

CLA (CliftonLarsonAllen LLP) CLAconnect.com

SPECIAL CAMPS FOR SPECIAL KIDS

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2020

CLIENT COPY

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

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Form

B Control of the second o	A For the 2020 calendar year, or tax year beginning and ending					
SPECTAL CAMPS FOR SPECTAL KIDS 75-2205242 Dirig business as CAMP JOHN MARC RoomSuite To-2205242 Number and street (or P.O. box if mail is not delivered to street address) 400 (214) 360-0056 City or town, state or province, country, and 2IP or foreign postal code G orean receipts 1, 233, 984. H(a) Is this a group return SAME AS C ABOVE Farme and address of principal officer: COREY LADD H(b) Are at subcontrasts of uncipal officer: COREY LADD I Tax-exempt status: [X] 501(c)(3) 501(c) () (meet no.) 4947(a)(1) or 527 H(b) Are at subcontrasts on cluster Ves No I Tax-exempt status: [X] comportion Tust Association Other > L Year of formation: 1987/M State of legal domicile: TX Part II Summary I Briefly describe the organization's mission or most significant activities: INSPIRE CONFIDENCE FOR LIFE FOR CHLDREN & TEENS WITH CIRONIC MEDICAL & PHYSICAL CHALLENGES. 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 77 5 Total number of independent voting members of the governing body (Part VI, line 1a) 76 76 7 Total number of individuals employed in calendary year 2020 (Part VI, line 1a) 5			e: C Name of organization	D Employer identific	ation number	
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Method Reserved Weight August Number and street (or P.0, box if mail is not delivered to street address) 4225 GREERV ILLE AVENUE Room/suite 400 E Telephone number (214) 360-0056 City or town, statue Same AS C ABOVE F ame and address of principal officer: COREY LADD SAME AS C ABOVE H(a) Is this a group return result of autochantes? Yes (X) No H(b) Areal address of principal officer: COREY LADD SAME AS C ABOVE H(a) Is this a group return to subordinates? Yes (X) No H(b) Areal address of principal officer: COREY LADD SAME AS C ABOVE 1 Tax exempt status: [X] 001(c)(3) 501(c)((I) (I) (I) (I) (I) (I) (I) (I) (I) (I)		Name			75-220524	12
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1, 214. 1, 117. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2, 409, 892. 1, 226, 231. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 32, 055. 250. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 988, 984. 950, 844. 16a Professional fundraising expenses (Part IX, column (D), line 25) 75, 884. 1, 406, 728. 1, 041, 066. 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) -17, 875. -765, 929. 19 Revenue less expenses. Subtract line 18 from line 12 -17, 875. -765, 929. 12 Total assets (Part X, line 16) 7, 179, 324. 6, 419, 586. 21 Total assets or fund balances. Subtract line 21 from line 20 7, 108, 093. 6, 342, 164. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	Sev.	10				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		1 22 art II			1,100,093.	0,342,104.
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		•				מוסשוטעט מות שבוובו, וג וא

		-						
Sign	Signature of officer	Date						
Here	DEAN RENKES, TREASURER Type or print name and title							
	Print/Type preparer's name Preparer's signature Date	Check PTIN						
Paid	MICHAELA J. CROMAR, CPA MICHAELA J. CROMAR, 05/05	/21 self-employed P00895728						
Preparer	Firm's name 🕒 CLIFTONLARSONALLEN LLP	Firm's EIN 🕨 41-0746749						
Use Only	Firm's address 🕒 801 CHERRY ST, SUITE 1400							
	FORT WORTH, TX 76102	Phone no. (817) 877-5000						
May the II	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
032001 12-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)						

	m 990 (2020) SPECIAL CAMPS FOR SPECIAL KIDS 75-2205242 art III Statement of Program Service Accomplishments	Page 2
Fai		177
1	Check if Schedule O contains a response or note to any line in this Part III	. X
-	CAMP JOHN MARC INSPIRES CONFIDENCE FOR LIFE THROUGH HIGH-QUALITY	
	CAMPING PROGRAMS FOR CHILDREN, TEENS, AND FAMILIES. YEAR ROUND	
	PROGRAMMING AND SPECIALIZED CAMP FACILITIES ARE UNIQUELY DESIGNED IN	
	PARTNERSHIP WITH DALLAS-FORT WORTH AREA PEDIATRIC HOSPITALS, COMMUNIT	<u>. Y</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	XNo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
	revenue, if any, for each program service reported.	
4a		577 .)
	SPECIAL CAMPS FOR SPECIAL KIDS SERVES CHILDREN WITH CHRONIC ILLNESSES	/
	AND MAJOR PHYSICAL CHALLENGES AND THE FAMILIES OF THOSE CHILDREN, BY	
	MAKING POSSIBLE HIGH QUALITY, YEAR-ROUND CAMPING EXPERIENCES AT CAMP	
	JOHN MARC. IN 2020, 121 CAMPERS AND THEIR FAMILIES EXPERIENCED THE	
	MAGIC OF CAMP BY ATTENDING ONE OF OUR TWO WEEKEND IN-PERSON CAMPING	
	PROGRAMS. 7,302 PARTICIPANTS ATTENDED THE VIRTUAL CAMPS AND THE	
	ORGANIZATION HAD OVER 200 VIDEOS AND ACTIVITIES CREATED AND DID LIVE	•
	EVENTS ONLINE ONCE A WEEK. THIS WAS MADE POSSIBLE THROUGH THE EFFORTS	
	OF 11 FULL-TIME AND 24 PART - TIME CAMP JOHN MARC SUMMER STAFF MEMBER	ls
	AND 58 VOLUNTEER COUNSELORS AND MEDICAL STAFF MEMBERS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,648,280.	20
		90 (2020)
032002	02 12-23-20 0	
	2	

