          | 358,340     |  |
| b     | Buildings  |                              |                       | 220,437       |            | 465,544                |          | 754,893     |  |
| С     | Leasehold improvements   | • •                          |                       | 179,049       |            | 20,126                 | 1        | L58,923     |  |
| d     | Equipment  |                              | 4                     | 407,531       |            | 276,784                | 1        | L30,747     |  |
| e     | Other  |                              |                       | 135,558       |            | 115,597                |          | 19,961      |  |
| Tota  | I. Add lines 1a through 1e. (Column (d) must e   | equal Form 990, Part         | X, column (B), line   | 10.c.)        |            |                        | 2,4      | 22,864      |  |

| Part VII         | Investments - Other Securities.  Complete if the organization answered "Ye | s" on Form 990, Par        | rt IV, line   | 11b. See Form        | 990, Part X, line 12.                               |
|------------------|--|----------------------------|---------------|----------------------|---|
|                  | (a) Description of security or category (including name of security)       | (b) Book v                 |               | (c                   | end-of-year market value                            |
| (1) Financial    | derivatives  |                            |               |                      |   |
| (2) Closely-he   | eld equity interests   |                            |               |                      |   |
| (3) Other        |  |                            |               |                      |   |
| (ATHE COM        | MUNITY FOUNDATION OF MIDDLE  | 1,317                      | 7,747         | FMV                  |   |
| (BRESTRIC        | CTED CASH  | 278                        | 8,217         | FMV                  |   |
| (C)              |  |                            |               |                      |   |
| (D)              |  |                            |               |                      |   |
| (E)              |  |                            |               |                      |   |
| (F)              |  |                            |               |                      |   |
| (G)              |  |                            |               |                      |   |
| (H)              |  |                            |               |                      |   |
|                  | n (b) must equal Form 990, Part X, col. (B) line 12.)                      | ▶ 1,595                    | 5,964         |                      |   |
| Part VIII        | Investments - Program Related.   |                            |               |                      |   |
|                  | Complete if the organization answered "Ye                                  | s" on Form 990, Par        | rt IV, line   | 11c. See Form        | 990, Part X, line 13.                               |
|                  | (a) Description of investment  | (b) Book v                 | /alue         |                      | e) Method of valuation:<br>end-of-year market value |
| (1)              |  |                            |               | Cost of              | end-or-year market value                            |
| (2)              |  |                            |               |                      |   |
| (3)              |  |                            |               |                      |   |
| (4)              |  |                            |               |                      |   |
| (5)              |  |                            |               |                      |   |
| (6)              |  |                            |               |                      |   |
| (7)              |  |                            |               |                      |   |
| (8)              |  |                            |               |                      |   |
| (9)              |  |                            |               |                      |   |
|                  | n (b) must equal Form 990, Part X, col. (B) line 13.)                      |                            |               |                      |   |
| Part IX          | Other Assets.  |                            |               |                      |   |
|                  | Complete if the organization answered "Ye                                  |                            | rt IV, line   | 11d. See Form        | 990, Part X, line 15.                               |
| (1)              | (a) Description  |                            |               |                      | (b) Book value                                      |
| (2)              |  |                            |               |                      |   |
| (3)              |  |                            |               |                      |   |
| (4)              |  |                            |               |                      |   |
| (5)              |  |                            |               |                      |   |
| (6)              |  |                            |               |                      |   |
| (7)              |  |                            |               |                      |   |
| (8)              |  |                            |               |                      |   |
| (9)              |  |                            |               |                      |   |
|                  | n (b) must equal Form 990, Part X, col. (B) line 15.)                      |                            |               |                      |   |
| Part X           | Other Liabilities.   |                            |               |                      |   |
|                  | Complete if the organization answered "Ye                                  | s" on Form 990, Par        | rt IV, line   | 11e or 11f. See      | e Form 990, Part X,                                 |
|                  | line 25.   |                            |               |                      |   |
| 1.               | (a) Description of liability   | (b) Book value             |               |                      |   |
| (1) Federal i    | ncome taxes  |                            |               |                      |   |
| (2)              |  |                            |               |                      |   |
| (3)              |  |                            |               |                      |   |
| (4)              |  |                            |               |                      |   |
| (5)              |  |                            |               |                      |   |
| (6)              |  |                            |               |                      |   |
| (7)              |  |                            |               |                      |   |
| (8)              |  |                            |               |                      |   |
| (9)              |  |                            |               |                      |   |
|                  | (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             | e footnote to the organiza | ition's finan | cial 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. . . . . .

| . u   | Complete if the organization answered "Yes" on Form 990,  | Part I   | V line 12a                |             | •••       |
|-------|---|----------|---------------------------|-------------|-----------|
| 1     | Total revenue, gains, and other support per audited financial statements  |          |                           | 1           | 4,232,617 |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |          |                           | •           | 1,232,017 |
| a     | Net unrealized gains (losses) on investments  | 2a       |                           |             |           |
| b     | Donated services and use of facilities  | 2b       |                           | -           |           |
| C     | Recoveries of prior year grants   | 2c       |                           | -           |           |
| d     | Other (Describe in Part XIII.)  | 2d       | 133,135                   | -           |           |
| e     | Add lines 2a through 2d   |          |                           | 2e          | 122 125   |
| 3     | Subtract line 2e from line 1  |          |                           | 3           | 133,135   |
|       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |          |                           | 3           | 4,099,482 |
| 4     |   | 4.       | 6.056                     |             |           |
| a     | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a<br>4b | 6,256                     | -           |           |
| b     | Other (Describe in Part XIII.)  | - 115    |                           | 4.0         | 6.056     |
| C     | Add lines 4a and 4b   |          |                           | 4c          | 6,256     |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State |          |                           | 5 Der De    | 4,105,738 |
| Pa    |   |          |                           | per Re      | eturn.    |
| _     | Complete if the organization answered "Yes" on Form 990,  |          |                           |             |           |
| 1     | Total expenses and losses per audited financial statements  | • • •    |                           | 1           | 3,178,689 |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1 . 1    |                           |             |           |
| а     | Donated services and use of facilities  | 2a       |                           |             |           |
| b     | Prior year adjustments  | 2b       |                           |             |           |
| С     | Other losses  | 2c       |                           |             |           |
| d     | Other (Describe in Part XIII.)  | 2d       | 2,626                     |             |           |
| е     | Add lines 2a through 2d   |          |                           | 2e          | 2,626     |
| 3     | Subtract line 2e from line 1  |          |                           | 3           | 3,176,063 |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |          |                           |             |           |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a       | 6,256                     |             |           |
| b     | Other (Describe in Part XIII.)  | 4b       |                           |             |           |
| С     | Add lines <b>4a</b> and <b>4b</b>   |          |                           | 4c          | 6,256     |
| 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  |          |                           | 5           | 3,182,319 |
| Pa    | rt XIII Supplemental Information.   |          |                           |             |           |
| Prov  | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li  | ines 1b  | and 2b; Part V, line 4; F | Part X, lin | е         |
| 2; Pa | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an   | ny addit | ional information.        |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
| -     |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |
|       |   |          |                           |             |           |

EEA Schedule D (Form 990) 2019

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

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

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

Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| lame of the organization                                     |                       |                 |                 |                                   |                | Employer ide                | ntification number  |
|--|-----------------------|-----------------|-----------------|-----------------------------------|----------------|-----------------------------|---------------------|
| PECIAL KIDS INC  |                       |                 |                 |                                   |                | 62-17                       |                     |
| Part I Fundraising Activities                                | . Complete if the     | he organiz      | ation ans       | wered "Yes" on                    | Form 99        | 0, Part IV,                 | line 17.            |
| Form 990-EZ filers are no                                    | t required to com     | nplete this p   | oart.           |                                   |                |                             |                     |
| 1 Indicate whether the organization rais                     | ed funds through a    | any of the foll | owing activit   | ies. Check all that a             | pply.          |                             |                     |
| a Mail solicitations   |                       | е 🗌 🤄           | Solicitation of | f non-government gr               | ants           |                             |                     |
| <b>b</b> Internet and email solicitations                    |                       | f 🗌 9           | Solicitation of | f government grants               |                |                             |                     |
| c Phone solicitations  |                       | g 🗌 S           | Special fundr   | raising events                    |                |                             |                     |
| d In-person solicitations                                    |                       |                 |                 | -                                 |                |                             |                     |
| 2a Did the organization have a written or                    | r oral agreement w    | ith any indivi  | dual (includin  | g officers, directors             | , trustees,    |                             |                     |
| or key employees listed in Form 990,                         |                       |                 |                 |                                   |                | □ Y                         | es No               |
| <b>b</b> If "Yes," list the 10 highest paid individ          | duals or entities (fu | ındraisers) pı  | ursuant to ag   | reements under whi                | ch the fund    | draiser is to b             | е                   |
| compensated at least \$5,000 by the o                        | organization.         |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       | (iii) Did fun   | draiser have    |                                   |                | ount paid to                | (vi) Amount paid to |
| (i) Name and address of individual<br>or entity (fundraiser) | (ii) Activity         |                 | r control of    | (iv) Gross receipts from activity |                | tained by)<br>ser listed in | (or retained by)    |
| or entity (turidialser)                                      |                       | contrib         | utions?         | nom douvity                       |                | ol. (i)                     | organization        |
|  |                       | Yes             | No              |                                   |                |                             |                     |
| 1  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 2  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 3  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 4  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 5  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 6  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 7  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 8  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| 9  |                       |                 |                 |                                   |                |                             |                     |
| 0  |                       |                 |                 |                                   |                |                             |                     |
| O .  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
| otal   |                       |                 |                 |                                   |                |                             |                     |
| 3 List all states in which the organization                  |                       |                 |                 | one or has been not               | ified it is ex | vemnt from                  |                     |
| registration or licensing.                                   | ris regisiered of lie | CH3CG to 30h    | icit contributi | ons of has been not               | illica it is c | (CITIPL HOITI               |                     |
| regionation of hoenoning.                                    |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  | -                     |                 |                 |                                   |                |                             |                     |
|  | -                     |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             |                     |
|  |                       |                 |                 |                                   |                |                             | ·                   |
|  |                       |                 |                 |                                   |                |                             |                     |

**b** If "Yes," explain:

| Sche                             | dule G                                     | (Form 990 or 990-EZ) 2019 <b>SPE</b>   | CIAL KIDS INC   |  | 62 -   | 1718638 Page 2  |
|----------------------------------|--|--|---|--|--|---|
| Pa                               | rt II                                      |  |   | answered "Yes" on Forr   | m 990, Part IV, line 18,                             | or reported more  |
|                                  |  | than \$15,000 of fundraising   | event contributions and   | d 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  |
|                                  |  |  | 15K   | BANQUET  | 2  | (add col. (a) through   |
|                                  |  |  | (event type)  | (event type)   | (total number)                                       | col. <b>(c)</b> )   |
| ıne                              |  |  |   |  |  |   |
| Revenue                          | 1  | Gross receipts   | 266,237   | 162,921  | 96,597   | 525,755   |
| æ                                |  |  |   |  |  |   |
|                                  | 2  | Less: Contributions  |   |  |  |   |
|                                  | 3  | Gross income (line 1 minus   |   |  |  |   |
|                                  |  | line 2)  | 266,237   | 162,921  | 96,597   | 525,755   |
|                                  |  |  |   |  |  |   |
|                                  | 4  | Cash prizes  |   |  | 2,490  | 2,490   |
|                                  |  |  |   |  |  |   |
|                                  | 5  | Noncash prizes   | 5,151   |  |  | 5,151   |
|                                  |  |  |   |  |  |   |
| Direct Expenses                  | 6  | Rent/facility costs  | 2,480   | 3,322  | 7,980  | 13,782  |
|                                  |  |  |   |  |  |   |
|                                  | 7  | Food and beverages   | 14,213  | 16,451   | 1,556  | 32,220  |
|                                  |  |  |   |  |  |   |
|                                  | 8  | Entertainment  |   | 4,750  |  | 4,750   |
|                                  |  |  |   |  |  |   |
|                                  | 9  | Other direct expenses  | 88,517  | 8,223  | 4,925  | 101,665   |
|                                  |  |  |   |  |  |   |
|                                  |  |  |   |  |  |   |
|                                  | 10   | Direct expense summary. Add lines  | • ,   |  |  | 160,058   |
| _                                | 11   | Net income summary. Subtract line  | 10 from line 3, column (d)  |  |  | 365,697   |
| Pa                               |  | Net income summary. Subtract line  Gaming. Complete if the or  | 10 from line 3, column (d)<br>organization answered "   |  |  | 365,697   |
| Pa                               | 11   | Net income summary. Subtract line  | 10 from line 3, column (d)<br>organization answered "   | Yes" on Form 990, Part   |  | 365,697<br>more than  |
|                                  | 11   | Net income summary. Subtract line  Gaming. Complete if the or  | 10 from line 3, column (d)<br>organization answered "   | Yes" on Form 990, Part   |  | 365,697 more than  (d) Total gaming (add                            |
|                                  | 11   | Net income summary. Subtract line  Gaming. Complete if the or  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697<br>more than  |
| Pa Bevenue                       | 11<br>Irt II                               | Net income summary. Subtract line  Gaming. Complete if the c \$15,000 on Form 990-EZ,  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
|                                  | 11   | Net income summary. Subtract line  Gaming. Complete if the or  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
|                                  | 11<br>rt II                                | Net income summary. Subtract line  Gaming. Complete if the complete states and states are summary. Subtract line  \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
| Revenue                          | 11<br>Irt II                               | Net income summary. Subtract line  Gaming. Complete if the c \$15,000 on Form 990-EZ,  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>1<br>2                               | Net income summary. Subtract line  Gaming. Complete if the cost \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>rt II                                | Net income summary. Subtract line  Gaming. Complete if the complete states and states are summary. Subtract line  \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>1<br>2<br>3                          | Net income summary. Subtract line  Gaming. Complete if the com | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>1<br>2                               | Net income summary. Subtract line  Gaming. Complete if the cost \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
| Revenue                          | 11<br>1<br>2<br>3<br>4                     | Net income summary. Subtract line  Gaming. Complete if the costs 15,000 on Form 990-EZ,  Gross revenue   | 10 from line 3, column (d) organization answered "line 6a.  | Yes" on Form 990, Part   | IV, line 19, or reported                             | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>1<br>2<br>3                          | Net income summary. Subtract line  Gaming. Complete if the com | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo   | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo                                  | IV, line 19, or reported  (c) Other gaming           | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11 1 2 3 4 5                               | Net income summary. Subtract line  Gaming. Complete if the costs 15,000 on Form 990-EZ,  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo   | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo                                  | IV, line 19, or reported  (c) Other gaming           | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>1<br>2<br>3<br>4                     | Net income summary. Subtract line  Gaming. Complete if the costs 15,000 on Form 990-EZ,  Gross revenue   | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo   | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo                                  | IV, line 19, or reported  (c) Other gaming           | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>2<br>3<br>4<br>5                     | Net income summary. Subtract line  Gaming. Complete if the or \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo   | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No                        | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11 1 2 3 4 5                               | Net income summary. Subtract line  Gaming. Complete if the costs 15,000 on Form 990-EZ,  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo   | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No                        | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>2<br>3<br>4<br>5<br>6                | Net income summary. Subtract line  Gaming. Complete if the or \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo  Yes %  No  2 through 5 in column (d)   | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No                       | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add                            |
| ses Revenue                      | 11<br>2<br>3<br>4<br>5                     | Net income summary. Subtract line  Gaming. Complete if the or \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo  Yes %  No  2 through 5 in column (d)   | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No                       | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add                            |
| Direct Expenses Revenue          | 11<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8 | Net income summary. Subtract line  Gaming. Complete if the cost state of the cost st | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo  Yes %  No  2 through 5 in column (d) cract line 7 from line 1, column  | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes % No                        | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add                            |
| <b>6</b> Direct Expenses Revenue | 11 1 2 3 4 5 6 7 8 En                      | Net income summary. Subtract line  Gaming. Complete if the cost state of the cost st | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo  Yes %  No  2 through 5 in column (d) cract line 7 from line 1, column (d) cract line 8 column (d) cract line 8 column (d) cract line 9 column (d) column (d) cract line 9 column (d) cract line 9 column (d) col | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes % No  mn (d)                | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add col. (a) through col. (c)) |
| Direct Expenses Revenue          | 11 1 2 3 4 5 6 7 8 En 1 1 1 1 1 1          | Net income summary. Subtract line  Gaming. Complete if the or \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo  Yes  | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No%  ties:f these states? | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add col. (a) through col. (c)) |
| <b>6</b> Direct Expenses Revenue | 11 1 2 3 4 5 6 7 8 En 1 1 1 1 1 1          | Net income summary. Subtract line  Gaming. Complete if the or \$15,000 on Form 990-EZ,  Gross revenue  | 10 from line 3, column (d) organization answered "line 6a.  (a) Bingo  Yes  | Yes" on Form 990, Part  (b) Pull tabs/instant bingo/progressive bingo  Yes % No  mn (d)                | IV, line 19, or reported  (c) Other gaming  Yes%  No | 365,697 more than  (d) Total gaming (add col. (a) through col. (c)) |

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

**Noncash Contributions** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

62-1718638

Part I Types of Property

| i di | rypes of Froperty                             | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method<br>noncash co |       |     |    |
|------|---|-------------------------------|--|---|----------------------|-------|-----|----|
| 1    | Art - Works of art                            |                               |  |   |                      |       |     |    |
| 2    | Art - Historical treasures                    |                               |  |   |                      |       |     |    |
| 3    | Art - Fractional interests                    |                               |  |   |                      |       |     |    |
| 4    | Books and publications                        |                               |  |   |                      |       |     |    |
| 5    | Clothing and household                        |                               |  |   |                      |       |     |    |
|      | goods   |                               |  |   |                      |       |     |    |
| 6    | Cars and other vehicles                       |                               |  |   |                      |       |     |    |
| 7    | Boats and planes                              |                               |  |   |                      |       |     |    |
| 8    | Intellectual property                         |                               |  |   |                      |       |     |    |
| 9    | Securities - Publicly traded                  | Х                             | 115  | 80,800  | SELLING              | PRICE | 3   |    |
| 10   | Securities - Closely held stock               |                               |  |   |                      |       |     |    |
| 11   | Securities - Partnership, LLC,                |                               |  |   |                      |       |     |    |
|      | or trust interests                            |                               |  |   |                      |       |     |    |
| 12   | Securities - Miscellaneous                    |                               |  |   |                      |       |     |    |
| 13   | Qualified conservation                        |                               |  |   |                      |       |     |    |
|      | contribution - Historic                       |                               |  |   |                      |       |     |    |
|      | structures                                    |                               |  |   |                      |       |     |    |
| 14   | Qualified conservation                        |                               |  |   |                      |       |     |    |
|      | contribution - Other                          |                               |  |   |                      |       |     |    |
| 15   | Real estate - Residential                     |                               |  |   |                      |       |     |    |
| 16   | Real estate - Commercial                      |                               |  |   |                      |       |     |    |
| 17   | Real estate - Other                           |                               |  |   |                      |       |     |    |
| 18   | Collectibles                                  |                               |  |   |                      |       |     |    |
| 19   | Food inventory                                |                               |  |   |                      |       |     |    |
| 20   | Drugs and medical supplies                    |                               |  |   |                      |       |     |    |
| 21   | Taxidermy                                     |                               |  |   |                      |       |     |    |
| 22   | Historical artifacts                          |                               |  |   |                      |       |     |    |
| 23   | Scientific specimens                          |                               |  |   |                      |       |     |    |
| 24   | Archeological artifacts                       |                               |  |   |                      |       |     |    |
| 25   | Other ► (COMPUTERS )                          | Х                             | 6  | 2,400   | SELLING              | PRICE | 2   |    |
| 26   | Other ► (CONTROLLER )                         | Х                             | 1  | 1,278   | SELLING              | PRICE | 2   |    |
| 27   | Other ► (FURNITURE )                          | Х                             | 1  | 500   | SELLING              | PRICE | 3   |    |
| 28   | Other ► (                                     |                               |  |   |                      |       |     |    |
| 29   | Number of Forms 8283 received by the          | organization                  | during the tax year for contribut                | ions for  |                      |       |     |    |
|      | which the organization completed Form         | 8283, Part IV                 | /, Donee Acknowledgement                         |   | 29                   |       |     |    |
|      |   |                               |  |   |                      |       | Yes | No |
| 30a  | During the year, did the organization rece    | eive by contr                 | ibution any property reported in                 | Part I, lines 1 through   |                      |       |     |    |
|      | 28, that it must hold for at least three year | rs from the d                 | ate of the initial contribution, an              | d which isn't required  |                      |       |     |    |
|      | to be used for exempt purposes for the e      | entire holding                | period?  |   |                      | 30a   |     | х  |
| b    | If "Yes," describe the arrangement in Pa      | rt II.                        |  |   |                      |       |     |    |
| 31   | Does the organization have a gift accept      | ance policy t                 | that requires the review of any n                | onstandard  |                      |       |     |    |
|      | contributions?                                |                               |  |   |                      | 31    | х   |    |
| 32a  | Does the organization hire or use third p     | arties or rela                | ated organizations to solicit, prod              | cess, or sell noncash   |                      |       |     |    |
|      | contributions?                                |                               |  |   |                      | 32a   |     | Х  |
| b    | If "Yes," describe in Part II.                |                               |  |   |                      |       |     |    |
| 33   | If the organization didn't report an amoun    | nt in column                  | (c) for a type of property for whi               | ch column (a) is checked,   |                      |       |     |    |
|      | describe in Part II.                          |                               |  |   |                      |       |     |    |

#### 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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SPECIAL KIDS INC 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.

