| I | | | | | | | _ | OMB No 1545-0687 | | |
|----------|---|---|--|---|-----------|---------|------------------------|--------------------|--|--|
| | For | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning 07/01/15, and ending 06/30/16 Information about Form 990-T and its instructions is available at www.irs.gov/form990t. | | | | | | | 2015 | |
| 1 | Dena | | | | | | | Ope | n to Public Inspection for | |
| | Interr | al Revenue Service Check box if | ▶ Do | not enter SSN numbers on this form as it ma | ay be ma | ide pub | lic if your organizati | on is a 501(c)(3). | | (c)(3) Organizations Only |
| | | address changed Exempt under section | (Employees | | | | | | lentification number trust, see instructions) | |
| | | X 501(C)(3) | Print | Kidwatch Plus, Inc. | | | | | | |
| | ļ | 408(e) 220(e) | or_ | Number, street, and room or suite no If a P O box, see in | | | | 36-36 | | |
| | l | 408A 530(a) | Туре | 3330 N Lockwood Aver | | | | E Unrelated bus | | activity codes |
| | l | 529(a) | l | City or town, state or province, country, and ZIP or fore Chicago | | | 0641_4104 | (See manucho | 113) | 1 |
| I | | Book value of all assets at end of year | F G | Chicago IL 60641-4184 roup exemption number (See instructions) | | | | | | |
| | | 875,184 | | | | on | 501(c) trust | 401(a) trust | Г | Other trust |
| 9 | H | 875,184 G Check organization type ► X 501(c) corporation 501(c) trust 401(a) to Describe the organization's primary unrelated business activity | | | | | | 1 401(a) liust | ! |) Omer trust |
| eman 72 | | None | | | | | | | | |
| 7 I 8 | ī | During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Yes X No | | | | | | | | |
| | $\overline{}$ | The books are in care of | K K | athryn Barnaby | | | Tole | phone number | 7 | 73-993-0536 |
| MAN | | net I Unrolator | | e or Business Income | | | (A) Income | (B) Expenses | - | (C) Net |
| | 1a b 2 3 7 4a | Gross receipts or sale | | c or Business meome | | | (A) moone | (b) Expenses | | (c) Net |
| | Ь | Less returns and allow | | c Balance | • | 1c | | , | <i>; -</i> | de la transport |
| | 2 2 | Cost of goods sold (Se | chedule | A, line 7) | | 2 | | | | ······································ |
| < | ₹ ₃ 3 | Gross profit Subtract | line 2 fro | om line 1c | | 3 | | · , | ,,,,,, | |
| 7 | √ 4a | Capital gain net incom | | | | 4a | | | | |
| | b | Net gain (loss) (Form 479 | 7, Part II, | line 17) (attach Form 4797) | | 4b | | 2 : : : : : | | |
| | С | Capital loss deduction | for trust | s | | 4c | | <i>'</i> | , | |
| | 5 | Income (loss) from partnerships | rships and S corporations (attach statement) 5 | | | | / | 7.7 | | |
| | 6 | Rent income (Schedule C) | | | | | | | · | |
| ı | 7 | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | 7 | - | | | |
| | 8 | | | | | 8 | | | | |
| | - | | | | | 9 | - | | | · , |
| | 10 | Exploited exempt activ | • | | ⊢ | 10 | | | | |
| | 11 | Advertising income (S Other income (See ins | • | | | 11 | | 77 7 | | |
| | 12 | • | | • | | 12 | 0 | | | 0 |
| | 13 Total. Combine lines 3 through 12 13 0 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Exceptions) | | | | | | | ons) (Evcent f | or c | <u> </u> |
| | deductions must be directly connected with the unrelated business income.) | | | | | | | | OI C | ontributions, |
| | 14 | Compensation of offic | ers, dıre | ctors, and trustees (Schedule K) | | | | | 14 | |
| | 15 | Salaries and wages | | | | | | | 15 | |
| | 16 | Repairs and maintena | nce | RECEIVED | | | | | 16 | |
| | 17 | Bad debts | | LACTIVED | | | | L | 17 | |
| | 18 | Interest (attach sched | ule) | (S) 144V 1 5 7043 (S) | | | | | 18 | _ _ |
| | 19 | Taxes and licenses | _ | MAY 1 5 2017 O | | | | <u> </u> | 19 | · |
| | 20 | Charitable contributions (§ | | - CP | | | 1 1 | <u> </u> | 20 | |
| | 21 | Depreciation (attach F | | | | | 21 | <u></u> | | • |
| | 22 | | med on a | Schedule A and elsewhere on return | | | 22a | <u> </u> | 22b | 0 |
| | 23 | Depletion | od some | annotine elem | | | | - | 23 | |
| | 24 25 | Contributions to deferr Employee benefit prog | | pensation plans | | | | - | 24 | |
| | 26 | Excess exempt expens | | pedulo I) | | | | - | 25 26 | |
| | 20 27 | | | · | | | | <u> </u> | 27 | |
| | 28 | Excess readership costs (Schedule J) Other deductions (attach schedule) | | | | | <u> </u> | 28 | | |
| I | 29 | Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) | | | | | | <u> </u> | 29 | |
| | 30 | | | | | | | 30 | | |
| | 31 | | | | | | | 31 | | |
| | 32 | | | come before specific deduction. Subtract lin | ne 31 fro | m line | 30 | <u> </u> | 32 | |
| | 33 | | | \$1,000, but see line 33 instructions for exce | | | | T | 33 | |