Form 990 (FOR	SPECIAL	KIDS
Part IV	Checklist of F	Required Sche	edules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	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	_		v
•	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	o		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
-	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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			Vee	Na
22	Did the exercitation report more than \$5,000 of grante or other exciptions to or far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		- 23
20	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		x
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a	х	
h	"Yes," complete Schedule L, Part IV	28b	- 23	x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<u> </u>
Ŭ	"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 conservation			
	contributions? If "Yes," complete Schedule M	30		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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
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	1			,

Form	990 (2020) SPECIAL CAMPS FOR SPECIAL KIDS 75-220!	5242	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 50	<u>)</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		x
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	x	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711	- 23	
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form	990	(2020)
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SPECIAL CAMPS FOR SPECIAL KIDS

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

75-2205242 Page 6

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

			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 77				
	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 on line 1a, above, who are independent 1b 77				
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	Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	х		
	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
l0a	Did the organization have local chapters, branches, or affiliates?	10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110			
	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?	12a	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120			
C		12c	Х		
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X		
3 4		13	X		
4 5	Did the organization have a written document retention and destruction policy?	14	1		
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?	45-	х		
	The organization's CEO, Executive Director, or top management official	15a	x X		
b	Other officers or key employees of the organization	15b	Λ		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		v	
	taxable entity during the year?	<u>16a</u>		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	10			
	exempt status with respect to such arrangements?	16b		I	
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	<u>KEVIN RANDLES - (214)360-0056</u>				
	4925 GREENVILLE AVENUE, SUITE 400, DALLAS, TX 75206		990		

Form	990	(2020)
	330	

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L	Part VII	Co	mpensation of Officers	Directors	Trustees	Key Employees	Highest (Compensated
L		•••	inperiodation of emicers	, 51000010	,	ney Employeee,	ingnoot t	somponoatoo
		Em	anlowaga, and Indonan	Jont Contro	atora			
		СП	ployees, and Independ	Jent Contra	CLOIS			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	mea)	1001	oure	(D)	(E)	(F)
Name and title	Average	<i>.</i>		Pos	ition			Reportable	Reportable	Estimated
	hours per		not cl , unles					compensation	compensation	amount of
	week	offic	cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	com l				and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN RANDLES	40.00			0	×	<u>+ 0</u>	ш			
EXECUTIVE DIRECTOR				Х				151,500.	0.	24,320.
(2) COREY LADD	4.00							-		
BOARD CHAIR		Х		Х				0.	0.	0.
(3) DIANNE HAWKINS	4.00									
CHAIR-ELECT		Х		Х				0.	0.	0.
(4) MIKE TANNER	4.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(5) SCOTT A. MILLER	4.00									
PAST CHAIRMAN		Х		Х				0.	0.	0.
(6) DEAN RENKES	4.00									
TREASURER		Х		Х				0.	0.	0.
(7) MARGARET KELLEY	4.00									
SECRETARY		Х		Х				0.	0.	0.
(8) THOMAS LAUGHLIN	4.00									
GENERAL COUNSEL		Х		Х				0.	0.	0.
(9) ROB FARRELL	4.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN HOWARD	4.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) CRAIG INNES	4.00									
DIRECTOR		Х						0.	0.	0.
(12) SANDRA KARRMANN	4.00									
DIRECTOR		х						0.	0.	0.
(13) STEWART KELLER	4.00									•
DIRECTOR	1.00	х						0.	0.	0.
(14) RUSSELL MYERS	4.00									•
DIRECTOR		х						0.	0.	0.
(15) DARREL RICE	4.00									
DIRECTOR		Х						0.	0.	0.
(16) SCOTT SCHWOB	4.00							_		•
DIRECTOR		х						0.	0.	0.
(17) CHRIS SEARS	4.00									
DIRECTOR		Х						0.	0.	0.
032007 12-23-20				-	-					Form 990 (2020)

Form 990 (2020) SPECIAL O	CAMPS FC	R	SF	РЕC	ΊA	L	KΙ	IDS	75-220	524	12	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck	more rson i	l than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ited it of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compens from t organiza and rela organiza	he ation ated
(18) BOB SPURGIN DIRECTOR	4.00	x						0.	0			0.
(19) CHIP WAGGONER DIRECTOR	4.00	x						0.	0			0.
(20) ELLEN MCSTAY DIRECTOR	4.00	x						0.	0			0.
(21) J. MARC MYERS DIRECTOR	4.00	x						0.	0			0.
(22) JAN MYERS DIRECTOR	4.00	x						0.	0			0.
(23) RANDY PERRY DIRECTOR	4.00	x						0.	0			0.
(24) SUZZI PERRY DIRECTOR	4.00	x						0.	0			0.
(25) LYNN SEARS DIRECTOR	4.00	x						0.	0			0.
(26) GIFFORD TOUCHSTONE	4.00	x										0.
DIRECTOR 1b Subtotal			I		I	I		0.	0	•	24,320	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.	0	0. 24,320		0. 320.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	phest compensated emp	loyee on		Yes	S No
line 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a, is the su											3	X
and related organizations greater than \$150Did any person listed on line 1a receive or a			•							. -	4 X	
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors											5	X
 Complete this table for your five highest con the organization. Report compensation for the 	•	•							· ·	satior	n from	
(A) Name and business								(B) Description of s		Con	(C) npensati	ion
		INC		<u> </u>							porioad	
2 Total number of independent contractors (ir	•	ot lir	nited	d to			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz SEE PART VII, SECTION		IN	UA	TI	ON		HE	ETS		Fo	orm 990	(2020)