#### Form 4562

Department of the Treasury Internal Revenue Service (99)

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172 **2019** 

2019 Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return SPECIAL KIDS INC FORM 990 - 1 62-1718638 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 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)....... 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property 7 8 8 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1......... 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line № Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 16 129,317 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 3,359 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property #567 1,025 Statement 7-year property Statement #568 470 d 10-year property 15-year property Statement #569 709 20-year property 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/I property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 3,375 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . 138,255 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 - I                                    | Depreciation a             | and Other I                             | nforma                          | ation (C            | autic    | n: See th                                      | ne instr  | uctions f                 | or limit | s for pa                          | asseng      | er autor                  | nobiles.             | )          |
|-------------|--|----------------------------|---|---------------------------------|---------------------|----------|--|-----------|---------------------------|----------|-----------------------------------|-------------|---------------------------|----------------------|------------|
| <b>24</b> a | Do you have evider                               | nce to support the b       | ousiness/inves                          | tment use                       | e claimed           | ?        | Yes  | ☐ No      | 24b If "                  | Yes," is | the evi                           | dence v     | vritten?                  | Yes                  | S 🗌 No     |
| Т           | (a)<br>Type of property (list<br>vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | Cost o                          | (d)<br>or other bas | sis      | (e)<br>Basis for dep<br>(business/inv<br>use o | estment   | (f)<br>Recovery<br>period | Met      | (g)<br>thod/<br>ention            | Depre       | (h)<br>eciation<br>uction | Elected se           | ection 179 |
| 25          | Special depreciation                             | on allowance for           | 1 ,                                     | d proper                        | tv place            | d in se  |  |           |                           |          |                                   |             |                           |                      |            |
|             | the tax year and us                              |                            | •                                       |                                 | , ,                 |          |  | U         |                           |          | 25                                |             |                           |                      |            |
| 26          | Property used mo                                 |                            |   |                                 |                     | 0. 000   | moa dottori                                    |           |                           |          |                                   |             |                           |                      |            |
|             | SSAN NV3500                                      |                            | 100.0%                                  |                                 | 30,                 | 830      |  | 30,830    | 0 5                       | S/L-     | MO                                |             | 1,975                     | ;                    |            |
|             |  | 12-17-2015                 | 100.0%                                  |                                 |                     | 000      |  | 7,000     |                           | S/L-     |                                   |             | 1,400                     |                      |            |
|             |  |                            | %                                       |                                 | .,                  |          |  | .,        |                           |          |                                   |             |                           |                      |            |
| 27          | Property used 50%                                | % or less in a qua         |   |                                 |                     |          |  |           |                           |          |                                   |             |                           | -                    |            |
|             | 1 7  |                            | %                                       |                                 |                     |          |  |           |                           | S/L-     |                                   |             |                           |                      |            |
|             |  |                            | %                                       |                                 |                     |          |  |           |                           | S/L-     |                                   |             |                           | -                    |            |
|             |  |                            | %                                       |                                 |                     |          |  |           |                           | S/L-     |                                   |             |                           | -                    |            |
| 28          | Add amounts in co                                | olumn (h), lines 2         | 5 through 27                            | . Enter h                       | ere and             | on line  | 21, page                                       | 1         |                           |          | 28                                |             | 3,375                     | 5                    |            |
|             | Add amounts in co                                |                            | _                                       |                                 |                     |          |  |           |                           |          |                                   |             | 29                        |                      |            |
|             |  |                            |   |                                 |                     |          | ion on U                                       |           |                           |          |                                   |             | l                         | 1                    |            |
| Cor         | mplete this section f                            | or vehicles used           |   |                                 |                     |          |  |           |                           |          | person                            | . If you    | provided                  | vehicles             |            |
|             | ,<br>your employees, firs                        |                            | -                                       |                                 |                     |          |  |           |                           |          |                                   | -           |                           |                      |            |
|             | ,          | <u>'</u>                   |   |                                 | a)                  |          | (b)  |           | (c)                       | _        | d)                                |             | (e)                       | (1                   | 7)         |
| 30          | Total business/inv                               | estment miles dr           | iven during                             | Vehic                           | cle 1               | Ve       | hicle 2  | Veh       | icle 3                    | Vehic    | le 4                              | Veh         | icle 5                    | Vehic                | le 6       |
|             | the year (don't inc                              |                            | _                                       |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
| 31          | Total commuting n                                | _                          |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
|             | Total other person                               |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
|             | miles driven                                     |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
| 33          | Total miles driven                               | during the year.           | Add                                     |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
|             | lines 30 through 33                              | •                          |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
| 34          | Was the vehicle a                                |                            | onal                                    | Yes                             | No                  | Yes      | No   | Yes       | No                        | Yes      | No                                | Yes         | No                        | Yes                  | No         |
|             | use during off-duty                              | y hours?                   |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
| 35          | Was the vehicle u                                |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
|             | than 5% owner or                                 |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      | l          |
| 36          | Is another vehicle                               |                            | sonal use?                              |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
|             |  | Section C - Q              | uestions f                              | or Emp                          | loyers              | Who      | Provide  | Vehic     | les for U                 | se by    | Their E                           | mploy       | /ees                      |                      |            |
| An          | swer these ques                                  |                            |   | _                               | -                   |          |  |           |                           | -        |                                   |             |                           | s who a              | aren't     |
| mo          | ore than 5% owne                                 | ers or related p           | ersons. Se                              | e instru                        | ctions.             |          |  |           |                           |          |                                   |             |                           |                      |            |
| 37          | Do you maintain a                                | written policy sta         | atement that p                          | orohibits                       | all pers            | onal us  | se of vehic                                    | les, incl | uding com                 | muting,  | by                                |             |                           | Yes                  | No         |
|             | your employees?                                  |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
| 38          | Do you maintain a                                |                            |   |                                 |                     |          |  |           |                           |          | our                               |             |                           |                      | 1          |
|             | employees? See the                               | he instructions for        | r vehicles us                           | ed by co                        | rporate             | officer  | s, directors                                   | s, or 1%  | or more                   | owners   |                                   |             |                           |                      | I          |
| 39          | Do you treat all us                              | e of vehicles by           | employees a                             | s person                        | nal use?            |          |  |           |                           |          |                                   |             |                           |                      |            |
| 40          | Do you provide mo                                | ore than five vehi         | cles to your                            | employee                        | es, obtaiı          | n inforr | mation fror                                    | n your e  | mployees                  | about th | ne                                |             |                           |                      |            |
|             | use of the vehicles                              |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
| 41          | Do you meet the re                               | equirements cond           | cerning qualif                          | ied auto                        | mobile o            | lemons   | stration use                                   | e? See i  | nstructions               | 3        |                                   |             |                           |                      | l          |
|             | Note: If your answ                               | ver to 37, 38, 39,         | , 40, or 41 is                          | "Yes," d                        | lon't con           | nplete   | Section B                                      | for the   | covered v                 | ehicles. |                                   |             |                           |                      |            |
| P           | art VI Amor                                      | tization                   |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
|             | (a)<br>Description of                            | f costs                    | Date amo                                | <b>b)</b><br>ortization<br>gins |                     | Amortiza | (c)<br>able amount                             |           | (d)<br>Code sec           | tion     | (e<br>Amortiz<br>period<br>percen | ation<br>or | Amortiza                  | (f)<br>tion for this | year       |
| 42          | Amortization of co                               | sts that begins d          | uring your 20                           | 19 tax y                        | ear (see            | instruc  | tions):  |           |                           |          |                                   |             |                           |                      |            |
|             |  |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
|             |  |                            |   |                                 |                     |          |  |           |                           |          |                                   |             |                           |                      |            |
| 43          | Amortization of co                               | sts that began be          | efore your 20                           | 19 tax ye                       | ear                 |          |  |           |                           |          |                                   | 43          |                           |                      | 843        |
| 44          | Total. Add amour                                 | nts in column (f).         | See the inst                            | ructions                        | for whe             | re to re | epart  | <u></u> . | <u></u> .                 | <u></u>  | <u> </u>                          | 44          |                           |                      | 843        |
| EEA         | 1  |                            |   |                                 |                     |          |  |           |                           |          |                                   |             | F                         | orm <b>456</b> 2     | 2 (2019)   |

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

|  | which an extension request must be sent to the IRS i<br>rm, visit www.irs.gov/e-file-providers/e-file-for-chari   |               |                            | or more details on the elec | tronic    |        |             |  |  |
|--|---|---------------|----------------------------|-----------------------------|-----------|--------|-------------|--|--|
|  | 6-Month Extension of Time. Only su  |               |                            | ded).                       |           |        |             |  |  |
| All corporation                            | is required to file an income tax return other than For<br>n 7004 to request an extension of time to file income  | rm 990-T (ind | •                          | •                           | trusts    |        |             |  |  |
| Гуре or                                    | Name of exempt organization or other filer, see ins   | ımber (       | TIN)                       |                             |           |        |             |  |  |
| orint                                      | SPECIAL KIDS INC  |               |                            | 52-1718638                  |           |        |             |  |  |
| ile by the<br>lue date for                 | Number, street, and room or suite no. If a P.O. box, see instructions.  |               |                            |                             |           |        |             |  |  |
| iling your                                 | 2132 E MAIN STREET  City town or nost office state and ZID code. For a foreign address, see instructions.   |               |                            |                             |           |        |             |  |  |
| eturn. See                                 | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  |               |                            |                             |           |        |             |  |  |
| nstructions.                               | MURFREESBORO, TN 37130  |               |                            |                             |           |        |             |  |  |
| Enter the Retu                             | rn Code for the return that this application is for (file a   | a separate ap | pplication for each retur  | n)                          |           |        | 0 1         |  |  |
| Application                                |   | Return        | Application                |                             |           |        | Return      |  |  |
| Is For                                     |   | Code          | Is For                     |                             |           |        | Code        |  |  |
| Form 990 or                                | Form 990-EZ   | 01            | Form 990-T (corpor         | ation)                      |           |        | 07          |  |  |
| Form 990-B                                 | L   | 02            | Form 1041-A                |                             |           |        | 08          |  |  |
| Form 4720 (                                | individual)   | 03            | Form 4720 (other th        | an individual)              |           |        | 09          |  |  |
| Form 990-P                                 | F   | 04            | Form 5227                  |                             |           |        | 10          |  |  |
| Form 990-T                                 | (sec. 401(a) or 408(a) trust)   | 05            | Form 6069                  |                             |           |        | 11          |  |  |
| Form 990-T                                 | (trust other than above)  | 06            | Form 8870                  |                             |           |        | 12          |  |  |
| If the organ If this is for or the whole o | No.▶ 615-893-4565  ization does not have an office or place of business a Group Return, enter the organization's four digit Group, check this box ▶ ☐ . If it names and TINs of all members the extension is for. | in the United | ion Number (GEN)           |                             | f this is |        | ▶ □         |  |  |
| 1 I reques                                 | t an automatic 6-month extension of time until  | 11-1          | 6 .20 20 .to file          | the exempt organization re  | etum      |        |             |  |  |
| for the o                                  | rganization named above. The extension is for the o   |               |                            |                             |           |        |             |  |  |
|  | ax year beginning   | , 20          | , and ending               |                             | , 20      | )      |             |  |  |
| 2 If the tax                               | x year entered in line 1 is for less than 12 months, ch<br>ige in accounting period   |               |                            |                             |           |        | -           |  |  |
|  | plication is for Forms 990-BL, 990-PF, 990-T, 4720,   | or 6069, ente | er the tentative tax, less |                             |           |        |             |  |  |
|  | refundable credits. See instructions.  plication is for Forms 990-PF, 990-T, 4720, or 6069,   | ontor ony re  | fundable credits and       |                             | 3a        | \$     |             |  |  |
|  | ed tax payments made. Include any prior year overpa   | •             |                            |                             | 3b        | \$     |             |  |  |
|  | e due. Subtract line 3b from line 3a. Include your pa   | •             |                            | /                           | 1.0       | _      |             |  |  |
|  | FTPS (Electronic Federal Tax Payment System). Se  | -             |                            |                             | 3с        | \$     |             |  |  |
| Caution: If yo                             | u are going to make an electronic funds withdrawal  |               |                            | see Form 8453-EO and F      |           |        | for payment |  |  |
| nstructions.                               | at and Danamirant Dadication Ast Nation and inst  | ····          |                            |                             | C 0       | 000 (D | 4 0000      |  |  |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

| Name(s) as shown on ret  | turn                                  | Federal Supporting S                         | tatements  | <b>2019</b> PG01 Tax ID Number                |
|--|---------------------------------------|--|--|---|
| SPECIAL I  | KIDS INC                              |  |  | 62-1718638                                    |
|  |                                       | FORM 4562 - LINE                             | 19B  | Statement #56                                 |
| BASIS 1,299 849 2,120 2,097 825 650 400 400 400 400 400                  | RP<br>5 5 5 5 5 5 5 5 5 5 5 5 5       | CV HY    | METHOD SL             | DEDUCTION 130 85 212 210 83 65 40 40 40 40 40 |
| TOTAL  |                                       | FORM 4562 - LINE                             | 19C  | PG01 Statement #568                           |
| BASIS<br>525<br>199<br>1,745<br>380<br>1,278<br>735<br>999<br>210<br>500 | RP<br>7<br>7<br>7<br>7<br>7<br>7<br>7 | CV<br>HY<br>HY<br>HY<br>HY<br>HY<br>HY<br>HY | METHOD<br>SL<br>SL<br>SL<br>SL<br>SL<br>SL<br>SL<br>SL | DEDUCTION 38 14 125 27 91 53 71 15 36         |
| TOTAL  |                                       |  |  | 470   |

| Name(s) as shown on retur                        |                            | Federal Supporting S       | tatements                            | <b>2019</b> PG01                           |     |
|--|----------------------------|----------------------------|--------------------------------------|--|-----|
| SPECIAL K  |                            |                            |                                      | 62-171863                                  | 3.8 |
| <u> </u>   | IDS INC                    | FORM 4562 - LINE           | I 19E                                | Statement                                  |     |
| BASIS<br>7,500<br>8,601<br>775<br>1,278<br>3,079 | RP<br>15<br>15<br>15<br>15 | CV<br>HY<br>HY<br>HY<br>HY | METHOD<br>SL<br>SL<br>SL<br>SL<br>SL | DEDUCTION<br>250<br>287<br>26<br>43<br>103 |     |
| TOTAL  |                            |                            |                                      | 709  |     |

| 990 Overflow Statement   | <b>2019</b><br>Page 1 |
|--|-----------------------|
| lame(s) as shown on return   | FEIN                  |
| SPECIAL KIDS INC   | 62-1718638            |
|  |                       |
| ALL OTHER  |                       |
| Description  | Amount                |
| PRIVATE GIFTS AND GRANTS   | \$ 1,310,526          |
| HALO CONTRIBUTIONS   | 700                   |
| Total:   | \$ 1,311,226          |
| GROSS INCOME FROM FUNDRAISING EVENTS   |                       |
| Description  | Amount                |
| SPECIAL EVENTS AND ACTIVITIES  | \$ 552,374            |
| ADD DIRECT FUNDRAISING EXPENSES  | 178,469               |
| LESS FUNDRAISING DONATIONS   | (292,022)             |
| Total:   | \$ 438,821            |
| DIRECT FUNDRAISING EXPENSES  |                       |
| Description  | Amount                |
| DEVELOPMENT EXPENSES   | \$ 178,469            |
| Total:   | \$ 178,469            |
| OFFICE EXPENSES-PROGRAM EXPENSES   |                       |
| Description TELEPHONE AND INTERNET   | Amount \$ 15,609      |
| POSTAGE  | \$ 15,609<br>2,352    |
| Total:   | \$ 17,961             |
|  |                       |
| OFFICE EXPENSE-MANAGEMENT AND GENERAL  |                       |
| Description  | Amount                |
| TELEPHONE AND INTERNET POSTAGE   | \$ 1,201              |
| Total:   | - 181<br>\$ 1,382     |
| iotai:   | <u> </u>              |
| OFFICE EXPENSE-FUNDRAISING   |                       |
| Description  | Amount                |
| CLEAR TEACHTE AND A AND A REPUBLICATION OF THE CONTRACT OF THE | \$ 3,201<br>482       |
| TELEPHONE AND INTERNET   | 487                   |
| POSTAGE Total:   | \$ 3,683              |

| 990                        | Overflow Statement | <b>2019</b><br>Page 2 |
|----------------------------|--------------------|-----------------------|
| Name(s) as shown on return |                    | FEIN                  |
| SPECIAL KIDS INC           |                    | 62-1718638            |

#### OCCUPANCY

| Description       | Amount      |  |  |
|-------------------|-------------|--|--|
| REAL ESTATE TAXES | \$<br>2,339 |  |  |
| UTILITIES         | 1,676       |  |  |
| Total             | \$<br>4,015 |  |  |

#### OTHER EXPENSES-PROGRAM EXPENSES

| Description                       | Amount |        |  |
|-----------------------------------|--------|--------|--|
| BANK CHARGES                      | \$     | 5,979  |  |
| LEASE EXPENSE                     |        | 7,083  |  |
| LICENSES, REGISTRATIONS AND TAXES |        | 524    |  |
| UNIFORMS                          |        | 2,781  |  |
| OTHER                             |        | 1,792  |  |
| BAD DEBTS                         |        | 3,961  |  |
| ENDOWMENT                         |        | 786    |  |
| Total:                            | \$     | 22,906 |  |

#### OTHER EXPENSES-MANAGEMENT AND GENERAL

| Description                       |        | Amount |     |  |
|-----------------------------------|--------|--------|-----|--|
| BANK CHARGES                      |        | \$     | 460 |  |
| LICENSES, REGISTRATIONS AND TAXES |        |        | 40  |  |
| UNIFORMS                          |        |        | 214 |  |
| OTHER                             |        |        | 138 |  |
|                                   | Total: | \$     | 852 |  |