032008 12-23-20

		Г.						Compensated Employe	, ,	(5)
(A) Name and title	(B) Average			((ر. ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				loyee		the organization	organizations (W-2/1099-MISC)	compensatior from the
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-101130)	organization
	related	ee or	istee			in sate				and related
	organizations	l trust	nal tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ind	Ins	Off	Key	Hig	For			
27) DAVID BELL DIRECTOR	2.00	x						0.	0.	0
(28) SALLY FRANCIS-KEHAYES	2.00	Δ						0.	0.	0
DIRECTOR	2100	x						0.	0.	0
(29) CAROL TOUCHSTONE	2.00									
DIRECTOR		х						0.	0.	0
(30) SUSAN WILLIAMS	2.00								-	
DIRECTOR		х						0.	Ο.	0
(31) STEVE BENENSON	2.00									
DIRECTOR		Х						0.	0.	0
(32) GREG BIGGS	2.00									
DIRECTOR		Х						0.	0.	C
(33) VEREE BROWN	2.00									
DIRECTOR		х						0.	0.	0
(34) MICHAEL CAFFEY	2.00								0	
DIRECTOR		Х						0.	0.	0
(35) GREG CANNON DIRECTOR	2.00	x						0.	0.	C
(36) CHRISTINA CARROLL	2.00	Λ						0.	0.	0
DIRECTOR	2.00	х						0.	0.	0
(37) BRANDON COLBY	2.00								••	0
DIRECTOR		x						0.	0.	0
(38) ANNE CROW	2.00								•••	
DIRECTOR		х						0.	Ο.	C
(39) LEVY CURRY	2.00									
DIRECTOR		х						0.	Ο.	0
(40) MARIE DEAN	2.00									
DIRECTOR		Х						0.	0.	C
(41) CHRISTINA DUROVICH	2.00									
DIRECTOR		Х						0.	0.	C
(42) CHERYL ENGLEMANN	2.00								_	-
DIRECTOR		Х						0.	0.	C
(43) BRILL GARRETT	2.00								<u> </u>	
DIRECTOR		Х						0.	0.	С
(44) JOANNE MYERS GATES	2.00	v							•	_
DIRECTOR	2 00	Х						0.	0.	С
(45) BILL HEARD	2.00	x						0.	0.	C
DIRECTOR 46) KATIE HICKNEY	2.00	^						U•	U •	L L
JIRECTOR	2.00	x						0.	0.	(

Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	tee or	ustee			ensat				and related
	organizations	al trus	onal tr		loyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(47) ALICE ANN HOLLAND, PHD, ABPP	2.00	=	=	01	Ke	Ŧ	Fc			
DIRECTOR	2.00	x						0.	0.	0
(48) KEITH HOLTZ	2.00									
DIRECTOR		х						0.	0.	0
(49) JOANNE HURTEKANT	2.00									
DIRECTOR		Х						0.	0.	0
50) TIM JEROME	2.00									
DIRECTOR		Х						0.	0.	0
51) NANCY LAMONS	2.00									
DIRECTOR		Х						0.	0.	0
(52) HUDSON LOCKETT, III	2.00	v						0	0	0
DIRECTOR (53) AUSTIN MILLER	2.00	Х						0.	0.	0
DIRECTOR	2.00	х						0.	0.	0
54) GABRIEL MORENO	2.00									
DIRECTOR		х						0.	0.	0
(55) ROB MORRIS	2.00									
DIRECTOR		х						0.	0.	0
56) CAROLINE NELSON	2.00									
DIRECTOR		Х						0.	0.	0
(57) SPENCER PERRY	2.00									
DIRECTOR		Х						0.	0.	0
58) LISA PRATHER	2.00									
DIRECTOR		X						0.	0.	0
59) HARLAN RAY	2.00	v						0	0	0
DIRECTOR (60) MOLLY RAY	2.00	Х						0.	0.	0
DIRECTOR	2.00	x						0.	0.	0
(61) JAMES SARGENT	2.00	~						0.	0.	0
DIRECTOR	2.00	x						0.	0.	0
(62) ROBERT SCULLY	2.00									
DIRECTOR		х						0.	0.	0
63) JEFFREY SEARS	2.00									
IRECTOR		х						0.	0.	0
64) CAROL SEAY	2.00									
DIRECTOR		х						0.	0.	0
(65) KRISTYN SENTERS	2.00									
DIRECTOR		Х						0.	0.	0
(66) TREY SHANNON	2.00									_
DIRECTOR		Х						0.	0.	0

Part VII Section A. Officers, Directors		npic	yee			iigne	51		, ,	(=)
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours	(c	heck	Posi			۱v)	Reportable compensation	Reportable compensation	Estimated amount of
	per	(C				app	iy)	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	e			ated e		(W-2/1099-MISC)		organization
	related	ustee	truste		96	bens				and related
	organizations below	ual tri	tional		n ploye	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(67) CATHY SHEFFIELD	2.00			_						
DIRECTOR		Х						0.	0.	0
(68) DENIS SIMON	2.00									
DIRECTOR		х						0.	0.	0
(69) DR. MATTHEW SIMON	2.00									
DIRECTOR		Х						0.	0.	0
(70) BETTYE SLAVEN	2.00								0	
DIRECTOR	2.00	Х						0.	0.	C
(71) BRAD TATE, MD DIRECTOR	2.00	x						0.	0.	C
(72) DANIEL TAYLOR	2.00	~						0.	0.	U
DIRECTOR	2.00	х						0.	0.	C
(73) CHERYL THOMAS	2.00								••	,
DIRECTOR		х						0.	0.	C
(74) RYAN THORNTON	2.00									
DIRECTOR		х						0.	Ο.	0
(75) JULIE VAN HAREN	2.00									
DIRECTOR		Х						0.	0.	0
(76) LEY WAGGONER	2.00									_
DIRECTOR		х						0.	0.	0
(77) DR. KIMBERLY YAMANOUCHI	2.00								•	
DIRECTOR		Х						0.	0.	C
(78) DR. TOM ZELLERS	2.00	v						0	0	
DIRECTOR	1.00	Х						0.	0.	C
(79) DR. RICHARD ADAMS DIRECTOR	1.00	x						0.	0.	C
(80) STEPHANIE BRIGGER	1.00	^						0.	0.	(
DIRECTOR	1.00	x						0.	0.	C
(81) DONNA CRUMP	1.00								••	
DIRECTOR		х						0.	0.	C
(82) DR. TIM MCCAVIT	1.00									
DIRECTOR		х						0.	Ο.	C
(83) DR. HISASHI NIKAIDOH	1.00									
DIRECTOR		х						0.	0.	C
(84) DR. CLAUDE PRESTIDGE	1.00									
DIRECTOR		Х						0.	0.	0
(85) DR. RAYMOND QUIGLEY	1.00									
DIRECTOR		Х						0.	0.	(
(86) DR. KARL RATHJEN	1.00								<u> </u>	
DIRECTOR		Х						0.	0.	(

Form 990 SPECIAL	CAMPS FC	R	SP	EC	IA	L	ΚI					
	1	nplo	yee			ligh	est (Compensated Employees (continued)				
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average	(-)		Pos				Reportable	Reportable	Estimated		
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of other		
	per week					ee		from the	from related organizations	compensation		
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the		
	hours for	r dire				ted er		(W-2/1099-MISC)		organization		
	related	stee c	ruste			pensa				and related		
	organizations below	ual tru	ional 1		ploye	tcom				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former					
(87) DR. JOANN SANDERS	1.00	=	-		¥	<u> </u>	ш					
DIRECTOR		x						0.	0.	0.		
(88) DR. KAREN SCHULTZ	1.00											
DIRECTOR		х						0.	0.	0.		
(89) ROBERT WALKER	1.00											
DIRECTOR		Х						0.	0.	0.		
		-		-								
		1										
		-		-								
Total to Part VII, Section A, line 1c												

						<u>IPS</u>	FOR S	PECIA	L KIDS		75-2205	242 Page 9
Pa				ven	ue							
			Check if Schedule O	conta	ins a respo	onse oi	r note to ar	ny line in th				
								То	(A) tal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns		1a							
oun		b	Membership dues		1b							
₽Ğ		с	Fundraising events		1c							
ar /		d	Related organizations		1d	1	L78,80	0.				
is, inil		е	Government grants (contr	ributio	ons) 1e							
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts,	grants								
n H			similar amounts not included	d abov)24,83	9.				
		g	Noncash contributions included in				24,10		0.2 6.20			
<u>م</u> د		h	Total. Add lines 1a-1f						03,639.			
						-	Business C		22 4 6 0	22.460		
e	2		CAMP FEES			_	71399		22,460.	22,460.		
er v		b										
γ Nen S		с										
Program Service Revenue		d				— -						
Š,		e f	All other program service	rovor		_						
-		f	Total. Add lines 2a-2f						22,460.			
	3	<u>y</u>	Investment income (inclue						22,1000			
	Ŭ		other similar amounts)	•					3,280.			3,280.
	4		Income from investment of									
	5		Royalties		•							
	-				(i) Real		(ii) Persor	nal				
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		с	Rental income or (loss)	6c								
		d	Net rental income or (loss	s)								
	7	a	Gross amount from sales of		(i) Securit	ties	(ii) Othe					
			assets other than inventory	7a			1,45	0.				
		b	Less: cost or other basis									
ne			and sales expenses	7b			5,71	.5.				
evenue		с	Gain or (loss)	7c			-4,26	5.				
Ê		d	Net gain or (loss)			· · <u>· · · · · · · · · · · · · · · · · </u>			-4,265.			-4,265.
Other	8	а	Gross income from fundraisi including \$									
0												
			contributions reported on		-	8a						
		h	Part IV, line 18 Less: direct expenses			8b						
			Net income or (loss) from									
	9		Gross income from gamir		-			-				
	-	-	Part IV, line 19									
		b	Less: direct expenses			9b						
			Net income or (loss) from			s						
	10		Gross sales of inventory,	-	-							
			and allowances			10a	3,15	5.				
		b	Less: cost of goods sold				2,03	8.				
			Net income or (loss) from						1,117.	1,117.		
۵	_	_					Business C	ode				
e sou	11	а										
ane		b										
cell		с										
Miscellaneous Revenue			All other revenue									
-		е	Total. Add lines 11a-11d						00.001			
	12		Total revenue. See instructi	ons				▶ µ,2	26,231.	23,577.	0.	-985.
03200	9 12	2-23-	20									Form 990 (2020)

13

SPECIAL CAMPS FOR SPECIAL KIDS

2020.03042 SPECIAL CAMPS FOR SPECIAL 008-5021

75-2205242 Page 9

SPECIAL CAMPS FOR SPECIAL KIDS 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).

De	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	250.	250.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1			
	trustees, and key employees	175,820.	92,208.	58,528.	25,084
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	573,198.	467,751.	89,836.	15,611.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	33,021.	29,230.	2,654. 6,544.	<u> 1,137</u> <u> 2,804</u> 2,815
9	Other employee benefits	114,535.	105,187.	6,544.	2,804.
0	Payroll taxes	54,270.	40,636.	10,819.	2,815
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	43,044.		43,044.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	5,414.		5,414.	
12	Advertising and promotion				
13	Office expenses	4,483.		4,483.	
14	Information technology	18,539.	11,999.	4,578.	1,962.
15	Royalties				
16	Occupancy	324,226.	291,774.	22,806.	9,646.
17	Travel	8,396.	8,396.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	430,434.	427,120.	3,314.	
23	Insurance	92,157.	82,243.	9,914.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	50,553.	50,553.		
b	SUPPLIES	31,631.	29,651.	1,386.	594.
с	SPECIAL EVENT EXPENSE	15,033.			15,033.
d	POSTAGE & SHIPPING	7,943.	3,972.	2,780.	1,191.
е	All other expenses	9,213.	7,310.	1,896.	7.
25	Total functional expenses. Add lines 1 through 24e	1,992,160.	1,648,280.	267,996.	75,884.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure 1 if following SOP 98-2 (ASC 958-720)				

14

07380505 131839 008-502319-00

7,108,093.