#### OTHER EXPENSES-FUNDRAISING

| Description                       |        | A  | mount |
|-----------------------------------|--------|----|-------|
| BANK CHARGES                      |        | \$ | 1,226 |
| WEBSITE MAINTENANCE               |        |    | 216   |
| LICENSES, REGISTRATIONS AND TAXES |        |    | 108   |
| UNIFORMS                          |        |    | 571   |
| OTHER                             |        |    | 367   |
|                                   | Total: | \$ | 2,488 |
|                                   |        |    |       |

| 990   | Overflow Statement  |                                   | <b>2019</b><br>Page 3   |
|---|---|-----------------------------------|---|
| ame(s) as shown on return   |   | FEIN                              | 60 1810626  |
| SPECIAL KIDS INC  |   |                                   | 62-1718638  |
|   | INCOME  |                                   |   |
| Description   |   |                                   | Amount  |
| SPECIAL EVENTS AND  |   |                                   | \$ 552,374  |
| PRIVATE GIFTS AND IN KIND DONATIONS   | GRANTS  |                                   | 1,310,526<br>229,904  |
|   | ES OF FUNDRAISING   |                                   | 178,684   |
|   |   | Total:                            | \$ 2,271,488  |
|   | INVESTMENT EARNINGS   | }                                 |   |
| Description   |   |                                   | Amount  |
| INVESTMENT INCOME   |   |                                   | \$ 20,061   |
| REALIZED GAINS  |   |                                   | 24,795  |
| UNREALIZED GAINS  |   | m.1.1                             | 126,445<br>\$ 171,301   |
|   |   | TOTAL.                            |   |
|   |   | Total: =                          | \$ 171,301  |
|   | TAL REVENUE PER AUDITED FINA  | =                                 |   |
| Description   |   | =                                 | Amount  |
| Description<br>FOTAL REVENUE AND  | SUPPORT   | =                                 |   |
| Description<br>TOTAL REVENUE AND  | SUPPORT   | =                                 | Amount \$ 4,230,787   |
| Description<br>TOTAL REVENUE AND  | SUPPORT   | NCIAL STMTS Total:                | Amount<br>\$ 4,230,787  |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  | SUPPORT OME OTHER REVENUES SCHEDUL  | NCIAL STMTS Total:                | Amount<br>\$ 4,230,787<br>1,830<br>\$ 4,232,617   |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  Description LOSS ON DISPOSAL  | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT   | NCIAL STMTS Total:                | Amount \$ 4,230,787   |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  Description LOSS ON DISPOSAL  | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT   | Total:                            | Amount \$ 4,230,787   |
| Description<br>TOTAL REVENUE AND<br>MISCELLANEOUS INC   | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT   | Total:                            | Amount \$ 4,230,787   |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  Description LOSS ON DISPOSAL O  | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT   | Total:                            | Amount \$ 4,230,787   |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  Description LOSS ON DISPOSAL O UNREALIZED GAIN OF                                   | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT N INVESTMENTS                               | Total:                            | Amount \$ 4,230,787   |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  Description LOSS ON DISPOSAL OUNREALIZED GAIN OF  Description TOTAL EXPENSES        | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT N INVESTMENTS                               | Total:                            | Amount \$ 4,230,787 1,830 \$ 4,232,617  Amount \$ 2,626 130,509 \$ 133,135  Amount \$ 3,175,279     |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  Description LOSS ON DISPOSAL O  UNREALIZED GAIN OF  TOTAL EXPENSES INTEREST EXPENSE | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT N INVESTMENTS  TAL EXPENSES PER AUDITED FIN | Total:                            | Amount \$ 4,230,787 1,830 \$ 4,232,617  Amount \$ 2,626 130,509 \$ 133,135  Amount \$ 3,175,279 784 |
| Description TOTAL REVENUE AND MISCELLANEOUS INCO  Description LOSS ON DISPOSAL O  | SUPPORT OME  OTHER REVENUES SCHEDUL  OF EQUIPMENT N INVESTMENTS  TAL EXPENSES PER AUDITED FIN | Total: =  Total: =  IANCIAL STMTS | Amount \$ 4,230,787 1,830 \$ 4,232,617  Amount \$ 2,626 130,509 \$ 133,135  Amount \$ 3,175,279     |

| 990 Overflow Statement     | <b>2019</b><br>Page 4 |
|----------------------------|-----------------------|
| Name(s) as shown on return | FEIN                  |
| SPECIAL KIDS INC           | 62-1718638            |

#### OTHER EXPENSES SCHEDULE D

| Description                   | A  | mount |
|-------------------------------|----|-------|
| LOSS ON DISPOSAL OF EQUIPMENT | \$ | 2,626 |
| Total:                        | \$ | 2,626 |

# SPECIAL KIDS INC FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2019 ID Number : 62-1718638

| Description                      | Date Acq'd | Date Sold | Cost    | Depr. Basis | Method | Life | Prior Depr | C |
|----------------------------------|------------|-----------|---------|-------------|--------|------|------------|---|
| LAND                             | 01-01-1997 |           | 35,404  | 0           |        |      | 0          |   |
| LAND 202 ARNETTE STREET          | 02-15-2007 |           | 84,000  | 0           |        |      | 0          |   |
| LAND 2208 E MAIN ST              | 09-30-2013 |           | 147,396 | 0           |        |      | 0          |   |
| LAND 2220 E MAIN ST              | 06-15-2015 |           | 71,790  | 0           |        |      | 0          |   |
| 2220 E MAIN ST - RAZING          | 04-14-2016 |           | 19,750  | 0           |        |      | 0          |   |
| BUILDING                         | 03-01-1998 |           | 253,225 | 253,225     | SL MM  | 40   | 132,847    |   |
| 50KW EMERGENCY GENERATOR         | 04-26-2001 |           | 16,877  | 16,877      |        | 5    | 16,877     |   |
| CLIMBING WALL                    | 05-08-2003 |           | 1,307   | 1,307       |        | 5    | 1,307      |   |
| TREADMILL                        | 01-23-2004 |           | 4,905   | 4,905       |        | 5    | 4,905      |   |
| GAIT TRAINER                     | 10-08-2004 |           | 705     | 705         |        | 5    | 705        |   |
| PREDATORS GRANT EQUIPMENT        | 07-01-2006 |           | 8,081   | 8,081       |        | 5    | 8,081      |   |
| TERMINAL SERVER                  | 02-07-2007 |           | 5,506   | 5,506       |        | 5    | 5,506      |   |
| 202 ARNETTE STREET               | 02-15-2007 |           | 130,987 | 130,987     | SL MM  | 39   | 41,773     |   |
| OFFICE FURNITURE-CHRIS           | 05-07-2007 |           | 400     | 400         |        | 5    | 400        |   |
| CRIB&ACCESSORIES                 | 01-24-2008 |           | 3,113   | 3,113       |        | 7    | 3,113      |   |
| OFFICE RENOVATION ANNEX(OLD      | 06-30-2008 | o e       | 16,232  | 16,232      | SL HY  | 15   | 11,361     |   |
| GARAGE)                          |            |           |         |             |        |      |            |   |
| PEAVEY ESCORT 2000 PORTABLE      | 09-29-2008 |           | 500     | 500         |        | 7    | 500        |   |
| SOUND SYSTEM                     |            |           |         |             |        |      |            |   |
| SOFTWARE FOR SERVER AT ANNEX-    | 03-01-2009 |           | 370     | 370         |        | 5    | 370        |   |
| FROM TECHSOUP                    |            |           |         |             | 6:     |      |            |   |
| DELL SERVERS-ARNETTE ST & E MAIN | 04-14-2009 |           | 2,401   | 2,401       |        | 5    | 2,401      |   |
| DELL COMP-                       | 08-19-2009 |           | 4,266   | 4,266       |        | 5    | 4,266      |   |
| TONI,ANDRE,JULIE,STEPH,SHARO,SAN | 10.17.0000 |           | 2072    | 2.077       |        |      | 2072       |   |
| DELL COMPUTERS                   | 10-15-2009 |           | 2,075   | 2,075       |        | 5    | 2,075      |   |
| OXYGEN CONCENTRATOR              | 11-01-2009 | · /       | 596     | 596         |        | 7    | 596        |   |
| DELL-2LAPTOPS,3PC'S,14MONI-      | 07-13-2010 |           | 5,837   | 5,837       |        | 5    | 5,837      |   |
| SP,DEV,CT,SJ,FS                  | 20.01.2010 |           | 1 450   | 1 150       |        | _    |            |   |
| 46"TV&BLU RAY PLAYER             | 08-01-2010 |           | 1,470   | 1,470       |        | 5    | 1,470      |   |
| CAMERA CANON REBEL               | 08-01-2010 |           | 960     | 960         |        | 5    | 960        |   |
| PROJECTOR MITSUBISHI             | 08-01-2010 | - A1      | 1,253   | 1,253       |        | 5    | 1,253      |   |
| RECEIVER DENON                   | 08-01-2010 | 100       | 550     | 550         | (c.    | 5    | 550        |   |
| 5 DELL COMPUTERS                 | 08-19-2010 |           | 3,646   | 3,646       |        | 5    | 3,646      |   |
| 2 COMPUTERS-HP 500B-P E5700 3GHZ | 05-31-2011 |           | 740     | 740         |        | 5    | 740        |   |
| VITAL SIGN MONITOR               | 08-05-2011 |           | 2,778   | 2,778       |        | 5    | 2,778      |   |
| DELL POWER EDGE 1900 SERVER      | 01-01-2012 |           | 2,799   | 2,799       |        | 5    | 2,799      |   |
| ANNEX ROOF                       | 04-06-2012 |           | 7,600   | 7,600       | SL HY  | 15   | 3,295      |   |
| 2006 CARGO TRAILER 12X5          | 05-07-2012 |           | 2,100   | 2,100       | SL HY  | 7    | 1,950      |   |
| WHEEL CLAMP-                     | 05-10-2012 |           | 321     | 321         | SL HY  | 7    | 299        |   |
| CARGO(CAMPABILITY) TRAILER       |            | Gr. 10    |         |             |        |      |            |   |

| 2 OUT SIDE GLASS DOORS-           | 08-31-2012  | 2,808   | 2,808   | SL      | НҮ                                      | 15 | 1,216  |   |
|-----------------------------------|---|---------|---------|---------|---|----|--------|---|
| STOREFRONT                        |   | 10,000  | 10.000  | O.T.    | ****                                    | 1  |        | 4 |
| 3 HVAC UNITS                      | 09-25-2012  | 18,000  | 18,000  | SL      | HY                                      | 15 | 7,800  |   |
| 7 DELL COMPUTERS                  | 10-31-2012  | 4,732   | 4,732   | OX      | ****                                    | 5  | 4,732  | _ |
| 2 PICNIC TABLES                   | 12-03-2012  | 1,000   | 1,000   | SL      | HY                                      | 7  | 929    |   |
| OTTOBOCK AQUANET TOILET CHAIR     | 12-11-2012  | 599     | 599     | -       |   | 5  | 599    |   |
| WALKER                            | 12-14-2012  | 4,000   | 4,000   | 1000000 | HY                                      | 7  | 3,712  |   |
| BOLSTER SWING-OT/PT               | 01-31-2013  | 578     | 578     | SL      |   | 7  | 487    |   |
| OFFICE EQUIPMENT AND FURNITURE    | 02-21-2013  | 9,000   | 9,000   | SL      | MQ                                      | 7  | 7,555  |   |
| 4 OPTIPLEX 3010 MINTOWER PC'S     | 04-01-2013  | 2,527   | 2,527   |         |   | 5  | 2,527  |   |
| GAGGLE BUGGY                      | 05-02-2013  | 1,499   | 1,499   |         | MQ                                      | 7  | 1,204  | _ |
| THERAPY BED                       | 06-14-2013  | 1,000   | 1,000   | SL      |   | 7  | 804    | _ |
| 2 RIFTON TODDLER CHAIRS           | 07-31-2013  | 908     | 908     | SL      |   | 7  | 699    |   |
| 2212 EAST MAIN STREET             | 08-29-2013  | 329,989 | 329,989 | SL      | MM                                      | 39 | 45,125 |   |
| 12 X 16 METAL SHED                | 09-30-2013  | 1,000   | 1,000   | SL      | MQ                                      | 7  | 769    |   |
| EMR SOFTWARE                      | 11-26-2013  | 13,900  | 13,900  |         |   | 5  | 13,900 |   |
| OTTO BOCK BASE                    | 04-03-2014  | 3,000   | 3,000   | SL      | MQ                                      | 7  | 1,984  |   |
| GAGGLE BUGGY (BYE-BYE BUGGY)      | 04-18-2014  | 1,978   | 1,978   | SL      | MQ                                      | 7  | 1,309  |   |
| SHED FOR ANNEX                    | 05-16-2014  | 2,500   | 2,500   | SL      | MQ                                      | 15 | 772    |   |
| OFFICE FURNITURE-ANNEX            | 05-29-2014  | 5,140   | 5,140   | SL      | MQ                                      | 7  | 3,395  |   |
| LAPTOP DELL INSPIRON 17 FOR CHRIS | 08-07-2014  | 983     | 983     | SL      |   | 5  | 862    |   |
| LAPTOP DELL XPS 12 FOR NURSING    | 08-07-2014  | 983     | 983     | SL      |   | 5  | 862    |   |
| OFFICE FURNITURE                  | 09-03-2014  | 2,043   | 2,043   | SL      | -                                       | 7  | 1,277  |   |
| WEPLAY MOTOR SKILLS UNIVERSAL     | 09-09-2014  | 710     | 710     |         | MQ                                      | 7  | 442    | _ |
| SET                               |   |         |         |         | 2.00                                    |    |        |   |
| TUMBLEFORM 2 VARREL CRAWL         | 09-11-2014  | 939     | 939     | SL      | MQ                                      | 7  | 586    |   |
| 3 DELL XPS 12 LAPTOPS             | 09-12-2014  | 3,831   | 3,831   | SL      | MQ                                      | 7  | 2,393  |   |
| FOAMNASIUM PLAYGROUND             | 09-15-2014  | 425     | 425     | SL      |   | 7  | 267    |   |
| FOLDING CHILDREN'S PARALLEL       | 09-15-2014  | 754     | 754     |         | MQ                                      | 7  | 472    |   |
| BARS                              | 1 90.454 190.251.megasino   |         |         |         | *************************************** |    |        |   |
| LARGE BENCH ADAPTIVE MALL KAYE    | 09-15-2014  | 451     | 451     | SL      | MQ                                      | 7  | 280    |   |
| SMALL BENCH ADAPTIVE MALL         | 09-15-2014  | 369     | 369     |         | MQ                                      | 7  | 232    |   |
| KAYE                              |   |         |         |         |   |    |        |   |
| XL BENCH ADAPTIVE MALL KAYE       | 09-15-2014  | 490     | 490     | SL      | MQ                                      | 7  | 306    |   |
| WEDGE MAT GSC DOWNHILL MAT        | 09-16-2014  | 1,810   | 1,810   | SL      | MQ                                      | 7  | 1,133  |   |
| WELCH ALLYN SURETEMP PLUS 692     | 09-17-2014  | 305     | 305     |         | MQ                                      | 7  | 192    |   |
| THERMOMETER                       |   |         |         |         |   |    |        |   |
| 10 4X8X4 LANDING MATS             | 09-18-2014  | 3,468   | 3,468   | SL      | MQ                                      | 7  | 2,166  |   |
| 2 4X6X4 LANDING MATS              | 09-18-2014  | 506     | 506     |         | MQ                                      | 7  | 315    |   |
| 2 FLAT SCREEN TV'S                | 09-18-2014  | 1,446   | 1,446   |         |   | 7  | 905    |   |
| 9 5X10X4 LANDING MATS             | 09-18-2014  | 4,226   | 4,226   |         |   | 7  | 2,642  |   |
| DELUXE BOLSTER SWING              | 09-18-2014  | 549     | 549     |         | MQ                                      | 7  | 341    | _ |
| FLYING TRAPEZE                    | 09-18-2014  | 1,225   | 1,225   |         | MQ                                      | 7  | 766    |   |
| PLATFORM SWING W/INFANT           | 09-18-2014  | 293     | 293     |         | MQ                                      | 7  | 184    | _ |
| ADAPTION                          | TOTAL CONTROL OF THE |         | J       |         | 40 State                                |    | 1      |   |

| SUSPENSION & HEIGHT ADJUSTMENT KIT            | 09-18-2014 | 950       | 950       | SL | MQ | 7  | 595     |   |
|---|------------|-----------|-----------|----|----|----|---------|---|
| THERAPY CENTER                                | 09-20-2014 | 1,052,227 | 1,052,227 | SL | MM | 39 | 115,789 |   |
| 10 SOLID OAK SINGLE PEDESTAL<br>DESKS         | 09-24-2014 | 6,949     | 6,949     |    | MQ | 7  | 4,344   |   |
| BOBATH TABLE                                  | 09-24-2014 | 3,285     | 3,285     | SL | MQ | 7  | 2,052   |   |
| 15 LESRO NEWPORT MODERN CHAIRS<br>MULBERRY    | 10-01-2014 | 3,591     | 3,591     | SL | MQ | 7  | 2,116   |   |
| 4 MAYLINE FLIP & NEST TRAINING<br>TABLES      | 10-01-2014 | 2,276     | 2,276     | SL | MQ | 7  | 1,341   |   |
| 41 LESRO NEWPORT MODERN CHAIRS PENNY          | 10-01-2014 | 9,815     | 9,815     |    | MQ | 7  | 5,783   |   |
| 5 LESRO NEWPORT<br>OVERSIZEMODERNCHAIRS PENNY | 10-01-2014 | 1,511     | 1,511     |    | MQ | 5  | 1,246   |   |
| LAPTOP DELL INSPIRON 17 FOR<br>GINGER         | 10-01-2014 | 1,208     | 1,208     |    | MQ | 5  | 998     |   |
| 4 TIERED LITERATURE RACK FOR 2208             | 10-06-2014 | 332       | 332       |    | MQ | 7  | 194     |   |
| APC BATTERY BACKUPS FOR 2208                  | 10-06-2014 | 1,269     | 1,269     |    | _  | 5  | 1,048   |   |
| PORTABLE SINK FOR CHURCH & RENOVATED BLDG     | 10-07-2014 | 5,520     | 5,520     | SL | MQ | 7  | 3,255   |   |
| 4 PACK CUBE CHAIRS                            | 10-08-2014 | 219       | 219       | SL | MQ | 7  | 128     |   |
| EXPANDABLE BALL PIT                           | 10-08-2014 | 1,060     | 1,060     | SL | MQ | 7  | 623     |   |
| SCOOTERBOARD RAMP                             | 10-08-2014 | 364       | 364       | SL | MQ | 7  | 215     |   |
| SPACE WALK                                    | 10-08-2014 | 319       | 319       | SL | MQ | 7  | 190     |   |
| 3 BLACK VERTICAL FILE CABINETS<br>FOR 2208    | 10-11-2014 | 1,409     | 1,409     | SL | MQ | 7  | 829     |   |
| SHED FOR SHERI'S SUPPLIES & GOLF<br>CART      | 10-16-2014 | 1,100     | 1,100     | SL | MQ | 15 | 301     |   |
| APPLE MACBOOK PRO FOR<br>DEVELOPMENT          | 10-17-2014 | 1,235     | 1,235     | SL | MQ | 5  | 1,018   |   |
| LADDER WALL                                   | 10-23-2014 | 414       | 414       | SL | MQ | 7  | 243     |   |
| RAINBOW ACROBAT SWING                         | 10-23-2014 | 445       | 445       | SL | MQ | 7  | 264     |   |
| FOLDING 4X8 2 PANEL - ROYAL BLUE              | 10-24-2014 | 305       | 305       |    | MQ | 7  | 181     |   |
| 2 STORAGE UNITS                               | 10-28-2014 | 2,280     | 2,280     |    | MQ | 15 | 627     |   |
| 55" LG LED TV-THERAPY CENTER<br>KITCHEN       | 10-28-2014 | 598       | 598       | SL | MQ | 7  | 351     |   |
| WEPLAY WATER MOTOR LILY SKILLS<br>TOY SET     | 10-28-2014 | 1,275     | 1,275     | SL | MQ | 7  | 751     |   |
| 3 IPAD 2'S - THERAPY CENTER                   | 10-29-2014 | 1,068     | 1,068     |    | MQ | 5  | 883     | _ |
| ACCESS CONTROL SYSTEM                         | 10-30-2014 | 8,961     | 8,961     | SL |    | 7  | 5,280   | _ |
| 21 SIDDON BLACK CHAIRS                        | 10-31-2014 | 2,556     | 2,556     |    |    | 7  | 1,506   |   |
| PHONE SYSTEM-THERAPY CENTER                   | 11-02-2014 | 6,733     | 6,733     | SL |    | 7  | 3,968   | - |
| COMPUTER DESK                                 | 11-04-2014 | 350       | 350       | SL |    | 7  | 206     |   |
| EPSON DS-510 SCANNER                          | 11-04-2014 | 280       | 280       | SL |    | 5  | 231     |   |
| 2 SQUARE END TABLES                           | 11-07-2014 | 298       | 298       | SL |    | 7  | 177     | _ |
| FLARE CHAIR                                   | 11-07-2014 | 419       | 419       | SL |    | 7  | 247     | _ |
| FLARE LOVESEAT                                | 11-07-2014 | 539       | 539       | SL | MQ | 7  | 318     |   |