7,179,324.

31

32

33

6,342,164.

6,419,586.

Form 990 (2020)

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year (B) End of year 865,388. 455,168. 1 1 Cash - non-interest-bearing 555,342. 694,957. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 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 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 77,810. 90,944. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 14,547,985. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 9,229,853. 5,538,419. 5,318,132. 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,750. 0. 15 Other assets. See Part IV, line 11 15 7,179,324. 6,419,586. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 70,396. 77,422. Accounts payable and accrued expenses 17 17 18 18 Grants payable 835. 0. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 of Schedule D 71,231. 77,422. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 5,994,974. 27 5,386,384. 27 Net assets without donor restrictions 1,113,119. Net assets with donor restrictions 955,780. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

Form 990 (2020)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

31

32

33

Form	990 (2020) SPECIAL CAMPS FOR SPECIAL KIDS	75-2	205242	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,226		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,992		
3	Revenue less expenses. Subtract line 2 from line 1	3	-765		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,108	,09	<u>93.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	6,342	,16	<u>54.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			77
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit			v
_	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCHE	DUL	.E A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
	550		550 LZ

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.

l	OMB No. 1545-0047
	2020
	Open to Public Inspection

Name of the	organization
-------------	--------------

Name	of t	he organization						Employer	identification number
		SPEC	IAL CAMPS 1	FOR SPECIAL 1	KIDS			7	5-2205242
Part		Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The or	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1 [A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3 [A hospital or a cooperative	hospital service orga	nization described in so	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 🗌	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
_		section 170(b)(1)(A)(vi). (Complete Part II.)							
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 🗌		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
_	_	university:							
10 🗌		An organization that norma							
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
4 - E	_	See section 509(a)(2). (Cor	-			=			
11 L 40 □	4	An organization organized a	-	•	•				
12 🗌		An organization organized a	-	-	-			•	
		more publicly supported org lines 12a through 12d that	-						
а		Type I. A supporting orga						-	aivina
u	L	the supported organization		-	• • •	-			
		organization. You must c			inajonty o				pporting
b		Type II. A supporting org	-		tion with its	s supporte	d organizatio	n(s), by hav	vina
-		control or management o	-				•		-
		organization(s). You mus						5	
с] Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o	organizations						
g		ide the following information			(iv) is the oroa	inization listed	((iii) Amount of other
	()) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 17

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL CAMPS FOR SPECIAL KIDS Part II Support Schedule for Organizations Described in Sections 170(b)(1)

75-2205242 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1586588.	1667164.	1680762.	1848342.	1203639.	7986495.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1586588.	1667164.	1680762.	1040242	1203639.	7096405
	Total. Add lines 1 through 3	1200200.	100/104.	1080/02.	1848342.	1203039.	7986495.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6							7986495.
	Public support. Subtract line 5 from line 4.						7900495.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1586588.	1667164.	1680762.	1848342.	1203639.	7986495.
	Gross income from interest,		20072010	2000/020	10100121	110000000	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,821.	4,095.	2,259.	5,395.	3,280.	27,850.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8014345.
	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,263,852.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop			-			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	99.65 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>96.83 %</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL CAMPS FOR SPECIAL KIDS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
check this box and stop here	<u></u>		<u></u>	·	-)
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If the					· · · ·	
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the						ind
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21			i		edule A (Form 99) or 990-EZ) 2020
		19)		,	,

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL CAMPS FOR SPECIAL KIDS

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2020

10a

10b

2020.03042 SPECIAL CAMPS FOR SPECIAL 008-5021

20

		40524	Z Pá	age 5
Pa	rt IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization directors of the organization and or ensure the organization of the organization of the organization and the organization of the organization had more than one supported organization and the organization of the orga			110
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion 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		103	
•	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Vee	Na
	District a second state of the second state of the second state of the state of the State of the State of the s		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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			

21

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

	Type III Non-Fun				
Schedule A	(Form 990 or 990-EZ) 20	20 SPECIAL	CAMPS F	OR SPECIA	AL KIDS

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

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a nen functional	lly intogrator		nization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 SPECIAL CAMPS FOR SPECIAL KIDS

Par	t v Type III Non-Functionally Integrated 509	a)(s) Supporting Orga	continu	<u>led)</u>					
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the								
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	าร	(iii) Distributable Amount for 2020						
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
C	From 2017								
d	From 2018								
e	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
i	Carryover from 2015 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2020 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
d	Excess from 2019								
е	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020	SPECIAL	CAMPS	FOR	SPECIAL	KIDS	75-2205242	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Pa	e the explar , 5a, 6, 9a, 9 t IV, Sectior	nations re 9b, 9c, 1 ⁻ n E, lines	equired by Part 1a, 11b, and 1 ⁻ 1c, 2a, 2b, 3a,	II, line 10; Part II, li Ic; Part IV, Section and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section e 1; Part V, Section B, line 1e; Pa	C.
	· · · · · · · · · · · · · · · · · · ·							
032028 01-25-2	1						Schedule A (Form 990 or 990-	EZ) 2020
				2	4			

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Name of the organizat						
_	SPECIAL CAMPS FOR SPECIAL KIDS	75-2205242				
Organization type (ch	eck one):					
Filers of:	Section:	Section:				
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not 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 your organiza	tion is covered by the General Rule or a Special Rule.					
, ,	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
-	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin n any one contributor. Complete Parts I and II. See instructions for determining a contributo					
Special Rules						
X For an organi	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor	t test of the regulations under				

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** 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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

X

X

X

X

X

X

Employer identification number

SPECIAL CAMPS FOR SPECIAL KIDS 75-2205242 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 201,450. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 178,800. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Person Payroll 25,000. Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

07380505 131839 008-502319-00

023452 11-25-20

\$

X

X

X

Employer identification number

Name of organization SPECIAL CAMPS FOR SPECIAL KIDS 75-2205242 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Person Payroll Noncash (Complete Part II for noncash contributions.)

023452 11-25-20

2020.03042 SPECIAL CAMPS FOR SPECIAL 008-5021

27

Page 3

Employer identification number

75-2205242

SPECIAL CAMPS FOR SPECIAL KIDS

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

28

07380505 131839 008-502319-00

Schedule B (For	rm 990, 990-EZ	or 990-PF) (2020)
	111 000, 000 LL	

Page	4
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ame of organi	zation		Employer identification numb
PECIAL	CAMPS FOR SPECIAL KID	S	75-2205242
Part III Ex		ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y
COL	mpleting Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) *
a) No. from	se duplicate copies of Part III if additional s		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gift	I
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No.		()))	(
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
	Transferee's name, address, an	d ZI P + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	I
	Transferee's name, address, an	d 7 ID + 4	Relationship of transferor to transferee
—			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of sift	
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
—			
454 11-25-20		I	Schedule B (Form 990, 990-EZ, or 990-PF) (2

07380505 131839 008-502319-00

SCHEDULE	D
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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.



	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	ation.	Inspection
	e of the organizati				r identification number
	 -	SPECIAL CAMPS FOR	SPECIAL KIDS		5-2205242
Par	t I Organiza	ations Maintaining Donor Advise			
		on answered "Yes" on Form 990, Part IV, lin			·
	0	· · ·	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		on inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	-	on's property, subject to the organization's	-		Yes No
6		on inform all grantees, donors, and donor a			
		poses and not for the benefit of the donor o			
	impermissible priv	/ate benefit?			Yes No
Par	t II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education)	a historically impo	rtant land area
	Protection of	of natural habitat	Preservation of	a certified historic	structure
	Preservation	n of open space			
2	Complete lines 2a	a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conservation e	asement on the last
	day of the tax yea	r.		Held	at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest	tricted by conservation easements		2b	
с	Number of conser	rvation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	rvation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re	
	listed in the Nation	nal Register		2d	
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	g the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of		
		forcement of the conservation easements if			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easement	s during the year
	▶				
7	· ·	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements dur	ing the year
	►\$				
8		rvation easement reported on line 2(d) abov			
		ı)(4)(B)(ii)?			Yes No
9	,	be how the organization reports conservation			
		d include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes	the
Dar		counting for conservation easements. ations Maintaining Collections of	Art Historical Treasures or Ot	hor Similar As	eate
ı aı		if the organization answered "Yes" on Form			5013.
10		elected, as permitted under FASB ASC 95		nd halanaa ahaat y	vorko
Ia	0	easures, or other similar assets held for put			
		Part XIII the text of the footnote to its finar	, ,	•	
h		elected, as permitted under FASB ASC 95			s of
~	-	sures, or other similar assets held for public			
		ing amounts relating to these items:			
	•	Ided on Form 990, Part VIII, line 1		₽. ◀	
				. .	
2	. ,	received or held works of art, historical tre			
-		unts required to be reported under FASB A		J, p. e 1.00	
а	•	l on Form 990, Part VIII, line 1	0	▶ \$	
		n Form 990, Part X			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

30

Sche	ichedule D (Form 990) 2020 SPECIAL CAMPS FOR SPECIAL KIDS 75-2205242 Page 2									
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or	Other S	Simila	r Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that n	nake sign	ificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further the	ne organization	's exempt	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical trea	sures, or other	similar as	sets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	on answered "Y	es" on Fo	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
T	Ending balance				· · · · · · · · · · · · · · · · · · ·	1f		Vee		1
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.					<i>(</i>	L	Yes		_ No
Par							<u></u>			<u></u>
		(a) Current year	(b) Prior year	(c) Two years) Three y	/ears back	(a) Four	Veare	hack
1a	Beginning of year balance	1,113,119.	1,136,006.				49,893.		967,	
b	Contributions	80,100.	452,481.				17,298.		402,	
c	Net investment earnings, gains, and losses	,	/ -	,			, .		,	
d	Grants or scholarships									
e	Other expenditures for facilities									
-	and programs	237,439.	475,368.	232,	384.	1	69,030.		320,	162.
f	Administrative expenses									
g	End of year balance	955,780.	1,113,119.	1,136,	006.	1,0	98,161.	1,	049,	893.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•			•		
а	Board designated or quasi-endowment		%							
b	Permanent endowment > 20.7200	%	_							
с	Term endowment ▶ 79.2800 g	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held a	nd administere	d for the c	organiza	ation	-		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990, I	Part X, lin	e 10.				
	Description of property	(a) Cost or ot	• • •	t or other	(c) Acci			(d) Bool	k value	э
		basis (investm	·	(other)	depre	eciation				10
	Land			0,319.		0 5	16			<u>19.</u>
	Buildings		12,01	5,389.	7,91	2,54	46.	4,102	4,84	±3.
	Leasehold improvements		1 05	1 770	1 01	0 0				
	Equipment			1,778.	1,21				L, 52	
	Other			0,499.	ΤÜ)7,04	49.		$\frac{3}{2}, \frac{4}{2}$	
Tota	. Add lines 1a through 1e. (Column (d) must ea	qual Form 990, Part X	(, column (B), line 1	0c.)				5,318	-	
							Schedule	e D (Form	ı 990)	2020

Schedule D (Form 990) 2020 SPECIAL CAMPS FOR SPECIAL KIDS	5
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colur	nn (b) must eaual Form 990. Part X. col. (B) line 15.)	
Part X	nn (b) must equal Form 990. Part X. col. (B) line 15.) ••••••••••••••••••••••••••••••••••••	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

►

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

Schedule D (Form 990) 2020

X

032053 12-01-20

(8) (9)

Sche	dule D (Form 990) 2020 SPECIAL CAMPS FOR SPECIAL K	•-	75-220524	2 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	-	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	

Part XIII Supplemental Information.