| 2 DELL COMPLIED TA DI FEG        | 11 11 2014 | T          | 2.446 | 2.446 | CI  | MO    | 5   | 2.017 |   |
|----------------------------------|------------|------------|-------|-------|-----|-------|-----|-------|---|
| 2 DELL COMPUTER/TABLETS          | 11-11-2014 | 1          | 2,446 | 2,446 | SL  |       | 5   | 2,017 | - |
| 2 DELL OPTIPLEX 3020 COMPUTERS   | 11-11-2014 | 1          | 1,372 | 1,372 | SL  | MQ    | 5   | 1,130 | - |
| 2 DELL OPTIPLEX 3020 COMPUTERS-  | 11-11-2014 |            | 1,371 | 1,371 | SL  | MQ    | 5   | 1,130 |   |
| DEVELOPMENT                      | 11 11 2014 | +          | 1 200 | 1 200 | CI  | 340   | -   | 000   | - |
| DELL INSPIRON 17 COMPUT-ACCESS   | 11-11-2014 |            | 1,208 | 1,208 | SL  | MQ    | 5   | 998   | 1 |
| CONTROL SYS                      | 12.05.2014 | 1          | 1.242 | 1.242 | CI  | 110   | -   | 1.110 |   |
| COMPUTER FOR NURSING             | 12-05-2014 | 1          | 1,343 | 1,343 |     | MQ    | 5   | 1,110 | - |
| MAYTAG BI DISHWASHER             | 12-05-2014 | 1          | 570   | 570   |     | -     | 7   | 334   | - |
| DELUXE BOLSTER SWING             | 12-19-2014 | 1          | 756   | 756   | 46  | -     | 7   | 446   | - |
| PLATFORM SWING W/INFANT          | 12-19-2014 |            | 403   | 403   | SL  | MQ    | 7   | 239   | 1 |
| ADAPTATION                       | · /        | 1          |       |       | -   |       |     |       | 4 |
| BUBBLE WALL PANEL                | 12-24-2014 |            | 2,546 | 2,546 |     | MQ    | 7   | 1,501 | 4 |
| PURELL TFX HAND SANITIZER        | 01-03-2015 |            | 265   | 265   |     | MQ    | 7   | 147   | 4 |
| TOWEL DISPENSER-TOUCHLESS        | 01-03-2015 | 12-31-2019 | 350   | 350   | SL  | MQ    | 7   | 194   | 1 |
| AUTOMATIC                        |            |            |       |       |     |       |     |       |   |
| DELL 17" MONITOR                 | 01-05-2015 |            | 960   | 960   |     | MQ    | 5   | 744   |   |
| DELL INSPIRON 17 5000 LAPTOP-    | 01-05-2015 |            | 4,312 | 4,312 | SL  | MQ    | 5   | 3,341 |   |
| NURSING DEPT                     | <u> </u>   |            |       |       |     |       |     |       |   |
| DELL OPTIPLEX 3020-NURSING DEPT  | 01-05-2015 |            | 5,742 | 5,742 |     | -     | 5   | 4,449 |   |
| DELL XPS 12 LAPTOP               | 01-05-2015 |            | 2,428 | 2,428 | SL  | MQ    | 5   | 1,883 |   |
| LANDING MATS 5X10X4              | 01-06-2015 |            | 1,230 | 1,230 | SL  | MQ    | 7   | 682   |   |
| LESRO NEWPORT MODERN CHAIR       | 01-07-2015 |            | 2,872 | 2,872 | SL  | MQ    | 7   | 1,589 |   |
| MAYLINE COHERE FLIP&NES          | 01-07-2015 |            | 1,138 | 1,138 | SL  | MQ    | 7   | 631   |   |
| TRAINING TABLES                  |            |            | -     |       | h   |       |     |       | ( |
| BULLETIN BOARDS-NURSING CENTER   | 01-12-2015 |            | 499   | 499   | SL  | MQ    | 7   | 275   |   |
| FOLDING MAT 2 PANEL 4X8          | 01-12-2015 |            | 358   | 358   | SL  | MQ    | 7   | 198   |   |
| MAXI BUBBLE TUBE                 | 01-13-2015 |            | 429   | 429   | SL  | MQ    | 7   | 237   |   |
| PORTABLE 27" BUBBLE TUBE         | 01-13-2015 |            | 405   | 405   | SL  |       | 7   | 225   |   |
| SOLAR PROJECTOR KIT B            | 01-13-2015 |            | 1,414 | 1,414 | SL  | MQ    | 7   | 783   |   |
| SOUND TO LIGHT PANEL             | 01-13-2015 |            | 2,110 | 2,110 | SL  | MQ    | 7   | 1,167 |   |
| UV SOLUTIONS                     | 01-13-2015 |            | 381   | 381   | SL  | MQ    | 7   | 210   |   |
| MINI FRIDG-NURSING CENTER 10.11  | 01-15-2015 |            | 452   | 452   |     |       | 7   | 252   |   |
| CUFT                             | 1          |            |       |       |     |       |     |       |   |
| HEALTHMETER 2650KL PROPLUS       | 01-16-2015 |            | 1,868 | 1,868 | SL  | MQ    | 7   | 1,035 |   |
| PORT PLAT SCAL                   | ,          |            |       |       |     |       |     | -     |   |
| SCHOOL SPECIALTY SPACE ROOM      | 01-16-2015 |            | 1,120 | 1,120 | SL  | MQ    | 7   | 620   |   |
| PACKAGE-MEDIUM                   | 1          |            | *,    | .,    | ~_  | (     |     |       |   |
| SOMATRON BODY PILLOW             | 01-16-2015 |            | 1,208 | 1,208 | SL  | MQ    | 7   | 670   |   |
| SOMATRON TUBBY BALL POOL         | 01-16-2015 |            | 2,360 | 2,360 |     | MQ    | 7   | 1,306 |   |
| SUPERACTIVE LED FIBER OPTICS     | 01-16-2015 |            | 1,492 | 1,492 |     | MQ    | 7   | 826   |   |
| BUNDLE                           | 1          |            | 1,172 | 1,    | L.  | 111.2 |     | 02.   |   |
| SIDDON CHAIR-NURSING CENTER      | 01-17-2015 |            | 2,100 | 2,100 | SL  | MQ    | 7   | 1,163 |   |
| CABING, HDMI, WALL BRACKET, ETC. | 01-20-2015 |            | 4,541 | 4,541 |     | MQ    | 7   | 2,515 |   |
| TRASH CAN-10 GAL SEMI ROUND      | 01-24-2015 |            | 1,960 | 1,960 |     | MQ    | 7   | 1,085 |   |
| STEP                             | 01-24-2013 |            | 1,200 | 1,200 | SL  | MQ    | 1 ' | 1,005 |   |
| FRIGIDAIR REFRIGERATOR 27 CU FT  | 01-28-2015 | +          | 910   | 910   | SL. | MQ    | 7   | 504   |   |
| I RIGIDATIR RELATIONS TO LES     | 01202010   | 4          | 2.40  | 2.40  | L.  | 141.6 |     |       |   |

| PRAISE BOARD-THERAPY CENTER                    | 01-28-2015               | 1,002    | 1,002     | SL         |       | 7  | 554       |   |
|--|--------------------------|----------|-----------|------------|-------|----|-----------|---|
| L&B APPLIANCE                                  | 01-31-2015               | 5,940    | 5,940     | SL         | MQ    | 7  | 3,290     |   |
| 12 ARTCOBELL 7P90 SWIV                         | 02-01-2015               | 2,157    | 2,157     | SL         | MQ    | 7  | 1,194     |   |
| PNEUMATICLIFTCHAIRS                            |                          |          |           |            |       |    |           |   |
| 2 TABLES 30X48 CLASSRM                         | 02-01-2015               | 279      | 279       | SL         | MQ    | 7  | 155       |   |
| SELECTMONTANAWALNUT                            | 22 21 2212               | 1.062    | 1.062     | CI         | 110   |    | 1.021     |   |
| 42 ROYAL SEATING 14"CHAIRS                     | 02-01-2015               | 1,863    | 1,863     | SL         | MQ    | 7  | 1,031     |   |
| W/GLIDES-R BLUE<br>5 TABLES 30X72 CLASSRM      | 02.01.2015               | 902      | 902       | CI         | MQ    | 7  | 106       | _ |
| SELECTMONTANAWALNUT                            | 02-01-2015               | 893      | 893       | SL         | MQ    | 7  | 496       |   |
| SINGLE PEDESTAL DESK-SOLID OAK                 | 02-06-2015               | 849      | 849       | SL         | MQ    | 7  | 469       |   |
| EXAM TABLE-FOLD UP WALL MOUNT                  | 02-11-2015               | 1,172    | 1,172     | SL         | MQ    | 7  | 648       |   |
| UPTON EXPRESSO KITCHEN                         | 02-13-2015               | 644      | 644       | SL         |       | 7  | 357       |   |
| PRESCHOOL SOFA&CHAIR SET-                      | 02-17-2015               | 998      | 998       | SL         |       | 7  | 554       |   |
| ENVIRO CHILD                                   | 02-17-2015               |          |           | OL.        | III Q |    |           |   |
| LADY BUG HOLLOW                                | 02-23-2015               | 330      | 330       | SL         | MQ    | 7  | 182       |   |
| KLEINAU WALL COLLAGE-THERAPY                   | 02-26-2015               | 323      | 323       | SL         |       | 7  | 178       |   |
| CENTER   | All the track            | 300 (2)  | 380/6     |            |       |    | 0.000000  |   |
| MONUMENT SIGN-NURSING CENTER                   | 02-28-2015               | 3,263    | 3,263     | SL         | MQ    | 5  | 2,530     |   |
| NURSING CENTER REMODEL                         | 02-28-2015               | 344,760  | 344,760   | SL         | MM    | 39 | 34,256    |   |
| 15" LAPTOP-FAMILY SERVICES                     | 03-09-2015               | 1,139    | 1,139     | SL         | MQ    | 5  | 883       |   |
| VITAL SIGN MONITOR STAND                       | 03-31-2015               | 1,591    | 1,591     | SL         | MQ    | 5  | 1,232     |   |
| VITAL SIGN MONITOR-NURSING                     | 03-31-2015               | 1,591    | 1,591     | SL         | MQ    | 5  | 1,232     |   |
| CENTER   |                          |          |           |            |       |    |           |   |
| TABLET CHARGING CART                           | 04-13-2015               | 645      | 645       | SL         |       | 7  | 334       |   |
| 12 IPAD AIR 16GB-CAMPABILITY                   | 04-15-2015               | 5,040    | 5,040     | SL         | MQ    | 5  | 3,654     |   |
| 8 IPAD MINIS-CAMPABILITY                       | 04-15-2015               | 2,560    | 2,560     | SL         | -     | 5  | 1,856     |   |
| LENVOA YOGA LAPTOP-                            | 04-15-2015               | 1,028    | 1,028     | SL         | MQ    | 5  | 747       |   |
| CAMPABILITY                                    |                          |          |           |            |       |    |           |   |
| 60" VIZIO TV                                   | 04-30-2015               | 1,108    | 1,108     | SL         |       | 7  | 573       |   |
| CANVAS PRINTS-THERAPY CENTER<br>WALLS          | 04-30-2015               | 1,007    | 1,007     | SL         | MQ    | 7  | 522       |   |
| 14 DELL OPTIPLEX 3020 COMPUTERS-<br>PPSN&REHAB | 06-05-2015               | 10,060   | 10,060    | SL         | MQ    | 5  | 7,294     |   |
| 3 DELL INSPIRON 15 LAPTOPS                     | 06-05-2015               | 3,716    | 3,716     | SL         | MQ    | 5  | 2,694     |   |
| NAME PLATES-NURSING CENTER                     | 06-17-2015               | 1,292    | 1,292     | 18.000     | MQ    | 7  | 670       |   |
| ROOM   | 100000 - 114 1400 01.040 | . 700000 | 3.9000000 | To realize |       | ** | 217020000 |   |
| WALL DECALS-NURSING BLDG                       | 06-18-2015               | 805      | 805       | SL         | MQ    | 7  | 417       |   |
| SIGN FOR PRAISE BOARD                          | 06-26-2015               | 1,002    | 1,002     | SL         | MQ    | 7  | 518       |   |
| SK DIMENSIONAL LOGO-NURSING                    | 07-02-2015               | 1,056    | 1,056     | SL         | MQ    | 7  | 510       |   |
| CNTR RECEPTION                                 |                          |          |           |            |       |    |           |   |
| POWEREDGE T320 SERVER                          | 07-05-2015               | 2,294    | 2,294     | SL         | MQ    | 5  | 1,549     |   |
| NISSAN NV3500 VAN (PASSENGER)                  | 07-07-2015               | 30,830   | 30,830    | SL         | MQ    | 5  | 13,237    |   |
| BLACK LOVESEAT                                 | 07-10-2015               | 626      | 626       | SL         | MQ    | 7  | 301       |   |
| BLACK ONE SEAT SECTION<br>FURNITURE            | 07-10-2015               | 1,080    | 1,080     | SL         | MQ    | 7  | 520       |   |
| VENETIAN GOLD GRANITE DESK TOP                 | 08-01-2015               | 892      | 892       | SL.        | MQ    | 7  | 429       |   |

| BEDFORD MAPLE CARAMEL ARCH        | 08-02-2015 | 527     | 527     | SL       | MQ     | 7   | 253      | × |
|-----------------------------------|------------|---------|---------|----------|--------|-----|----------|---|
| SMOKE DETECTORS FOR SECURITY      | 08-04-2015 | 1,391   | 1,391   |          | MM     | 39  | 121      | 1 |
| SYSTEM                            | 00 01 2010 | 1,071   | 1,571   | 0.1.     | .,,,,, |     |          |   |
| AUTO SCRUB MACHINE-THERAPY&       | 08-10-2015 | 2,995   | 2,995   | SL       | MQ     | 7   | 1,444    |   |
| NURSING CENTER                    | 1-00.08    |         |         |          |        | 32. | 33500000 |   |
| AMTRYKE EXTENDER                  | 08-31-2015 | 2,000   | 2,000   | SL       | MQ     | 7   | 965      |   |
| WALL BOX-EMERGENCY EXIT           | 09-18-2015 | 328     | 328     | SL       | MM     | 39  | 26       |   |
| APC100 BACKUP                     | 11-01-2015 | 322     | 322     | SL       | MQ     | 5   | 200      |   |
| POWER WHEEL CHAIR                 | 11-01-2015 | 3,000   | 3,000   | SL       | MQ     | 7   | 1,341    |   |
| CRAB ORCHARD STONE-SK             | 11-30-2015 | 660     | 660     | SL       | MQ     | 7   | 294      |   |
| MEMORIAL PATHWAY                  |            |         |         |          |        |     |          |   |
| PLA YGROUND-OUT SIDE              | 12-01-2015 | 116,659 | 116,659 | SL       | MQ     | 7   | 52,081   |   |
| SCHOOL BUS                        | 12-17-2015 | 7,000   | 7,000   | SL       | MQ     | 5   | 4,375    |   |
| INSPIRON 14 3000 WITH DUAL        | 01-05-2016 | 1,668   | 1,668   | SL       | HY     | 5   | 835      |   |
| MONITOR                           | 5.0        |         |         |          |        |     |          |   |
| SIGN-IMPACT&FAMILY DISPLAYS-      | 01-25-2016 | 1,254   | 1,254   | SL       | HY     | 7   | 448      |   |
| THERAPY CENTER                    |            |         |         |          |        |     |          |   |
| SURFACE PRO 4 BUNDLE              | 02-01-2016 | 1,899   | 1,899   | SL       | HY     | 5   | 950      |   |
| BROTHER SCANNER                   | 02-16-2016 | 438     | 438     | SL       | HY     | 5   | 220      |   |
| CANON SCANNER                     | 02-16-2016 | 400     | 400     | SL       | HY     | 5   | 200      |   |
| PLAYGROUND LANDSCAPING            | 02-22-2016 | 1,554   | 1,554   | SL       | HY     | 7   | 555      |   |
| PRIVACY SCREENS                   | 03-07-2016 | 1,194   | 1,194   | SL       | HY     | 7   | 427      |   |
| LIGHT&POLE PROJECT-PARKING LOT-   | 04-30-2016 | 29,778  | 29,778  | SL       | HY     | 15  | 4,962    |   |
| THERAPYCEN                        |            |         |         |          |        |     |          |   |
| DELL - XPS 18"                    | 07-15-2016 | 700     | 700     | SL       | HY     | 5   | 350      |   |
| KITCHEN OFFICE JOB                | 09-12-2016 | 3,500   | 3,500   | SL       | MM     | 39  | 206      |   |
| CABINET FOR THERAPY CENTER        | 10-01-2016 | 1,927   | 1,927   | SL       | HY     | 7   | 688      |   |
| KITCHEN                           |            |         |         |          |        |     |          |   |
| OPTIPLEX 7040 DESKTOPS            | 12-07-2016 | 3,500   | 3,500   | SL       | HY     | 5   | 1,750    |   |
| PORTABLE PATIENT ELECTRIC LIFT    | 12-29-2016 | 3,500   | 3,500   | SL       | HY     | 7   | 1,250    |   |
| 4 HP 15.6 NOTEBOOKS -             | 01-04-2017 | 1,516   | 1,516   | SL       | HY     | 5   | 455      |   |
| DEVELOPMENT                       |            |         |         |          |        |     |          |   |
| HUBBLE CAT 3 JACKS - ANNEX        | 02-08-2017 | 2,162   | 2,162   | 20000000 | HY     | 7   | 463      |   |
| MICS PHONE SYSTEM - ANNEX         | 02-08-2017 | 4,954   | 4,954   | SL       | HY     | 7   | 1,062    |   |
| DELL XPS13.3 TOUCH SCR LAPTOP-B D | 03-03-2017 | 1,048   | 1,048   | SL       | HY     | 5   | 315      |   |
| SPEC-ADM                          |            |         |         |          |        |     |          |   |
| DELL 15.6 TOUCH NOTEBOOK -        | 03-13-2017 | 860     | 860     | SL       | HY     | 5   | 258      |   |
| DEVELOPMENT                       |            | 98 98   |         |          |        |     |          |   |
| CHARITY OPEN LICENSE EXCHANGE     | 04-11-2017 | 624     | 624     | SL       | HY     | 5   | 187      |   |
| SERVER CAL L                      |            |         |         |          |        |     |          |   |
| CHARITY OPEN LICENSE WINDOWS      | 04-11-2017 | 1,352   | 1,352   | SL       | HY     | 5   | 405      |   |
| SERVER CAL LI                     |            |         |         |          |        |     |          |   |
| APPLE IPAD WITH WIFI 32GB -       | 04-27-2017 | 660     | 660     | SL       | HY     | 5   | 198      |   |
| THERAPY                           |            | 1.500   |         |          |        |     |          |   |
| DELL INSPIRON15.6 TOUCH SCR       | 04-27-2017 | 1,700   | 1,700   | SL       | HY     | 5   | 510      |   |
| LAPTOP-THERAPY                    |            |         |         |          |        |     |          |   |

| LEASEHOLD IMPROVEMENT - RED                    | 05-16-2017 | Ī          | 13,800  | 13,800  | SL HY | 15     | 1,380 |    |
|--|------------|------------|---------|---------|-------|--------|-------|----|
| DAY - ANNEX                                    |            |            |         | 65      | 2 5   | n // n | 651   |    |
| HP 15.6 TOUCH SCR LAPTOP-SARAH-<br>DEVELOPMENT | 05-25-2017 |            | 510     | 510     | SL HY | 5      | 153   |    |
| LIFETIME GIVING<br>INVEST.MURALDESIGN-THERAPY  | 06-15-2017 |            | 500     | 500     | SL HY | 7      | 107   |    |
| WINDOWS 10 PRO - DEVELOPMENT                   | 10-04-2017 |            | 482     | 482     | AMT   | 5      | 120   |    |
| WINDOWS 10 PRO -<br>THERAPY,DEV,CAMP           | 10-12-2017 |            | 663     | 663     | AMT   | 5      | 166   |    |
| ADOBE LICENSE RENEWAL -<br>MARKETING           | 11-17-2017 |            | 864     | 864     | AMT   | 5      | 202   |    |
| WINDOWS 10 PRO -<br>THER,NURS,CAMP,NURS        | 11-24-2017 |            | 723     | 723     | AMT   | 5      | 169   |    |
| LANDSCAPING AT THERAPY CENTER                  | 11-30-2017 |            | 1,721   | 1,721   | SL HY | 7      | 369   |    |
| 381-404H SPORTS PLAY WHEELCHAIR<br>SWING W/FR  | 02-09-2018 |            | 2,389   | 2,389   | SL MQ | 7      | 299   |    |
| DELL I3567-3919BLK INSPIRON PRO,<br>15.6" HD   | 03-06-2018 |            | 519     | 519     | SL MQ | 5      | 91    |    |
| DELL I3567-3919BLK INSPIRON PRO,<br>15.6" HD   | 03-06-2018 |            | 519     | 519     | SL MQ | 5      | 91    |    |
| DELL INSPIRON 3668 DESKTOP PC                  | 03-08-2018 |            | 449     | 449     | SL MQ | 5      | 79    |    |
| DELL INSPIRON 3668 DESKTOP PC                  | 03-08-2018 |            | 449     | 449     | SL MQ | 5      | 79    | 63 |
| AMAZON CLOUD CAM INDOOR<br>SECURITY CAMERA     | 03-21-2018 |            | 570     | 570     | SL MQ | 7      | 71    |    |
| 6 TABLES & 12 CHAIRS                           | 05-31-2018 | 12-31-2019 | 984     | 984     | SL MQ | 7      | 88    |    |
| EXECUTIVE OFFICE FURNITURE - 4 PIECES          | 05-31-2018 |            | 2,500   | 2,500   | SL MQ | 7      | 223   |    |
| 2 SPEED BUMPS                                  | 06-30-2018 |            | 6,200   | 6,200   | SL MQ | 15     | 258   |    |
| SECURITY FOR NEW STORE FONT<br>DOOR            | 07-23-2018 |            | 150     | 150     | SL MQ | 15     | 4     |    |
| DOOR AT THERAPY AND NURSING<br>CENTERS         | 09-10-2018 |            | 4,768   | 4,768   | SL MQ | 15     | 119   |    |
| 2015 EZ GO RXV GOLF CART                       | 10-31-2018 | 08-19-2019 | 4,750   | 4,750   | SL MQ | 7      | 85    |    |
| 2212 LEASEHOLD IMPROVEMENTS                    | 10-31-2018 |            | 124,496 | 124,496 | SL MQ | 15     | 1,037 |    |
| BUILDING IMPROVEMENT                           | 10-31-2018 |            | 18,372  | 18,372  | SL MQ | 15     | 153   |    |
| MICROSOFT OFFICE LICENSES                      | 12-05-2018 |            | 1,479   | 1,479   | AMT   | 5      | 25    |    |
| UNIFI AC ACCESS POINT 4 PACK @ 2212            | 03-14-2019 |            | 525     | 525     | SL HY | 7      | 0     |    |
| UNIFI 24 PORT SWITCH                           | 03-15-2019 |            | 199     | 199     | SL HY | 7      | 0     |    |
| MICROPHONES, HEADPHONES, STANDS, CABLES        | 03-21-2019 |            | 1,745   | 1,745   | SL HY | 7      | 0     |    |
| RODE RODECASTER PRO PODCAST<br>PRODUCT.STUDIO  | 04-05-2019 |            | 380     | 380     | SL HY | 7      | 0     |    |
| IPHONE 8 PLUS 256 GB                           | 04-12-2019 |            | 849     | 849     | SL HY | 5      | 0     |    |
| MACBOOK PRO 13 INCH 2.3 GHZ<br>DUAL-COR 15     | 04-12-2019 |            | 1,299   | 1,299   | SL HY | 5      | 0     |    |
| E3 ROLLER SHADES MANUAL CLUTCH                 | 04-30-2019 |            | 1,278   | 1,278   | SL HY | 7      | 0     |    |

| 12.                             | 0.00       | 0.80      | n e       | 80    | 30 00 | SC 02   | 235 |
|---------------------------------|------------|-----------|-----------|-------|-------|---------|-----|
| IT & COMMUNICATIONS WORK &      | 05-28-2019 | 8,601     | 8,601     | SL HY | 15    | 0       |     |
| EQUIPMENT @2212                 |            |           |           |       |       |         |     |
| BLINDS FOR CODY'S CORNER        | 07-01-2019 | 735       | 735       | SL HY | 7     | 0       |     |
| INSPIRON 14 5000 2 IN 1 LAPTOP  | 07-05-2019 | 2,120     | 2,120     | SL HY | 5     | 0       |     |
| W/STAND                         | 110        |           |           |       |       |         |     |
| OPTIPLEX 3060 DESKTOP W/MONITOR | 07-05-2019 | 825       | 825       | SL HY | 5     | 0       | 22  |
| VOSTOR 14 5390 LAPTOP           | 07-05-2019 | 2,097     | 2,097     | SL HY | 5     | 0       |     |
| SECURITY SYSTEM AT CODY'S       | 08-28-2019 | 3,079     | 3,079     | SL HY | 15    | 0       |     |
| CORNER                          |            |           |           |       |       |         |     |
| REFRIGERATOR AT CODY'S CORNER   | 10-07-2019 | 999       | 999       | SL HY | 7     | 0       |     |
| 5 OUTLETS IN THERAPY CENTER     | 10-18-2019 | 775       | 775       | SL HY | 15    | 0       |     |
| DRAIN AT NURSING CENTER         | 10-31-2019 | 7,500     | 7,500     | SL HY | 15    | 0       |     |
| CONTROLLER IN RECEPTIONIST DOOR | 11-01-2019 | 1,278     | 1,278     | SL HY | 15    | 0       |     |
| LAPTOP FOR KAREN OSBORNE        | 11-14-2019 | 650       | 650       | SL HY | 5     | 0       |     |
| PELICAN AIR CASE                | 11-21-2019 | 210       | 210       | SL HY | 7     | 0       |     |
| EXECUTIVE DESK                  | 12-28-2019 | 500       | 500       | SL HY | 7     | 0       |     |
| COMPUTER DESKTOP TOWER          | 12-31-2019 | 400       | 400       | SL HY | 5     | 0       |     |
| COMPUTER DESKTOP TOWER          | 12-31-2019 | 400       | 400       | SL HY | 5     | 0       |     |
| COMPUTER DESKTOP TOWER          | 12-31-2019 | 400       | 400       | SL HY | 5     | 0       |     |
| COMPUTER DESKTOP TOWER          | 12-31-2019 | 400       | 400       | SL HY | 5     | 0       |     |
| COMPUTER DESKTOP TOWER          | 12-31-2019 | 400       | 400       | SL HY | 5     | 0       |     |
| COMPUTER DESKTOP TOWER          | 12-31-2019 | 400       | 400       | SL HY | 5     | 0       |     |
| **Total**                       |            | 3,306,789 | 2,948,448 |       |       | 739,963 |     |

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

# **Depreciation Detail Listing**

Program Services

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SPECIAL KIDS INC

| No. | Description             | Date     | Cost    | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Me | ethod | Rate   | Prior<br>Depreciatio |
|-----|-------------------------|----------|---------|---------------------|---------------------|----------------|-----------------------|----------------------|------|----|-------|--------|----------------------|
| 1   | BUILDING                | 03011998 | 253,225 |                     | 100.00              |                |                       | 253,225              | 40   | SL | MM    | 2.5    | 132,84               |
| 3   | 50KW EMERGENCY GENERA   | 04262001 | 16,877  |                     | 100.00              |                |                       | 16,877               | 5    |    |       | 0      | 16,87                |
| 4   | CLIMBING WALL           | 05082003 | 1,307   |                     | 100.00              |                |                       | 1,307                | 5    |    |       | 0      | 1,30                 |
| 5   | TREADMILL               | 01232004 | 4,905   |                     | 100.00              |                |                       | 4,905                | 5    |    |       | 0      | 4,90                 |
| 6   | GAIT TRAINER            | 10082004 | 705     |                     | 100.00              |                |                       | 705                  | 5    |    |       | 0      | 70                   |
| 7   | PREDATORS GRANT EQUIP   | 07012006 | 8,081   |                     | 100.00              |                |                       | 8,081                | 5    |    |       | 0      | 8,08                 |
| 8   | 202 ARNETTE STREET      | 02152007 | 130,987 |                     | 100.00              |                |                       | 130,987              | 39   | SL | MM    | 2.564  | 41,77                |
| 9   | TERMINAL SERVER         | 02072007 | 5,506   |                     | 100.00              |                |                       | 5,506                | 5    |    |       | 0      | 5,50                 |
| 10  | OFFICE FURNITURE-CHRI   | 05072007 | 400     |                     | 100.00              |                |                       | 400                  | 5    |    |       | 0      | 40                   |
| 11  | OFFICE RENOVATION ANN   | 06302008 | 16,232  |                     | 100.00              |                |                       | 16,232               | 15   | SL | HY    | 6.667  | 11,36                |
| 12  | CRIB&ACCESSORIES        | 01242008 | 3,113   |                     | 100.00              |                |                       | 3,113                | 7    |    |       | 0      | 3,11                 |
| 13  | PEAVEY ESCORT 2000 PO   | 09292008 | 500     |                     | 100.00              |                |                       | 500                  | 7    |    |       | 0      | 50                   |
| 15  | DELL SERVERS-ARNETTE    | 04142009 | 2,401   |                     | 100.00              |                |                       | 2,401                | 5    |    |       | 0      | 2,40                 |
| 16  | DELL COMP-TONI, ANDRE,  | 08192009 | 4,266   |                     | 100.00              |                |                       | 4,266                | 5    |    |       | 0      | 4,26                 |
| 17  | DELL COMPUTERS          | 10152009 | 2,075   |                     | 100.00              |                |                       | 2,075                | 5    |    |       | 0      | 2,07                 |
| 18  | OXYGEN CONCENTRATOR     | 11012009 | 596     |                     | 100.00              |                |                       | 596                  | 7    |    |       | 0      | 59                   |
| 19  | SOFTWARE FOR SERVER A   | 03012009 | 370     |                     | 100.00              |                |                       | 370                  | 5    |    |       | 0      | 37                   |
| 20  | DELL-2LAPTOPS, 3PC'S, 1 | 07132010 | 5,837   |                     | 100.00              |                |                       | 5,837                | 5    |    |       | 0      | 5,83                 |
| 21  | 46"TV&BLU RAY PLAYER    | 08012010 | 1,470   |                     | 100.00              |                |                       | 1,470                | 5    |    |       | 0      | 1,47                 |
| 22  | RECEIVER DENON          | 08012010 | 550     |                     | 100.00              |                |                       | 550                  | 5    |    |       | 0      | 55                   |
| 23  | CAMERA CANON REBEL      | 08012010 | 960     |                     | 100.00              |                |                       | 960                  | 5    |    |       | 0      | 96                   |
| 24  | PROJECTOR MITSUBISHI    | 08012010 | 1,253   |                     | 100.00              |                |                       | 1,253                | 5    |    |       | 0      | 1,25                 |
| 25  | 5 DELL COMPUTERS        | 08192010 | 3,646   |                     | 100.00              |                |                       | 3,646                | 5    |    |       | 0      | 3,64                 |
| 26  | 2 COMPUTERS-HP 500B-P   | 05312011 | 740     |                     | 100.00              |                |                       | 740                  | 5    |    |       | 0      | 74                   |
| 27  | VITAL SIGN MONITOR      | 08052011 | 2,778   |                     | 100.00              |                |                       | 2,778                | 5    |    |       | 0      | 2,77                 |
| 28  | ANNEX ROOF              | 04062012 | 7,600   |                     | 100.00              |                |                       | 7,600                | 15   | SL | HY    | 6.667  | 3,29                 |
| 29  | 2006 CARGO TRAILER 12   | 05072012 | 2,100   |                     | 100.00              |                |                       | 2,100                | 7    | SL | HY    | 14.286 | 1,95                 |
| 30  | WHEEL CLAMP-CARGO(CAM   | 05102012 | 321     |                     | 100.00              |                |                       | 321                  | 7    | SL | HY    | 14.286 | 29                   |
| 31  | 2 OUTSIDE GLASS DOORS   | 08312012 | 2,808   |                     | 100.00              |                |                       | 2,808                | 15   | SL | HY    | 6.667  | 1,21                 |
| 32  | 3 HVAC UNITS            | 09252012 | 18,000  |                     | 100.00              |                |                       | 18,000               | 15   | SL | HY    | 6.667  | 7,80                 |
|     |                         |          |         |                     |                     |                |                       |                      |      |    |       |        |                      |

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# **Depreciation Detail Listing**

Program Services

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SPECIAL KIDS INC

| No. | Description           | Date     | Cost   | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Method | Rate   | Prior<br>Depreciatio |
|-----|-----------------------|----------|--------|---------------------|---------------------|----------------|-----------------------|----------------------|------|--------|--------|----------------------|
| 33  | 7 DELL COMPUTERS      | 10312012 | 4,732  |                     | 100.00              |                |                       | 4,732                | 5    |        | 0      | 4,73                 |
| 34  | DELL POWER EDGE 1900  | 01012012 | 2,799  |                     | 100.00              |                |                       | 2,799                | 5    |        | 0      | 2,79                 |
| 35  | 2 PICNIC TABLES       | 12032012 | 1,000  |                     | 100.00              |                |                       | 1,000                | 7    | SL HY  | 14.286 | 92                   |
| 36  | OTTOBOCK AQUANET TOIL | 12112012 | 599    |                     | 100.00              |                |                       | 599                  | 5    |        | 0      | 59                   |
| 37  | WALKER                | 12142012 | 4,000  |                     | 100.00              |                |                       | 4,000                | 7    | SL HY  | 14.286 | 3,71                 |
| 38  | BOLSTER SWING-OT/PT   | 01312013 | 578    |                     | 100.00              |                |                       | 578                  | 7    | SL MQ  | 14.286 | 48                   |
| 39  | 4 OPTIPLEX 3010 MINTO | 04012013 | 2,527  |                     | 100.00              |                |                       | 2,527                | 5    |        | 0      | 2,52                 |
| 40  | 2 RIFTON TODDLER CHAI | 07312013 | 908    |                     | 100.00              |                |                       | 908                  | 7    | SL MQ  | 14.286 | 69                   |
| 41  | 12 X 16 METAL SHED    | 09302013 | 1,000  |                     | 100.00              |                |                       | 1,000                | 7    | SL MQ  | 14.286 | 76                   |
| 42  | EMR SOFTWARE          | 11262013 | 13,900 |                     | 100.00              |                |                       | 13,900               | 5    |        | 0      | 13,90                |
| 43  | OFFICE EQUIPMENT AND  | 02212013 | 9,000  |                     | 100.00              |                |                       | 9,000                | 7    | SL MQ  | 14.286 | 7,55                 |
| 44  | GAGGLE BUGGY          | 05022013 | 1,499  |                     | 100.00              |                |                       | 1,499                | 7    | SL MQ  | 14.286 | 1,20                 |
| 45  | THERAPY BED           | 06142013 | 1,000  |                     | 100.00              |                |                       | 1,000                | 7    | SL MQ  | 14.286 | 80                   |
| 46  | GAGGLE BUGGY (BYE-BYE | 04182014 | 1,978  |                     | 100.00              |                |                       | 1,978                | 7    | SL MQ  | 14.286 | 1,30                 |
| 47  | OFFICE FURNITURE-ANNE | 05292014 | 5,140  |                     | 100.00              |                |                       | 5,140                | 7    | SL MQ  | 14.286 | 3,39                 |
| 48  | LAPTOP DELL INSPIRON  | 08072014 | 983    |                     | 100.00              |                |                       | 983                  | 5    | SL MQ  | 20     | 86                   |
| 49  | LAPTOP DELL XPS 12 FO | 08072014 | 983    |                     | 100.00              |                |                       | 983                  | 5    | SL MQ  | 20     | 86                   |
| 50  | LAPTOP DELL INSPIRON  | 10012014 | 1,208  |                     | 100.00              |                |                       | 1,208                | 5    | SL MQ  | 20     | 99                   |
| 51  | 41 LESRO NEWPORT MODE | 10012014 | 9,815  |                     | 100.00              |                |                       | 9,815                | 7    | SL MQ  | 14.286 | 5,78                 |
| 52  | 15 LESRO NEWPORT MODE | 10012014 | 3,591  |                     | 100.00              |                |                       | 3,591                | 7    | SL MQ  | 14.286 | 2,11                 |
| 53  | 5 LESRO NEWPORT OVERS | 10012014 | 1,511  |                     | 100.00              |                |                       | 1,511                | 5    | SL MQ  | 20     | 1,24                 |
| 54  | 4 MAYLINE FLIP & NEST | 10012014 | 2,276  |                     | 100.00              |                |                       | 2,276                | 7    | SL MQ  | 14.286 | 1,34                 |
| 55  | APC BATTERY BACKUPS F | 10062014 | 1,269  |                     | 100.00              |                |                       | 1,269                | 5    | SL MQ  | 20     | 1,04                 |
| 56  | 4 TIERED LITERATURE R | 10062014 | 332    |                     | 100.00              |                |                       | 332                  | 7    | SL MQ  | 14.286 | 19                   |
| 57  | PORTABLE SINK FOR CHU | 10072014 | 5,520  |                     | 100.00              |                |                       | 5,520                | 7    | SL MQ  | 14.286 | 3,25                 |
| 58  | EXPANDABLE BALL PIT   | 10082014 | 1,060  |                     | 100.00              |                |                       | 1,060                | 7    | SL MQ  | 14.286 | 62                   |
| 59  | SPACE WALK            | 10082014 | 319    |                     | 100.00              |                |                       | 319                  | 7    | SL MQ  | 14.286 | 19                   |
| 60  | SCOOTERBOARD RAMP     | 10082014 | 364    |                     | 100.00              |                |                       | 364                  | 7    | SL MQ  | 14.286 | 21                   |
| 61  | 4 PACK CUBE CHAIRS    | 10082014 | 219    |                     | 100.00              |                |                       | 219                  | 7    | SL MQ  | 14.286 | 12                   |
| 62  | 3 BLACK VERTICAL FILE | 10112014 | 1,409  |                     | 100.00              |                |                       | 1,409                | 7    | SL MQ  | 14.286 | 82                   |
|     |                       |          |        |                     |                     |                |                       |                      |      |        |        |                      |