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

PART V, LINE 4:

ጥ갑문	TNCOME			ጥ갑군	ϽͲϽϺΛΝͲΝͲ			DESIGNATED	FIINDC	тс	TICED	mΩ
T I I I I I	TRCOME	I. KOH	DOTI	T 1117		AND	DOARD	DEDIGNATED	T ONDS	тю		10

SUPPORT THE OPERATIONS OF THE CAMP.

TEMPORARILY RESTRICTED NET ASSETS ARE AVAILABLE FOR THE FOLLOWING PURPOSES

OR PERIODS AS OF DECEMBER 31, 2020:

BRICK PATHWAYS/LIVE OAK CAMPAIGN	\$ 93,995
DONATED LAND	\$ 549,575
SCHOLARSHIP FUND	\$ 52,150
OUR HOUSE/CAMPING	\$ 62,060
TOTAL	\$ 757,780

PART X, LINE 2:

032054 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 SPECIAL CAMPS FOR SPECIAL KIDS 75-2205242 Page 5 Part XIII Supplemental Information (continued) (continued) 75-2205242 Page 5
Part Ail Supplemental information (continued)
SPECIAL CAMPS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF
THE IRC OF 1986, AS AMENDED, AS AN ORGANIZATION DESCRIBED IN SECTION
501(C)(3) OF THE IRC. SPECIAL CAMPS HAS BEEN CLASSIFIED AS AN ORGANIZATION
THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A)(1), AND AS SUCH,
CONTRIBUTIONS TO SPECIAL CAMPS QUALIFY FOR DEDUCTIONS AS CHARITABLE
CONTRIBUTIONS. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO
SPECIAL CAMP'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER IRC SECTION 511.
THERE WAS NO NET INCOME FROM UNRELATED BUSINESS FOR THE YEARS ENDED
DECEMBER 31, 2020 AND 2019.

Schedule D (Form 990) 2020

032055 12-01-20

SC	HEDULE J Compensation Information		I	OMB No. 1	No. 1545-0047		
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2000			
•	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
_			Open to Public				
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction		
Nam	e of the organization		Employer	identificatio	on nur	nber	
		SPECIAL CAMPS FOR SPECIAL KIDS	75-2	220524	2		
Pa	rt I Questions	s Regarding Compensation					
					Yes	No	
1a	Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	narter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)				
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if an	y, of the following the organization used to establish the compensation of the organization's	i				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation	committee Written employment contract					
	Independent c	ompensation consultant III Compensation survey or study					
	Form 990 of ot	her organizations \fbox Approval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a rel	ated organization:					
а	Receive a severance	e payment or change-of-control payment?		<u>4a</u>		X	
		eive payment from a supplemental nonqualified retirement plan?				X	
С	-	eive payment from an equity-based compensation arrangement?		4c		x	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the re					v	
		·····				X X	
b		ation?		<u>5b</u>		Å	
~		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n	-		-		v	
						X X	
b		ation?		<u>6b</u>			
_		r 6b, describe in Part III.					
(n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v	
~		es 5 and 6? If "Yes," describe in Part III		7		X	
8						v	
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					x	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2020	

032111 12-07-20

Schedule J (Form 990) 2020

75-2205242

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KEVIN RANDLES	(i)	136,500.	15,000.	0.	13,650.	10,670.	175,820.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

Schedule J (Form 990) 2020

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE L	Transactior	ns Wit	h Int	erested	Pe	ersons			0	//B No.	1545-00	047	
(Form 990 or 990-EZ) Complete in	f the organization and 28b, or 28c, o	swered "Y	es" on F	orm 990, Par	t IV,	line 25a, 25b, 2	6, 27,	28a,		2	02	20	
Department of the Treasury Internal Revenue Service	► Atta Go to www.irs.gov/Fo			Form 990-EZ		st information			-	pen T spect		olic	
Name of the organization			mou do		lute		Em	ploye	rident	•		ımber	
	L CAMPS FOR								052	42			
Part I Excess Benefit Trans Complete if the organizatio													
1 (a) Name of disqualified person	(b) Relationship bety person and or	ween disqu	ualified			escription of tran			5.		Corre es	ected? No	
2 Enter the amount of tax incurred by	/ the organization man	agers or di	squalifie	d persons duri	ina tl	he vear under							
section 4958				·				► \$					
3 Enter the amount of tax, if any, on I	ine 2, above, reimburs	ed by the	organizat	ion				▶ \$					
Part II Loans to and/or From	m Interested Pers	sons.											
Complete if the organizatio			EZ, Part V	/, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatio	on		
reported an amount on For		6, or 22. (d) Loan to	or 1) Original	(0)	Delanasia	(1.10	(h) Ap	proved	(3) M	Vritton	
(a) Name of (b) Relation (b) Relation (b) Relation (b) Relation (c) Re		from the organization	nring	(e) Original principal amount		(f) Balance due) In ault?	by bo comm	ard or		(i) Written greement?	
		To Fro	m				Yes No		Yes	No	Yes	No	
												1	
Total	I	·····		> \$	1			1				1	
Part III Grants or Assistance	•												
Complete if the organizatio	(b) Relationship			ne 27. c) Amount of		(d) Type	of		(0) Purp			
	interested pers the organiza	son and		assistance		assistan			•	assist		Л	
								-+					

Schedule L (Form 990 or 990-EZ) 2020 SPECIAL CAMPS FOR SPECIAL KIDS Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of ation's nues?
				Yes	No
BOB SPURGIN	DIRECTOR	100,704.	INSURANCE P		Х
Part V Supplemental Information.		•	•	•	•

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BOB SPURGIN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 100,704.

(D) DESCRIPTION OF TRANSACTION: INSURANCE PROVIDER

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

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.