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Program Services

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SPECIAL KIDS INC

| No. | Description           | Date     | Cost  | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Method | Rate   | Prior<br>Depreciatio |
|-----|-----------------------|----------|-------|---------------------|---------------------|----------------|-----------------------|----------------------|------|--------|--------|----------------------|
| 63  | SHED FOR SHERI'S SUPP | 10162014 | 1,100 |                     | 100.00              |                |                       | 1,100                | 15   | SL MQ  | 6.667  | 30                   |
| 64  | APPLE MACBOOK PRO FOR | 10172014 | 1,235 |                     | 100.00              |                |                       | 1,235                | 5    | SL MQ  | 20     | 1,01                 |
| 65  | RAINBOW ACROBAT SWING | 10232014 | 445   |                     | 100.00              |                |                       | 445                  | 7    | SL MQ  | 14.286 | 26                   |
| 66  | LADDER WALL           | 10232014 | 414   |                     | 100.00              |                |                       | 414                  | 7    | SL MQ  | 14.286 | 24                   |
| 67  | FOLDING 4X8 2 PANEL - | 10242014 | 305   |                     | 100.00              |                |                       | 305                  | 7    | SL MQ  | 14.286 | 18                   |
| 68  | WEPLAY WATER MOTOR LI | 10282014 | 1,275 |                     | 100.00              |                |                       | 1,275                | 7    | SL MQ  | 14.286 | 75                   |
| 69  | 3 IPAD 2'S - THERAPY  | 10292014 | 1,068 |                     | 100.00              |                |                       | 1,068                | 5    | SL MQ  | 20     | 88                   |
| 70  | 21 SIDDON BLACK CHAIR | 10312014 | 2,556 |                     | 100.00              |                |                       | 2,556                | 7    | SL MQ  | 14.286 | 1,50                 |
| 71  | EPSON DS-510 SCANNER  | 11042014 | 280   |                     | 100.00              |                |                       | 280                  | 5    | SL MQ  | 20     | 23                   |
| 72  | COMPUTER DESK         | 11042014 | 350   |                     | 100.00              |                |                       | 350                  | 7    | SL MQ  | 14.286 | 20                   |
| 73  | FLARE CHAIR           | 11072014 | 419   |                     | 100.00              |                |                       | 419                  | 7    | SL MQ  | 14.286 | 24                   |
| 74  | FLARE LOVESEAT        | 11072014 | 539   |                     | 100.00              |                |                       | 539                  | 7    | SL MQ  | 14.286 | 31                   |
| 75  | 2 SQUARE END TABLES   | 11072014 | 298   |                     | 100.00              |                |                       | 298                  | 7    | SL MQ  | 14.286 | 17                   |
| 76  | 2 DELL OPTIPLEX 3020  | 11112014 | 1,371 |                     | 100.00              |                |                       | 1,371                | 5    | SL MQ  | 20     | 1,13                 |
| 77  | 2 DELL OPTIPLEX 3020  | 11112014 | 1,372 |                     | 100.00              |                |                       | 1,372                | 5    | SL MQ  | 20     | 1,13                 |
| 78  | MAYTAG BI DISHWASHER  | 12052014 | 570   |                     | 100.00              |                |                       | 570                  | 7    | SL MQ  | 14.286 | 33                   |
| 79  | DELUXE BOLSTER SWING  | 12192014 | 756   |                     | 100.00              |                |                       | 756                  | 7    | SL MQ  | 14.286 | 44                   |
| 80  | PLATFORM SWING W/INFA | 12192014 | 403   |                     | 100.00              |                |                       | 403                  | 7    | SL MQ  | 14.286 | 23                   |
| 81  | BUBBLE WALL PANEL     | 12242014 | 2,546 |                     | 100.00              |                |                       | 2,546                | 7    | SL MQ  | 14.286 | 1,50                 |
| 82  | 55" LG LED TV-THERAPY | 10282014 | 598   |                     | 100.00              |                |                       | 598                  | 7    | SL MQ  | 14.286 | 35                   |
| 83  | PHONE SYSTEM-THERAPY  | 11022014 | 6,733 |                     | 100.00              |                |                       | 6,733                | 7    | SL MQ  | 14.286 | 3,96                 |
| 84  | WEPLAY MOTOR SKILLS U | 09092014 | 710   |                     | 100.00              |                |                       | 710                  | 7    | SL MQ  | 14.286 | 44                   |
| 85  | TUMBLEFORM 2 VARREL C | 09112014 | 939   |                     | 100.00              |                |                       | 939                  | 7    | SL MQ  | 14.286 | 58                   |
| 86  | 3 DELL XPS 12 LAPTOPS | 09122014 | 3,831 |                     | 100.00              |                |                       | 3,831                | 7    | SL MQ  | 14.286 | 2,39                 |
| 87  | FOLDING CHILDREN'S PA | 09152014 | 754   |                     | 100.00              |                |                       | 754                  | 7    | SL MQ  | 14.286 | 47                   |
| 88  | FOAMNASIUM PLAYGROUND | 09152014 | 425   |                     | 100.00              |                |                       | 425                  | 7    | SL MQ  | 14.286 | 26                   |
| 89  | SMALL BENCH ADAPTIVE  | 09152014 | 369   |                     | 100.00              |                |                       | 369                  | 7    | SL MQ  | 14.286 | 23                   |
| 90  | LARGE BENCH ADAPTIVE  | 09152014 | 451   |                     | 100.00              |                |                       | 451                  | 7    | SL MQ  | 14.286 | 28                   |
| 91  | XL BENCH ADAPTIVE MAL | 09152014 | 490   |                     | 100.00              |                |                       | 490                  | 7    | SL MQ  | 14.286 | 30                   |
| 92  | WEDGE MAT GSC DOWNHIL | 09162014 | 1,810 |                     | 100.00              |                |                       | 1,810                | 7    | SL MQ  | 14.286 | 1,13                 |
|     |                       |          |       |                     |                     |                |                       |                      |      |        |        |                      |

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Name(s) as shown on return

# **Depreciation Detail Listing**

Program Services

For your records only

SPECIAL KIDS INC

| No. | Description           | Date     | Cost      | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Met | hod | Rate   | Prior<br>Depreciatio |
|-----|-----------------------|----------|-----------|---------------------|---------------------|----------------|-----------------------|----------------------|------|-----|-----|--------|----------------------|
| 93  | WELCH ALLYN SURETEMP  | 09172014 | 305       |                     | 100.00              |                |                       | 305                  | 7    | SL  | MQ  | 14.286 | 19                   |
| 94  | 2 FLAT SCREEN TV'S    | 09182014 | 1,446     |                     | 100.00              |                |                       | 1,446                | 7    | SL  | MQ  | 14.286 | 90                   |
| 95  | 9 5X10X4 LANDING MATS | 09182014 | 4,226     |                     | 100.00              |                |                       | 4,226                | 7    | SL  | MQ  | 14.286 | 2,64                 |
| 96  | 10 4X8X4 LANDING MATS | 09182014 | 3,468     |                     | 100.00              |                |                       | 3,468                | 7    | SL  | MQ  | 14.286 | 2,16                 |
| 97  | 2 4X6X4 LANDING MATS  | 09182014 | 506       |                     | 100.00              |                |                       | 506                  | 7    | SL  | MQ  | 14.286 | 31                   |
| 98  | DELUXE BOLSTER SWING  | 09182014 | 549       |                     | 100.00              |                |                       | 549                  | 7    | SL  | MQ  | 14.286 | 34                   |
| 99  | PLATFORM SWING W/INFA | 09182014 | 293       |                     | 100.00              |                |                       | 293                  | 7    | SL  | MQ  | 14.286 | 18                   |
| 100 | 10 SOLID OAK SINGLE P | 09242014 | 6,949     |                     | 100.00              |                |                       | 6,949                | 7    | SL  | MQ  | 14.286 | 4,34                 |
| 101 | BOBATH TABLE          | 09242014 | 3,285     |                     | 100.00              |                |                       | 3,285                | 7    | SL  | MQ  | 14.286 | 2,05                 |
| 102 | SUSPENSION & HEIGHT A | 09182014 | 950       |                     | 100.00              |                |                       | 950                  | 7    | SL  | MQ  | 14.286 | 59                   |
| 103 | FLYING TRAPEZE        | 09182014 | 1,225     |                     | 100.00              |                |                       | 1,225                | 7    | SL  | MQ  | 14.286 | 76                   |
| 104 | 2 DELL COMPUTER/TABLE | 11112014 | 2,446     |                     | 100.00              |                |                       | 2,446                | 5    | SL  | MQ  | 20     | 2,01                 |
| 105 | OTTO BOCK BASE        | 04032014 | 3,000     |                     | 100.00              |                |                       | 3,000                | 7    | SL  | MQ  | 14.286 | 1,98                 |
| 106 | SHED FOR ANNEX        | 05162014 | 2,500     |                     | 100.00              |                |                       | 2,500                | 15   | SL  | MQ  | 6.667  | 77                   |
| 107 | OFFICE FURNITURE      | 09032014 | 2,043     |                     | 100.00              |                |                       | 2,043                | 7    | SL  | MQ  | 14.286 | 1,27                 |
| 108 | 2 STORAGE UNITS       | 10282014 | 2,280     |                     | 100.00              |                |                       | 2,280                | 15   | SL  | MQ  | 6.667  | 62                   |
| 109 | DELL INSPIRON 17 COMP | 11112014 | 1,208     |                     | 100.00              |                |                       | 1,208                | 5    | SL  | MQ  | 20     | 99                   |
| 110 | COMPUTER FOR NURSING  | 12052014 | 1,343     |                     | 100.00              |                |                       | 1,343                | 5    | SL  | MQ  | 20     | 1,11                 |
| 111 | ACCESS CONTROL SYSTEM | 10302014 | 8,961     |                     | 100.00              |                |                       | 8,961                | 7    | SL  | MQ  | 14.286 | 5,28                 |
| 112 | 2212 EAST MAIN STREET | 08292013 | 329,989   |                     | 100.00              |                |                       | 329,989              | 39   | SL  | MM  | 2.564  | 45,12                |
| 113 | THERAPY CENTER        | 09202014 | 1,052,227 |                     | 100.00              |                |                       | 1,052,227            | 39   | SL  | MM  | 2.564  | 115,78               |
| 114 | NISSAN NV3500 VAN (PA | 07072015 | 30,830    |                     | 100.00              |                |                       | 30,830               | 5    | SL  | MQ  | 20     | 13,23                |
| 115 | AMTRYKE EXTENDER      | 08312015 | 2,000     |                     | 100.00              |                |                       | 2,000                | 7    | SL  | MQ  | 14.286 | 96                   |
| 116 | POWER WHEEL CHAIR     | 11012015 | 3,000     |                     | 100.00              |                |                       | 3,000                | 7    | SL  | MQ  | 14.286 | 1,34                 |
| 117 | SCHOOL BUS            | 12172015 | 7,000     |                     | 100.00              |                |                       | 7,000                | 5    | SL  | MQ  | 20     | 4,37                 |
| 118 | MONUMENT SIGN-NURSING | 02282015 | 3,263     |                     | 100.00              |                |                       | 3,263                | 5    | SL  | MQ  | 20     | 2,53                 |
| 119 | VENETIAN GOLD GRANITE | 08012015 | 892       |                     | 100.00              |                |                       | 892                  | 7    | SL  | MQ  | 14.286 | 42                   |
| 120 | BEDFORD MAPLE CARAMEL | 08022015 | 527       |                     | 100.00              |                |                       | 527                  | 7    | SL  | MQ  | 14.286 | 25                   |
| 121 | WALL BOX-EMERGENCY EX | 09182015 | 328       |                     | 100.00              |                |                       | 328                  | 39   | SL  | MM  | 2.564  | 2                    |
| 122 | SMOKE DETECTORS FOR S | 08042015 | 1,391     |                     | 100.00              |                |                       | 1,391                | 39   | SL  | MM  | 2.564  | 12                   |
|     |                       |          |           |                     |                     |                |                       |                      |      |     |     |        |                      |
|     |                       |          |           |                     |                     |                |                       |                      |      |     |     |        |                      |

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# **Depreciation Detail Listing**

Program Services

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SPECIAL KIDS INC

| No. | Description           | Date     | Cost  | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | M  | lethod | Rate   | Prior<br>Depreciatio |
|-----|-----------------------|----------|-------|---------------------|---------------------|----------------|-----------------------|----------------------|------|----|--------|--------|----------------------|
| 123 | LANDING MATS 5X10X4   | 01062015 | 1,230 |                     | 100.00              |                |                       | 1,230                | 7    | SL | MQ     | 14.286 | 68                   |
| 124 | FOLDING MAT 2 PANEL 4 | 01122015 | 358   |                     | 100.00              |                |                       | 358                  | 7    | SL | MQ     | 14.286 | 19                   |
| 125 | MINI FRIDG-NURSING CE | 01152015 | 452   |                     | 100.00              |                |                       | 452                  | 7    | SL | MQ     | 14.286 | 25                   |
| 126 | SCHOOL SPECIALTY SPAC | 01162015 | 1,120 |                     | 100.00              |                |                       | 1,120                | 7    | SL | MQ     | 14.286 | 62                   |
| 127 | SUPERACTIVE LED FIBER | 01162015 | 1,492 |                     | 100.00              |                |                       | 1,492                | 7    | SL | MQ     | 14.286 | 82                   |
| 128 | SOMATRON BODY PILLOW  | 01162015 | 1,208 |                     | 100.00              |                |                       | 1,208                | 7    | SL | MQ     | 14.286 | 67                   |
| 129 | SOMATRON TUBBY BALL P | 01162015 | 2,360 |                     | 100.00              |                |                       | 2,360                | 7    | SL | MQ     | 14.286 | 1,30                 |
| 130 | HEALTHMETER 2650KL PR | 01162015 | 1,868 |                     | 100.00              |                |                       | 1,868                | 7    | SL | MQ     | 14.286 | 1,03                 |
| 131 | L&B APPLIANCE         | 01312015 | 5,940 |                     | 100.00              |                |                       | 5,940                | 7    | SL | MQ     | 14.286 | 3,29                 |
| 133 | PURELL TFX HAND SANIT | 01032015 | 265   |                     | 100.00              |                |                       | 265                  | 7    | SL | MQ     | 14.286 | 14                   |
| 134 | DELL INSPIRON 17 5000 | 01052015 | 4,312 |                     | 100.00              |                |                       | 4,312                | 5    | SL | MQ     | 20     | 3,34                 |
| 135 | DELL OPTIPLEX 3020-NU | 01052015 | 5,742 |                     | 100.00              |                |                       | 5,742                | 5    | SL | MQ     | 20     | 4,44                 |
| 136 | DELL XPS 12 LAPTOP    | 01052015 | 2,428 |                     | 100.00              |                |                       | 2,428                | 5    | SL | MQ     | 20     | 1,88                 |
| 137 | DELL 17" MONITOR      | 01052015 | 960   |                     | 100.00              |                |                       | 960                  | 5    | SL | MQ     | 20     | 74                   |
| 138 | LESRO NEWPORT MODERN  | 01072015 | 2,872 |                     | 100.00              |                |                       | 2,872                | 7    | SL | MQ     | 14.286 | 1,58                 |
| 139 | MAYLINE COHERE FLIP&N | 01072015 | 1,138 |                     | 100.00              |                |                       | 1,138                | 7    | SL | MQ     | 14.286 | 63                   |
| 140 | BULLETIN BOARDS-NURSI | 01122015 | 499   |                     | 100.00              |                |                       | 499                  | 7    | SL | MQ     | 14.286 | 27                   |
| 141 | SIDDON CHAIR-NURSING  | 01172015 | 2,100 |                     | 100.00              |                |                       | 2,100                | 7    | SL | MQ     | 14.286 | 1,16                 |
| 142 | TRASH CAN-10 GAL SEMI | 01242015 | 1,960 |                     | 100.00              |                |                       | 1,960                | 7    | SL | MQ     | 14.286 | 1,08                 |
| 143 | FRIGIDAIR REFRIGERATO | 01282015 | 910   |                     | 100.00              |                |                       | 910                  | 7    | SL | MQ     | 14.286 | 50                   |
| 144 | 42 ROYAL SEATING 14"C | 02012015 | 1,863 |                     | 100.00              |                |                       | 1,863                | 7    | SL | MQ     | 14.286 | 1,03                 |
| 145 | 12 ARTCOBELL 7P90 SWI | 02012015 | 2,157 |                     | 100.00              |                |                       | 2,157                | 7    | SL | MQ     | 14.286 | 1,19                 |
| 146 | 5 TABLES 30X72 CLASSR | 02012015 | 893   |                     | 100.00              |                |                       | 893                  | 7    | SL | MQ     | 14.286 | 49                   |
| 147 | 2 TABLES 30X48 CLASSR | 02012015 | 279   |                     | 100.00              |                |                       | 279                  | 7    | SL | MQ     | 14.286 | 15                   |
| 148 | SINGLE PEDESTAL DESK- | 02062015 | 849   |                     | 100.00              |                |                       | 849                  | 7    | SL | MQ     | 14.286 | 46                   |
| 149 | EXAM TABLE-FOLD UP WA | 02112015 | 1,172 |                     | 100.00              |                |                       | 1,172                | 7    | SL | MQ     | 14.286 | 64                   |
| 150 | UPTON EXPRESSO KITCHE | 02132015 | 644   |                     | 100.00              |                |                       | 644                  | 7    | SL | MQ     | 14.286 | 35                   |
| 151 | PRESCHOOL SOFA&CHAIR  | 02172015 | 998   |                     | 100.00              |                |                       | 998                  | 7    | SL | MQ     | 14.286 | 55                   |
| 152 | LADY BUG HOLLOW       | 02232015 | 330   |                     | 100.00              |                |                       | 330                  | 7    | SL | MQ     | 14.286 | 18                   |
| 153 | 15" LAPTOP-FAMILY SER | 03092015 | 1,139 |                     | 100.00              |                |                       | 1,139                | 5    | SL | MQ     | 20     | 88                   |
|     |                       |          |       |                     |                     |                |                       |                      |      |    |        |        |                      |

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# **Depreciation Detail Listing**

Program Services

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SPECIAL KIDS INC

| Description           | Date  | Cost  | Basis<br>Adjustment  | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life        | Method  | Rate  | Prior<br>Depreciatio  |
|-----------------------|---|---|--|---------------------|----------------|-----------------------|----------------------|-------------|---|---|---|
| VITAL SIGN MONITOR-NU | 03312015  | 1,591   |  | 100.00              |                |                       | 1,591                | 5           | SL MÇ   | 20  | 1,23  |
| VITAL SIGN MONITOR ST | 03312015  | 1,591   |  | 100.00              |                |                       | 1,591                | 5           | SL MQ   | 20  | 1,23  |
| 60" VIZIO TV          | 04302015  | 1,108   |  | 100.00              |                |                       | 1,108                | 7           | SL MÇ   | 14.286  |   |
| CANVAS PRINTS-THERAPY | 04302015  | 1,007   |  | 100.00              |                |                       | 1,007                | 7           | SL MÇ   | 14.286  | 52  |
| 14 DELL OPTIPLEX 3020 | 06052015  | 10,060  |  | 100.00              |                |                       | 10,060               | 5           | SL MÇ   | 20  | 7,29  |
| 3 DELL INSPIRON 15 LA | 06052015  | 3,716   |  | 100.00              |                |                       | 3,716                | 5           | SL MQ   | 20  | 2,69  |
| POWEREDGE T320 SERVER | 07052015  | 2,294   |  | 100.00              |                |                       | 2,294                | 5           | SL MQ   | 20  | 1,54  |
| AUTO SCRUB MACHINE-TH | 08102015  | 2,995   |  | 100.00              |                |                       | 2,995                | 7           | SL MQ   | 14.286  | 1,44  |
| APC100 BACKUP         | 11012015  | 322   |  | 100.00              |                |                       | 322                  | 5           | SL MÇ   | 20  | 20  |
| PLAYGROUND-OUTSIDE    | 12012015  | 116,659   |  | 100.00              |                |                       | 116,659              | 7           | SL MQ   | 14.286  | 52,08   |
| CRAB ORCHARD STONE-SK | 11302015  | 660   |  | 100.00              |                |                       | 660                  | 7           | SL MQ   | 14.286  | 29  |
| SOLAR PROJECTOR KIT B | 01132015  | 1,414   |  | 100.00              |                |                       | 1,414                | 7           | SL MQ   | 14.286  | 78  |
| UV SOLUTIONS          | 01132015  | 381   |  | 100.00              |                |                       | 381                  | 7           | SL MÇ   | 14.286  | 21  |
| SOUND TO LIGHT PANEL  | 01132015  | 2,110   |  | 100.00              |                |                       | 2,110                | 7           | SL MÇ   | 14.286  | 1,16  |
| PORTABLE 27" BUBBLE T | 01132015  | 405   |  | 100.00              |                |                       | 405                  | 7           | SL MÇ   | 14.286  | 22  |
| MAXI BUBBLE TUBE      | 01132015  | 429   |  | 100.00              |                |                       | 429                  | 7           | SL MÇ   | 14.286  | 23  |
| PRAISE BOARD-THERAPY  | 01282015  | 1,002   |  | 100.00              |                |                       | 1,002                | 7           | SL MÇ   | 14.286  | 55  |
| KLEINAU WALL COLLAGE- | 02262015  | 323   |  | 100.00              |                |                       | 323                  | 7           | SL MÇ   | 14.286  | 17  |
| TABLET CHARGING CART  | 04132015  | 645   |  | 100.00              |                |                       | 645                  | 7           | SL MÇ   | 14.286  | 33  |
| LENVOA YOGA LAPTOP-CA | 04152015  | 1,028   |  | 100.00              |                |                       | 1,028                | 5           | SL MÇ   | 20  | 74  |
| 8 IPAD MINIS-CAMPABIL | 04152015  | 2,560   |  | 100.00              |                |                       | 2,560                | 5           | SL MÇ   | 20  | 1,85  |
| 12 IPAD AIR 16GB-CAMP | 04152015  | 5,040   |  | 100.00              |                |                       | 5,040                | 5           | SL MÇ   | 20  | 3,65  |
| WALL DECALS-NURSING B | 06182015  | 805   |  | 100.00              |                |                       | 805                  | 7           | SL MÇ   | 14.286  | 41  |
| BLACK LOVESEAT        | 07102015  | 626   |  | 100.00              |                |                       | 626                  | 7           | SL MÇ   | 14.286  | 30  |
| BLACK ONE SEAT SECTIO | 07102015  | 1,080   |  | 100.00              |                |                       | 1,080                | 7           | SL MÇ   | 14.286  | 52  |
| NURSING CENTER REMODE | 02282015  | 344,760   |  | 100.00              |                |                       | 344,760              | 39          | SL MM   | 2.564   | 34,25   |
| CABLING, HDMI, WALL B | 01202015  | 4,541   |  | 100.00              |                |                       | 4,541                | 7           | SL MÇ   | 14.286  | 2,51  |
| NAME PLATES-NURSING C | 06172015  | 1,292   |  | 100.00              |                |                       | 1,292                | 7           | SL MÇ   | 14.286  | 67  |
| SIGN FOR PRAISE BOARD | 06262015  | 1,002   |  | 100.00              |                |                       | 1,002                | 7           | SL MÇ   | 14.286  | 51  |
| SK DIMENSIONAL LOGO-N | 07022015  | 1,056   |  | 100.00              |                |                       | 1,056                | 7           | SL MÇ   | 14.286  | 51  |
|                       |   |   |  |                     |                |                       |                      |             |   |   |   |
|                       | VITAL SIGN MONITOR-NU VITAL SIGN MONITOR ST 60" VIZIO TV CANVAS PRINTS-THERAPY 14 DELL OPTIPLEX 3020 3 DELL INSPIRON 15 LA POWEREDGE T320 SERVER AUTO SCRUB MACHINE-TH PAPC100 BACKUP PLAYGROUND-OUTSIDE CRAB ORCHARD STONE-SK SOLAR PROJECTOR KIT B UV SOLUTIONS SOUND TO LIGHT PANEL PORTABLE 27" BUBBLE T MAXI BUBBLE TUBE PRAISE BOARD-THERAPY KLEINAU WALL COLLAGE- TABLET CHARGING CART LENVOA YOGA LAPTOP-CA 8 IPAD MINIS-CAMPABIL 12 IPAD AIR 16GB-CAMP WALL DECALS-NURSING B PBLACK LOVESEAT BLACK ONE SEAT SECTIO NURSING CENTER REMODE CABLING, HDMI, WALL B NAME PLATES-NURSING C SIGN FOR PRAISE BOARD | VITAL SIGN MONITOR-NU 03312015 VITAL SIGN MONITOR ST 03312015 60" VIZIO TV 04302015 14 DELL OPTIPLEX 3020 06052015 3 DELL INSPIRON 15 LA 06052015 POWEREDGE T320 SERVER 07052015 AUTO SCRUB MACHINE-TH 08102015 PLAYGROUND-OUTSIDE 12012015 CRAB ORCHARD STONE-SK 11302015 SOLAR PROJECTOR KIT B 01132015 VIV SOLUTIONS 01132015 PORTABLE 27" BUBBLE T 01132015 PORTABLE 27" BUBBLE T 01132015 PRAISE BOARD-THERAPY 01282015 KLEINAU WALL COLLAGE- TABLET CHARGING CART 04132015 LENVOA YOGA LAPTOP-CA 04152015 WALL DECALS-NURSING B 06182015 BLACK LOVESEAT 07102015 NURSING CENTER REMODE 02282015 CABLING, HDMI, WALL B 01202015 NAME PLATES-NURSING C 06172015 | VITAL SIGN MONITOR-NU 03312015 1,591 VITAL SIGN MONITOR ST 03312015 1,591 CANVAS PRINTS-THERAPY 04302015 1,007 14 DELL OPTIPLEX 3020 06052015 10,060 DELL INSPIRON 15 LA 06052015 3,716 POWEREDGE T320 SERVER 07052015 2,294 AUTO SCRUB MACHINE-TH 08102015 2,995 PLAYGROUND-OUTSIDE 12012015 116,659 PCABB ORCHARD STONE-SK 11302015 660 SOLAR PROJECTOR KIT B 01132015 1,414 SUV SOLUTIONS 01132015 2,110 PORTABLE 27" BUBBLE T 01132015 405 MAXI BUBBLE TUBE 01132015 1,002 PRAISE BOARD-THERAPY 01282015 1,002 RELEINAU WALL COLLAGE- 02262015 323 TABLET CHARGING CART 04132015 645 LENVOA YOGA LAPTOP-CA 04152015 1,028 B IPAD MINIS-CAMPABIL 04152015 5,040 WALL DECALS-NURSING B 06182015 1,080 NURSING CENTER REMODE 02282015 344,760 NURSING CENTER REMODE 02282015 1,092 SIGN FOR PRAISE BOARD 06262015 1,092 | Date                | Description    | Description           | Description          | Description | Description   Date   Cost   Adjustment   percentage   179   depreciation   Basis   Life | Description   Date   Cost   Adjustment   percentage   179   Gospination   Basis   Life   Method | Description   Date   Cost   Adjustment   percentage   179   depreciation   Basis   Life   Method   Rate |

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

# **Depreciation Detail Listing**

Program Services

See "UBIA" in lower right corner.

Name(s) as shown on return

For your records only

SPECIAL KIDS INC

| No. | Description           | Date     | Cost   | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Me   | ethod | Rate   | Prior<br>Depreciatio |
|-----|-----------------------|----------|--------|---------------------|---------------------|----------------|-----------------------|----------------------|------|------|-------|--------|----------------------|
| 186 | INSPIRON 14 3000 WITH | 01052016 | 1,668  |                     | 100.00              |                |                       | 1,668                | 5    | SL   | HY    | 20     | 83                   |
| 187 | SIGN-IMPACT&FAMILY DI | 01252016 | 1,254  |                     | 100.00              |                |                       | 1,254                | 7    | SL   | HY    | 14.286 | 44                   |
| 188 | SURFACE PRO 4 BUNDLE  | 02012016 | 1,899  |                     | 100.00              |                |                       | 1,899                | 5    | SL   | HY    | 20     | 95                   |
| 189 | BROTHER SCANNER       | 02162016 | 438    |                     | 100.00              |                |                       | 438                  | 5    | SL   | HY    | 20     | 22                   |
| 190 | CANON SCANNER         | 02162016 | 400    |                     | 100.00              |                |                       | 400                  | 5    | SL   | HY    | 20     | 20                   |
| 191 | PRIVACY SCREENS       | 03072016 | 1,194  |                     | 100.00              |                |                       | 1,194                | 7    | SL   | HY    | 14.286 | 42                   |
| 192 | DELL - XPS 18"        | 07152016 | 700    |                     | 100.00              |                |                       | 700                  | 5    | SL   | HY    | 20     | 35                   |
| 193 | OPTIPLEX 7040 DESKTOP | 12072016 | 3,500  |                     | 100.00              |                |                       | 3,500                | 5    | SL   | HY    | 20     | 1,75                 |
| 194 | PORTABLE PATIENT ELEC | 12292016 | 3,500  |                     | 100.00              |                |                       | 3,500                | 7    | SL   | HY    | 14.286 | 1,25                 |
| 195 | KITCHEN OFFICE JOB    | 09122016 | 3,500  |                     | 100.00              |                |                       | 3,500                | 39   | SL   | MM    | 2.564  | 20                   |
| 196 | PLAYGROUND LANDSCAPIN | 02222016 | 1,554  |                     | 100.00              |                |                       | 1,554                | 7    | SL   | HY    | 14.286 | 55                   |
| 197 | CABINET FOR THERAPY C | 10012016 | 1,927  |                     | 100.00              |                |                       | 1,927                | 7    | SL   | HY    | 14.286 | 68                   |
| 199 | LIGHT&POLE PROJECT-PA | 04302016 | 29,778 |                     | 100.00              |                |                       | 29,778               | 15   | SL   | HY    | 6.667  | 4,96                 |
| 200 | 4 HP 15.6 NOTEBOOKS - | 01042017 | 1,516  |                     | 100.00              |                |                       | 1,516                | 5    | SL   | HY    | 20     | 45                   |
| 201 | MICS PHONE SYSTEM - A | 02082017 | 4,954  |                     | 100.00              |                |                       | 4,954                | 7    | SL   | HY    | 14.286 | 1,06                 |
| 202 | HUBBLE CAT 3 JACKS -  | 02082017 | 2,162  |                     | 100.00              |                |                       | 2,162                | 7    | SL   | HY    | 14.286 | 46                   |
| 203 | DELL XPS13.3 TOUCH SC | 03032017 | 1,048  |                     | 100.00              |                |                       | 1,048                | 5    | SL   | HY    | 20     | 31                   |
| 204 | DELL 15.6 TOUCH NOTEB | 03132017 | 860    |                     | 100.00              |                |                       | 860                  | 5    | SL   | HY    | 20     | 25                   |
| 205 | CHARITY OPEN LICENSE  | 04112017 | 624    |                     | 100.00              |                |                       | 624                  | 5    | SL   | HY    | 20     | 18                   |
| 206 | CHARITY OPEN LICENSE  | 04112017 | 1,352  |                     | 100.00              |                |                       | 1,352                | 5    | SL   | HY    | 20     | 40                   |
| 207 | APPLE IPAD WITH WIFI  | 04272017 | 660    |                     | 100.00              |                |                       | 660                  | 5    | SL   | HY    | 20     | 19                   |
| 208 | DELL INSPIRON15.6 TOU | 04272017 | 1,700  |                     | 100.00              |                |                       | 1,700                | 5    | SL   | HY    | 20     | 51                   |
| 209 | HP 15.6 TOUCH SCR LAP | 05252017 | 510    |                     | 100.00              |                |                       | 510                  | 5    | SL   | HY    | 20     | 15                   |
| 210 | LEASEHOLD IMPROVEMENT | 05162017 | 13,800 |                     | 100.00              |                |                       | 13,800               | 15   | SL   | HY    | 6.667  | 1,38                 |
| 211 | LIFETIME GIVING INVES | 06152017 | 500    |                     | 100.00              |                |                       | 500                  | 7    | SL   | HY    | 14.286 | 10                   |
| 212 | WINDOWS 10 PRO - DEVE | 10042017 | 482    |                     | 100.00              |                |                       | 482                  | 5    | AMT- | AMT   | 20     | 12                   |
| 213 | WINDOWS 10 PRO - THER | 10122017 | 663    |                     | 100.00              |                |                       | 663                  | 5    | AMT- | AMT   | 20     | 16                   |
| 214 | ADOBE LICENSE RENEWAL | 11172017 | 864    |                     | 100.00              |                |                       | 864                  | 5    | AMT- | AMT   | 20     | 20                   |
| 215 | WINDOWS 10 PRO - THER | 11242017 | 723    |                     | 100.00              |                |                       | 723                  | 5    | AMT- | AMT   | 20     | 16                   |
| 216 | LANDSCAPING AT THERAP | 11302017 | 1,721  |                     | 100.00              |                |                       | 1,721                | 7    | SL   | HY    | 14.286 | 36                   |
|     |                       |          |        |                     |                     |                |                       |                      |      |      |       |        |                      |

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

Name(s) as shown on return

# **Depreciation Detail Listing**

Program Services

For your records only

SPECIAL KIDS INC

| No. | Description           | Date     | Cost    | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Meti  | nod | Rate   | Prior<br>Depreciatio |
|-----|-----------------------|----------|---------|---------------------|---------------------|----------------|-----------------------|----------------------|------|-------|-----|--------|----------------------|
| 217 | 2 SPEED BUMPS         | 06302018 | 6,200   |                     | 100.00              |                |                       | 6,200                | 15   | SL    | MQ  | 6.667  | 25                   |
| 218 | SECURITY FOR NEW STOR | 07232018 | 150     |                     | 100.00              |                |                       | 150                  | 15   | SL    | MQ  | 6.667  |                      |
| 219 | DOOR AT THERAPY AND N | 09102018 | 4,768   |                     | 100.00              |                |                       | 4,768                | 15   | SL    | MQ  | 6.667  | 11                   |
| 220 | 2212 LEASEHOLD IMPROV | 10312018 | 124,496 |                     | 100.00              |                |                       | 124,496              | 15   | SL    | MQ  | 6.667  | 1,03                 |
| 221 | DELL 13567-3919BLK IN | 03062018 | 519     |                     | 100.00              |                |                       | 519                  | 5    | SL    | MQ  | 20     | 9                    |
| 222 | DELL 13567-3919BLK IN | 03062018 | 519     |                     | 100.00              |                |                       | 519                  | 5    | SL    | MQ  | 20     | 9                    |
| 223 | DELL INSPIRON 3668 DE | 03082018 | 449     |                     | 100.00              |                |                       | 449                  | 5    | SL    | MQ  | 20     | 7                    |
| 224 | DELL INSPIRON 3668 DE | 03082018 | 449     |                     | 100.00              |                |                       | 449                  | 5    | SL    | MQ  | 20     | 7                    |
| 225 | 381-404H SPORTS PLAY  | 02092018 | 2,389   |                     | 100.00              |                |                       | 2,389                | 7    | SL    | MQ  | 14.286 | 29                   |
| 226 | AMAZON CLOUD CAM INDO | 03212018 | 570     |                     | 100.00              |                |                       | 570                  | 7    | SL    | MQ  | 14.286 | 7                    |
| 227 | EXECUTIVE OFFICE FURN | 05312018 | 2,500   |                     | 100.00              |                |                       | 2,500                | 7    | SL    | MQ  | 14.286 | 22                   |
| 230 | MICROSOFT OFFICE LICE | 12052018 | 1,479   |                     | 100.00              |                |                       | 1,479                | 5    | AMT-A | MT  | 20     | 2                    |
| 231 | BUILDING IMPROVEMENT  | 10312018 | 18,372  |                     | 100.00              |                |                       | 18,372               | 15   | SL    | MQ  | 6.667  | 15                   |
| 232 | UNIFI AC ACCESS POINT | 03142019 | 525     |                     | 100.00              |                |                       | 525                  | 7    | SL    | HY  | 7.143  |                      |
| 233 | UNIFI 24 PORT SWITCH  | 03152019 | 199     |                     | 100.00              |                |                       | 199                  | 7    | SL    | HY  | 7.143  |                      |
| 234 | MACBOOK PRO 13 INCH 2 | 04122019 | 1,299   |                     | 100.00              |                |                       | 1,299                | 5    | SL    | HY  | 10     |                      |
| 235 | IPHONE 8 PLUS 256 GB  | 04122019 | 849     |                     | 100.00              |                |                       | 849                  | 5    | SL    | HY  | 10     |                      |
| 236 | INSPIRON 14 5000 2 IN | 07052019 | 2,120   |                     | 100.00              |                |                       | 2,120                | 5    | SL    | HY  | 10     |                      |
| 237 | VOSTOR 14 5390 LAPTOP | 07052019 | 2,097   |                     | 100.00              |                |                       | 2,097                | 5    | SL    | HY  | 10     |                      |
| 238 | OPTIPLEX 3060 DESKTOP | 07052019 | 825     |                     | 100.00              |                |                       | 825                  | 5    | SL    | HY  | 10     |                      |
| 239 | LAPTOP FOR KAREN OSBO | 11142019 | 650     |                     | 100.00              |                |                       | 650                  | 5    | SL    | HY  | 10     |                      |
| 240 | COMPUTER DESKTOP TOWE | 12312019 | 400     |                     | 100.00              |                |                       | 400                  | 5    | SL    | HY  | 10     |                      |
| 241 | COMPUTER DESKTOP TOWE | 12312019 | 400     |                     | 100.00              |                |                       | 400                  | 5    | SL    | HY  | 10     |                      |
| 242 | COMPUTER DESKTOP TOWE | 12312019 | 400     |                     | 100.00              |                |                       | 400                  | 5    | SL    | HY  | 10     |                      |
| 243 | COMPUTER DESKTOP TOWE | 12312019 | 400     |                     | 100.00              |                |                       | 400                  | 5    | SL    | HY  | 10     |                      |
| 244 | COMPUTER DESKTOP TOWE | 12312019 | 400     |                     | 100.00              |                |                       | 400                  | 5    | SL    | HY  | 10     |                      |
| 245 | COMPUTER DESKTOP TOWE | 12312019 | 400     |                     | 100.00              |                |                       | 400                  | 5    | SL    | HY  | 10     |                      |
| 246 | MICROPHONES, HEADPHON | 03212019 | 1,745   |                     | 100.00              |                |                       | 1,745                | 7    | SL    | HY  | 7.143  |                      |
| 247 | RODE RODECASTER PRO P | 04052019 | 380     |                     | 100.00              |                |                       | 380                  | 7    | SL    | HY  | 7.143  |                      |
| 248 | E3 ROLLER SHADES MANU | 04302019 | 1,278   |                     | 100.00              |                |                       | 1,278                | 7    | SL    | HY  | 7.143  |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |       |     |        |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |       |     |        |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |       |     |        |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |       |     |        |                      |