SPECIAL CAMPS FOR SPECIAL KIDS

Employer identification number 75-2205242

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

VOLUNTEERS, AND HEALTH ORGANIZATIONS WHO ARE DEDICATED TO SERVING

CAMPERS LIVING WITH CHRONIC MEDICAL AND PHYSICAL CHALLENGES. THE

DIGNITY OF EACH CAMPER IS NURTURED AT CAMP JOHN MARC AS WELL AS IN THE

COMMUNITY THROUGH ITS OUTREACH PROGRAMS.

LINE 3, CHANGES IN PROGRAM SERVICES: FORM 990, PART III,

Α RESULT OF COVID-19, CAMP JOHN MARC WAS NOT ABLE TO OFFER MOST OF

THEIR TRADITIONAL IN-PERSON CAMPING PROGRAMS DURING 2020. THIS INCLUDED

THE ORGANIZATION'S SUMMER PROGRAMS AS WELL AS A SIGNIFICANT NUMBER OF

THEIR WEEKEND PROGRAMS. INSTEAD, MOST ACTIVITIES WERE OFFERED ONLINE

AND MEETINGS HOSTED IN A VIRTUAL FORMAT.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS MAY DESIGNATE AN EXECUTIVE COMMITTEE, TO CONSIST OF ONE OR MORE OF THE DIRECTORS OF THE CORPORATION, ONE OF WHOM SHALL BE THE PRESIDENT OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS AND KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD WHEN REQUIRED

FORM 990, PART VI, SECTION A, LINE 2:

JOANNE MYERS GATES, J MARC MYERS, JAN MYERS, RUSSELL MYERS & MOLLY RAY HAVE FAMILY RELATIONSHIP. А

ALICE ANN HOLLAND, BOB SPURGIN & RYAN THORNTON HAVE A FAMILY RELATIONSHIP.

RANDY PERRY, SUZZI PERRY & SPENCER PERRY HAVE A FAMILY RELATIONSHIP.

SARGENT & SUSAN WILLIAMS HAVE A FAMILY RELATIONSHIP. JAMES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

40

LYNN SEARS, CHRIS SEARS & JEFFREY SEARS HAVE A FAMILY RELATIONSHIP.

DENIS SIMON AND MATTHEW SIMON HAVE A FAMILY RELATIONSHIP.

CAROL TOUCHSTONE & GIFFORD TOUCHSTONE HAVE A FAMILY RELATIONSHIP.

CHIP WAGGONER & LEY WAGGONER HAVE A FAMILY RELATIONSHIP.

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

EXECUTIVE DIRECTOR, TREASURER, OUTSIDE ACCOUNTANT PERFORM INITIAL REVIEW, FINANCE COMMITTEE PERFORMS REVIEW, EXECUTIVE BOARD REVIEWS AND THEN SENT TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT AT THE FIRST BOARD MEETING OF THE YEAR. DURING THE YEAR THE EXECUTIVE DIRECTOR, TREASURER AND OUTSIDE ACCOUNTANT MONITOR ALL TRANSACTIONS AND NOTE ANY TRANSACTIONS WITH THE BOARD OR OTHER RELATED PARTIES WITH A POTENTIAL CONFLICT OF INTEREST. THE PREVIOUSLY MENTIONED INDIVIDUALS REPORT SUCH TRANSACTIONS TO THE FINANCE AND EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. IF THERE IS A CONFLICT, INDIVIDUALS WILL RECUSE THEMSELVES FROM THE DECISION PROCESS. THE EXECUTIVE COMMITTEE WOULD REVIEW AND DETERMINE IF THE TRANSACTION HAS A MATERIAL IMPACT ON THE OPERATION OF THE ORGANIZATION IF THE CONFLICT IS DISCOVERED AFTER THE TRANSACTION HAS TAKEN PLACE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION COMMITTEE DOES DUE DELIGENCE ON SALARY BASED ON COMPARABLE ORGANIZATIONS AND MARKET CONDITIONS, SUBMITS PROPOSED SALARY TO FINANCE AND EXECUTIVE BOARD FOR REVIEW AND APPROVAL. DECISION IS DOCUMENTED IN THEIR MEETING MINUTES. COMPENSATION WAS LAST REVIEWED IN 2019. Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 41

07380505 131839 008-502319-00

2020.03042 SPECIAL CAMPS FOR SPECIAL 008-5021

Schedule O (Form 990 or 990-EZ) 202	0
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SPECIAL CAMPS FOR SPECIAL KIDS

Page 2

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE FOR ANYONE TO REVIEW AT THE

ADMINISTRATIVE OFFICES OF THE ORGANIZATION. COPIES ARE AVAILABLE UPON

REQUEST.

Schedule O (Form 990 or 990-EZ) 2020

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

2020

Employer identification number 75 - 2205242

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

SPECIAL CAMPS FOR SPECIAL KIDS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CAMP JOHN MARC FOUNDATION, INC 20-2349855							
4925 GREENVILLE AVENUE, SUITE 400					SPECIAL CAMPS FOR		
DALLAS, TX 75206	SUPPORT OF CAMP JOHN MARC	TEXAS	501(C)(3)	LINE 12A, I	SPECIAL KIDS	x	
	1						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 SPECIAL CAMPS FOR SPECIAL KIDS

75-2205242 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		, <u>,</u>							r	-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	iging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2020 SPECIAL CAMPS FOR SPECIAL KIDS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	_	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
	1c	Х	
	1d		Х
	1e		Х
f Dividends from related organization(s)	1f		Х
	1g		Х
	1h		Х
	1i		Х
	1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	11		Х
	1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	1 0	Х	
p Reimbursement paid to related organization(s) for expenses	1p		Х
	1q		Х
r Other transfer of cash or property to related organization(s)	1r		Х
	1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAMP JOHN MARC FOUNDATION, INC.	С	178,800.	CASH TRANSFERRED
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020 SPECIAL CAMPS FOR SPECIAL KIDS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn) ging ter?	(k) Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

032165 10-28-20