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

#### **Depreciation Detail Listing**

Program Services

See "UBIA" in lower right corner. For your records only Name(s) as shown on return

SPECIAL KIDS INC

Social

| No. | Description           | Date     | Cost      | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Method | Rate  | Prior<br>Depreciatio |
|-----|-----------------------|----------|-----------|---------------------|---------------------|----------------|-----------------------|----------------------|------|--------|-------|----------------------|
| 249 | BLINDS FOR CODY'S COR | 07012019 | 735       |                     | 100.00              |                |                       | 735                  | 7    | SL HY  | 7.143 |                      |
| 250 | REFRIGERATOR AT CODY' | 10072019 | 999       |                     | 100.00              |                |                       | 999                  | 7    | SL HY  | 7.143 |                      |
| 251 | PELICAN AIR CASE      | 11212019 | 210       |                     | 100.00              |                |                       | 210                  | 7    | SL HY  | 7.143 |                      |
| 252 | EXECUTIVE DESK        | 12282019 | 500       |                     | 100.00              |                |                       | 500                  | 7    | SL HY  | 7.143 |                      |
| 253 | DRAIN AT NURSING CENT | 10312019 | 7,500     |                     | 100.00              |                |                       | 7,500                | 15   | SL HY  | 3.333 |                      |
| 254 | IT & COMMUNICATIONS W | 05282019 | 8,601     |                     | 100.00              |                |                       | 8,601                | 15   | SL HY  | 3.333 |                      |
| 255 | 5 OUTLETS IN THERAPY  | 10182019 | 775       |                     | 100.00              |                |                       | 775                  | 15   | SL HY  | 3.333 |                      |
| 256 | CONTROLLER IN RECEPTI | 11012019 | 1,278     |                     | 100.00              |                |                       | 1,278                | 15   | SL HY  | 3.333 |                      |
| 257 | SECURITY SYSTEM AT CO | 08282019 | 3,079     |                     | 100.00              |                |                       | 3,079                | 15   | SL HY  | 3.333 |                      |
| 258 | CONSTRUCTION IN PROGR | 12312019 | 797       | 797                 | 100.00              |                |                       | 0                    | 0    |        | 0     |                      |
|     | Assets Sold/Abandoned |          |           |                     |                     |                |                       |                      |      |        |       |                      |
| 132 | TOWEL DISPENSER-TOUCH | 01032015 | 350       |                     | 100.00              |                |                       | 350                  | 7    | SL MQ  | 14.28 | 19                   |
| 228 | 6 TABLES & 12 CHAIRS  | 05312018 | 984       |                     | 100.00              |                |                       | 984                  | 7    | SL MQ  | 14.28 | 8                    |
| 229 | 2015 EZ GO RXV GOLF C | 10312018 | 4,750     |                     | 100.00              |                |                       | 4,750                | 7    | SL MQ  | 14.28 | 8                    |
|     |                       |          |           |                     |                     |                |                       |                      |      |        |       |                      |
|     | Totals                |          | 2,949,246 |                     |                     |                |                       | 2,948,448            |      |        |       | 739,96               |

Land Amount Net Depreciable Cost

2,949,246

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

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

# **Depreciation Detail Listing**

Management & General

See "UBIA" in lower right corner.

Name(s) as shown on return

For your records only

SPECIAL KIDS INC

Social

| No. | Description           | Date     | Cost    | Basis<br>Adjustment | Business percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Method | Rate | Prior<br>Depreciatio |
|-----|-----------------------|----------|---------|---------------------|---------------------|----------------|-----------------------|----------------------|------|--------|------|----------------------|
| 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    |                      |
| 179 | LAND 2220 E MAIN ST   | 06152015 | 71,790  | 71,790              | 100.00              |                |                       | 0                    | 0    |        | 0    |                      |
| 185 | LAND 2208 E MAIN ST   | 09302013 | 147,396 | 147,396             | 100.00              |                |                       | 0                    | 0    |        | 0    |                      |
| 198 | 2220 E MAIN ST - RAZI | 04142016 | 19,750  | 19,750              | 100.00              |                |                       | 0                    | 0    |        | 0    |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
|     |                       |          |         |                     |                     |                |                       |                      |      |        |      |                      |
| _   | Totals                |          | 358,340 |                     |                     |                |                       |                      |      |        |      |                      |

Land Amount Net Depreciable Cost

358,340

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

# **Depreciation Reconciliation for SPECIAL KIDS INC**

|                                      | Cost      | Basis     | Current<br>Depreciation | Accumulated<br>Depreciation |  |
|--------------------------------------|-----------|-----------|-------------------------|-----------------------------|--|
| Beginning of Year                    | 3,268,745 | 2,910,404 | 136,894                 | 876,857                     |  |
| Placed in Service in Current Year    | 38,841    | 38,044    | 2,204                   | 2,204                       |  |
| Removed from Service in Current Year | 6,084     | 6,084     | 591                     | 958                         |  |
| End of Year                          | 3,301,502 | 2,942,364 | 138,507                 | 878,103                     |  |

|           |                 |                            | (Keep for your records) |         |        | 201      | 9         |
|-----------|-----------------|----------------------------|-------------------------|---------|--------|----------|-----------|
| Name(s) a | s ahown on retu | rn                         | , , ,                   |         |        | Tax ID I | Number    |
| SPECI     | AL KIDS         | INC                        |                         |         |        | 62-1     | 718638    |
| 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 | М      | 39       | 3,359     |
| PRG       | 1               | TERMINAL SERVER            | 02-07-2007              | 5,506   | М      | 5        |           |
| PRG       | 1               | OFFICE FURNITURE-CHRIS     | 05-07-2007              | 400     | М      | 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        | 8         |
| 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        | 79        |
| PRG       | 1               | 12 X 16 METAL SHED         | 09-30-2013              | 1,000   | SL     | 7        | 88        |
| PRG       | 1               | EMR SOFTWARE               | 11-26-2013              | 13,900  | SL     | 5        |           |
| PRG       | 1               | OFFICE EQUIPMENT AND FUR   | 02-21-2013              | 9,000   | SL     | 7        | 159       |
| PRG       | 1               | GAGGLE BUGGY               | 05-02-2013              | 1,499   | SL     | 7        | 81        |
| PRG       | 1               | THERAPY BED                | 06-14-2013              | 1,000   | SL     | 7        | 53        |
| PRG       | 1               | GAGGLE BUGGY (BYE-BYE BU   | 04-18-2014              | 1,978   | SL     | 7        | 283       |
| PRG       | 1               | OFFICE FURNITURE-ANNEX     | 05-29-2014              | 5,140   | SL     | 7        | 734       |
| 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        | 1,402     |
| PRG       | 1               | 15 LESRO NEWPORT MODERN    | 10-01-2014              | 3,591   | SL     | 7        | 513       |
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| SPECI   | AL KIDS          | INC         |                  |                        |       |        | 62-1   | 718638    |
| Form    | Multi-Form       | Description |                  | Date                   | Basis | Method | Life   | Deduction |
| PRG     | 1                | 5 LESRO N   | NEWPORT OVERSIZE | 10-01-2014             | 1,511 | SL     | 5      |           |
| PRG     | 1                | 4 MAYLINE   | FLIP & NEST TR   | 10-01-2014             | 2,276 | SL     | 7      | 325       |
| PRG     | 1                | APC BATTE   | RY BACKUPS FOR   | 10-06-2014             | 1,269 | SL     | 5      |           |
| PRG     | 1                | 4 TIERED    | LITERATURE RACK  | 10-06-2014             | 332   | SL     | 7      | 47        |
| PRG     | 1                | PORTABLE    | SINK FOR CHURCH  | 10-07-2014             | 5,520 | SL     | 7      | 789       |
| PRG     | 1                | EXPANDABI   | LE BALL PIT      | 10-08-2014             | 1,060 | SL     | 7      | 151       |
| PRG     | 1                | SPACE WAI   | JK               | 10-08-2014             | 319   | SL     | 7      | 46        |
| PRG     | 1                | SCOOTERBO   | DARD RAMP        | 10-08-2014             | 364   | SL     | 7      | 52        |
| PRG     | 1                | 4 PACK CU   | JBE CHAIRS       | 10-08-2014             | 219   | SL     | 7      | 31        |
| PRG     | 1                | 3 BLACK V   | ERTICAL FILE CA  | 10-11-2014             | 1,409 | SL     | 7      | 201       |
| PRG     | 1                | SHED FOR    | SHERI'S SUPPLIE  | 10-16-2014             | 1,100 | SL     | 15     | 73        |
| PRG     | 1                | APPLE MAC   | BOOK PRO FOR DE  | 10-17-2014             | 1,235 | SL     | 5      |           |
| PRG     | 1                | RAINBOW A   | ACROBAT SWING    | 10-23-2014             | 445   | SL     | 7      | 64        |
| PRG     | 1                | LADDER WA   | \LL              | 10-23-2014             | 414   | SL     | 7      | 59        |
| PRG     | 1                | FOLDING 4   | X8 2 PANEL - RO  | 10-24-2014             | 305   | SL     | 7      | 44        |
| PRG     | 1                | WEPLAY WA   | ATER MOTOR LILY  | 10-28-2014             | 1,275 | SL     | 7      | 182       |
| 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      | 365       |
| PRG     | 1                | EPSON DS-   | 510 SCANNER      | 11-04-2014             | 280   | SL     | 5      |           |
| PRG     | 1                | COMPUTER    | DESK             | 11-04-2014             | 350   | SL     | 7      | 50        |
| PRG     | 1                | FLARE CHA   | AIR              | 11-07-2014             | 419   | SL     | 7      | 60        |
| PRG     | 1                | FLARE LOV   | ESEAT            | 11-07-2014             | 539   | SL     | 7      | 77        |
| PRG     | 1                | 2 SQUARE    | END TABLES       | 11-07-2014             | 298   | SL     | 7      | 43        |
| PRG     | 1                | 2 DELL OF   | PTIPLEX 3020 COM | 11-11-2014             | 1,371 | SL     | 5      |           |
| PRG     | 1                | 2 DELL OF   | PTIPLEX 3020 COM | 11-11-2014             | 1,372 | SL     | 5      |           |
| PRG     | 1                | MAYTAG BI   | DISHWASHER       | 12-05-2014             | 570   | SL     | 7      | 81        |
| PRG     | 1                | DELUXE BO   | DLSTER SWING     | 12-19-2014             | 756   | SL     | 7      | 108       |
| PRG     | 1                | PLATFORM    | SWING W/INFANT   | 12-19-2014             | 403   | SL     | 7      | 58        |
| PRG     | 1                | BUBBLE WA   | ALL PANEL        | 12-24-2014             | 2,546 | SL     | 7      | 364       |
| PRG     | 1                | 55" LG LE   | ED TV-THERAPY CE | 10-28-2014             | 598   | SL     | 7      | 85        |
| PRG     | 1                | PHONE SYS   | STEM-THERAPY CEN | 11-02-2014             | 6,733 | SL     | 7      | 962       |
| PRG     | 1                | WEPLAY MO   | OTOR SKILLS UNIV | 09-09-2014             | 710   | SL     | 7      | 101       |
| PRG     | 1                |             | RM 2 VARREL CRAW | 09-11-2014             | 939   | SL     | 7      | 134       |
| PRG     | 1                | 3 DELL XF   | S 12 LAPTOPS     | 09-12-2014             | 3,831 | SL     | 7      | 547       |
| PRG     | 1                | FOLDING C   | CHILDREN'S PARAL | 09-15-2014             | 754   | SL     | 7      | 108       |
| PRG     | 1                | FOAMNASIU   | JM PLAYGROUND    | 09-15-2014             | 425   | SL     | 7      | 61        |
| PRG     | 1                | SMALL BEN   | CH ADAPTIVE MAL  | 09-15-2014             | 369   | SL     | 7      | 53        |
| PRG     | 1                | LARGE BEN   | CH ADAPTIVE MAL  | 09-15-2014             | 451   | SL     | 7      | 64        |
| PRG     | 1                | XL BENCH    | ADAPTIVE MALL K  | 09-15-2014             | 490   | SL     | 7      | 70        |
| PRG     | 1                | WEDGE MAT   | GSC DOWNHILL M   | 09-16-2014             | 1,810 | SL     | 7      | 259       |
| PRG     | 1                | WELCH ALI   | YN SURETEMP PLU  | 09-17-2014             | 305   | SL     | 7      | 44        |
| PRG     | 1                | 2 FLAT SC   | CREEN TV'S       | 09-18-2014             | 1,446 | SL     | 7      | 207       |
| PRG     | 1                | 9 5X10X4    | LANDING MATS     | 09-18-2014             | 4,226 | SL     | 7      | 604       |
| PRG     | 1                | 10 4X8X4    | LANDING MATS     | 09-18-2014             | 3,468 | SL     | 7      | 495       |
| PRG     | 1                | 2 4X6X4 I   | ANDING MATS      | 09-18-2014             | 506   | SL     | 7      | 72        |
| PRG     | 1                | DELUXE BO   | DLSTER SWING     | 09-18-2014             | 549   | SL     | 7      | 78        |
| PRG     | 1                | PLATFORM    | SWING W/INFANT   | 09-18-2014             | 293   | SL     | 7      | 42        |
| PRG     | 1                | 10 SOLID    | OAK SINGLE PEDE  | 09-24-2014             | 6,949 | SL     | 7      | 993       |
| PRG     | 1                | BOBATH TA   | ABLE             | 09-24-2014             | 3,285 | SL     | 7      | 469       |
| PRG     | 1                | SUSPENSIO   | ON & HEIGHT ADJU | 09-18-2014             | 950   | SL     | 7      | 136       |
| PRG     | 1                | FLYING TE   | RAPEZE           | 09-18-2014             | 1,225 | SL     | 7      | 175       |
| PRG     | 1                | 2 DELL CO   | MPUTER/TABLETS   | 11-11-2014             | 2,446 | SL     | 5      |           |
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| SPECI | SPECIAL KIDS INC 62-1718638 |                          |            |           |        |      |           |  |  |  |
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| Form  | Multi-Form                  | Description              | Date       | Basis     | Method | Life | Deduction |  |  |  |
| PRG   | 1                           | OTTO BOCK BASE           | 04-03-2014 | 3,000     | SL     | 7    | 429       |  |  |  |
| PRG   | 1                           | SHED FOR ANNEX           | 05-16-2014 | 2,500     | SL     | 15   | 167       |  |  |  |
| PRG   | 1                           | OFFICE FURNITURE         | 09-03-2014 | 2,043     | SL     | 7    | 292       |  |  |  |
| 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    | 1,280     |  |  |  |
| 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                           | SCHOOL BUS               | 12-17-2015 | 7,000     | SL     | 5    | 1,225     |  |  |  |
| PRG   | 1                           | MONUMENT SIGN-NURSING CE | 02-28-2015 | 3,263     | SL     | 5    | 80        |  |  |  |
| 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    | 109       |  |  |  |
| PRG   | 1                           | DELL OPTIPLEX 3020-NURSI | 01-05-2015 | 5,742     | SL     | 5    | 145       |  |  |  |
| PRG   | 1                           | DELL XPS 12 LAPTOP       | 01-05-2015 | 2,428     | SL     | 5    | 59        |  |  |  |
| PRG   | 1                           | DELL 17" MONITOR         | 01-05-2015 | 960       | SL     | 5    | 24        |  |  |  |
| 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    | 28        |  |  |  |
| PRG   | 1                           | VITAL SIGN MONITOR-NURSI | 03-31-2015 | 1,591     | SL     | 5    | 41        |  |  |  |
| PRG   | 1                           | VITAL SIGN MONITOR STAND | 03-31-2015 | 1,591     | SL     | 5    | 41        |  |  |  |
| 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       |  |  |  |
|       |                             |                          |            |           |        |      |           |  |  |  |
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| SPECI     | 62-1                                     | 718638                   |            |         |        |      |           |  |  |  |
| Form      | Multi-Form                               | Description              | Date       | Basis   | Method | Life | Deduction |  |  |  |
| PRG       | 1  | 14 DELL OPTIPLEX 3020 CO | 06-05-2015 | 10,060  | SL     | 5    | 754       |  |  |  |
| PRG       | 1  | 3 DELL INSPIRON 15 LAPTO | 06-05-2015 | 3,716   | SL     | 5    | 279       |  |  |  |
| PRG       | 1  | POWEREDGE T320 SERVER    | 07-05-2015 | 2,294   | SL     | 5    | 286       |  |  |  |
| PRG       | 1  | AUTO SCRUB MACHINE-THERA | 08-10-2015 | 2,995   | SL     | 7    | 428       |  |  |  |
| PRG       | 1  | APC100 BACKUP            | 11-01-2015 | 322     | SL     | 5    | 58        |  |  |  |
| 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    | 75        |  |  |  |
| PRG       | 1  | 8 IPAD MINIS-CAMPABILITY | 04-15-2015 | 2,560   | SL     | 5    | 192       |  |  |  |
| PRG       | 1  | 12 IPAD AIR 16GB-CAMPABI | 04-15-2015 | 5,040   | SL     | 5    | 378       |  |  |  |
| 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    | 334       |  |  |  |
| 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    | 380       |  |  |  |
| PRG       | 1  | BROTHER SCANNER          | 02-16-2016 | 438     | SL     | 5    | 88        |  |  |  |
| PRG       | 1  | CANON SCANNER            | 02-16-2016 | 400     | SL     | 5    | 80        |  |  |  |
| PRG       | 1  | PRIVACY SCREENS          | 03-07-2016 | 1,194   | SL     | 7    | 171       |  |  |  |
| PRG       | 1  | DELL - XPS 18"           | 07-15-2016 | 700     | SL     | 5    | 140       |  |  |  |
| PRG       | 1  | OPTIPLEX 7040 DESKTOPS   | 12-07-2016 | 3,500   | SL     | 5    | 700       |  |  |  |
| 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  | MICS PHONE SYSTEM - ANNE | 02-08-2017 | 4,954   | SL     | 7    | 708       |  |  |  |
| PRG       | 1  | HUBBLE CAT 3 JACKS - ANN | 02-08-2017 | 2,162   | SL     | 7    | 309       |  |  |  |
| 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       |  |  |  |
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| SPECI | AL KIDS    | INC                       |            |         |        | 62-1 | 718638    |
|-------|------------|---------------------------|------------|---------|--------|------|-----------|
| Form  | Multi-Form | Description               | Date       | Basis   | Method | Life | Deduction |
| 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       |
| 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 13567-3919BLK 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          | RODE RODECASTER PRO PODC  | 04-05-2019 | 380     | SL     | 7    | 54        |
| 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          | PELICAN AIR CASE          | 11-21-2019 | 210     | SL     | 7    | 30        |
| 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    |           |
|       |            |                           |            |         |        |      |           |
|       |            | TOTAL                     |            |         |        |      | 129,063   |
|       |            |                           |            |         |        |      |           |
|       |            |                           |            |         |        |      |           |
|       |            |                           |            |         |        |      |           |
|       |            |                           |            |         |        |      |           |
|       |            |                           |            |         |        |      |           |