| | 34 | | - | ncome. Subtract line 33 from line 32 If line | | reater | than line 32, | | \exists | |
| | | enter the smaller of ze | ro or line | e 32 | | | | | 34 | 0 |

| Form | 990-T (2015) Kidwatch Plus, Inc. | 36-3658785 | 5 | Page 2 |
|------|--|-------------------------------|----------------------|---|
| | et III Tax Computation | | <u> </u> | <u>e</u> |
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. Contr | olled group | 1.8 | |
| | members (sections 1561 and 1563) check here ▶ See instructions and. | onou group | \ \ | |
| а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in | that order) | [·] . | |
| u | (1) \$ (2) \$ (3) \$ | | 12 | |
| L | | اه ا | | |
| þ | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | \$ | / ~ ~ | |
| | (2) Additional 3% tax (not more than \$100,000) | \$ | | 1 |
| С | Income tax on the amount on line 34 | | ▶ 35c | |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on | | | • |
| | the amount on line 34 from: Tax rate schedule or Schedule D (Form | 1041) | ▶ 36 | |
| 37 | Proxy tax. See instructions | | ▶ 37 | <u></u> |
| 38 | Alternative minimum tax | | 38 | |
| 39 | Total. Add lines 37 and 38 to line 35c or 36, whichever applies | | 39 | |
| Pa | rt IV Tax and Payments | | | |
| 40a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | |
| ь | Other credits (see instructions) | 40b | | |
| c | General business credit Attach Form 3800 (see instructions) | 40c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | |
| e | Total credits. Add lines 40a through 40d | | 40e | 1 |
| 41 | Subtract line 40e from line 39 | t. v | 41 | 9 |
| 42 | Other taxes | ech \ | 42 | |
| 43 | Check if from Porm 4255 Form 8611 Form 8697 Form 8866 Other (att) | 3011 <i>j</i> | 43 | 0 |
| | | 44a | 77 | |
| 44a | Payments A 2014 overpayment credited to 2015 | _ | [;*, | |
| b | 2015 estimated tax payments | 44b | | |
| C | Tax deposited with Form 8868 | 44c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | |
| е | Backup withholding (see instructions) | 44e | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | |
| g | Other credits and payments Form 2439 | | | |
| | Form 4136 Total ▶ | 44g | - | |
| 45 | Total payments. Add lines 44a through 44g | | 45_ | |
| 46 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | ▶ | |
| 47 | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | | ▶ 47 | |
| 48 | Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overp | paid | ▶ 48 | |
| 49 | Enter the amount of line 48 you want Credited to 2016 estimated tax ▶ | Refun | ded ▶ 49 | |
| Pε | art V Statements Regarding Certain Activities and Other Inform | nation (see instructio | ns) | |
| 1 | At any time during the 2015 calendar year, did the organization have an interest in or a | a signature or other autho | ority | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the or | rganization may have to f | île | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the | name of the foreign coun | try | |
| | here ▶ | | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grant | tor of, or transferor to, a f | oreign trust? | X |
| | If YES, see instructions for other forms the organization may have to file | | • | |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year | 6 | | |
| | edule A - Cost of Goods Sold. Enter method of inventory valuation | <u> </u> | | |
| 1 | Inventory at beginning of year 1 6 Inventory at en | | 6 | |
| 2 | , | s sold. Subtract line 6 fro | ,, ,, , | |
| 3 | | ere and in Part I, line 2 | 7 | |
| 4a | Additional sec 263A Aa B Do the rules of | section 263A (with respe | ect to | Yes No |
| b | costs (attach schedule) | ced or acquired for resal | | 163 110 |
| | (attach schedule) property produ | | | |
| _5 | Total. Add lines 1 through 4b 5 to the organiza Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statem | | lge and belief it is | |
| Sia. | true correct and complete Reclaration of preparer (other than taypayer) is based on all information of which prepare | er has any knowledge | igo ano ponon, icio | May the IRS discuss this return |
| Sig | | | | May the IRS discuss this return with the preparer shown below (see instructions)? |
| He | | | | _ X Yes No |
| | Stgriature of office Date Title | 15 | | |
| | Propagarer's name Preparer's signature | | ite Check | └ |
| Paid | | 05 | | mployed P00921408 |
| | parer Firm's name > Sullivan and Johnson, Ltd. | | Firm's EIN ▶ | 26-3917917 |
| Use | Only 1420 Renaissance Dr Ste 205 | | | 048 880 4400 |
| | Firm's address Park Ridge, IL 60068-1342 | | Phone no | <u>847-759-6100</u> |
| | | | | Form 990-T (2015) |

(99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.
► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

| | Kidwato | h Plus, In | ic. | | | | 36- | 365 | 8785 |
|------------|---|-----------------------|---|---------------------|--------------|-------------|--------------|---------|--|
| | ss or activity to which this form relates | | | | | | | | |
| | direct Depreciati | | | 4=0 | | | | | |
| Pa | rt I Election To Expen | • | • | | | -4- D-4 | | | |
| _ | Note: If you have a | | , complete Part v | before you co | ompie | ete Part | 1. | | 500,000 |
| 1 | Maximum amount (see instructions | · | | | | | | 1 | 300,000 |
| 2 | Total cost of section 179 property | | | u sationa) | | | | 3 | 2,000,000 |
| 3 4 | Threshold cost of section 179 prop Reduction in limitation. Subtract lim | • | • | uctions) | | | | 4 | 2,000,000 |
| 5 | Dollar limitation for tax year Subtract lin | | · · | filing congrately o | eaa inetr | rictions | | 5 | |
| 6 | (a) Description | | | Cost (business use | | | Elected cost | | · · · · · · · · · · · · · · · · · · · |
| <u> </u> | (e) becompare | - property | ,,, | | ···, | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 7 | Listed property Enter the amount | from line 29 | | | 7 | | | | · · · · · · · · · · · · · · · · · · · |
| 8 | Total elected cost of section 179 p | | s in column (c), lines 6 | and 7 | | | , | 8 | |
| 9 | Tentative deduction Enter the sm | * | | | | | | 9 | |
| 10 | Carryover of disallowed deduction | | | | | | | 10 | |
| 11 | Business income limitation Enter | the smaller of busine | ess income (not less th | an zero) or line | 5 (see | instruction | ns) | 11 | |
| 12 | Section 179 expense deduction A | | | | | | | 12 | |
| 13 | Carryover of disallowed deduction | to 2016 Add lines 9 | and 10, less line 12 | • | 13 | | | | |
| Note | : Do not use Part II or Part III below | | | | | | | | |
| Pa | rt II Special Depreciati | on Allowance a | nd Other Deprec | ation (Do no | ot inc | lude liste | ed prope | rty.) (| See instructions.) |
| 14 | Special depreciation allowance for | qualified property (o | ther than listed proper | ty) placed in ser | vice | | | | |
| | during the tax year (see instruction | ıs) | | | | | | 14 | · · · · · · · · · · · · · · · · · · · |
| 15 | Property subject to section 168(f)(| 1) election | | | | | | 15 | |
| <u>16</u> | Other depreciation (including ACR | | | | | | | 16 | 6,769 |
| <u> Ρε</u> | rt III MACRS Depreciat | ion (Do not inclu | | | ctions | 3.) | | | |
| | | | Section A | | | | | | 101 |
| 17 | MACRS deductions for assets place | | | | | | , n | 17 | 101 |
| <u>18</u> | If you are electing to group any assets placed | | ear into one or more general a vice During 2015 Tax | | | oral Done | pointion S | E | |
| | Section B—A | (b) Month and year | (c) Basis for depreciation | | Gen | erai Depre | Ciation 3 | ystein | |
| | (a) Classification of property | placed in service | (business/investment use only-see instructions) | | (e) C | Convention | (f) Meth | od | (g) Depreciation deduction |
| <u>19a</u> | 3-year property | | | | ļ | | | | |
| <u>b</u> | 5-year property | | | | ļ | | | | |
| <u> </u> | 7-year property | | | | <u> </u> | | | | |
| <u>d</u> | 10-year property | | | | <u> </u> | | | | |
| <u>e</u> | 15-year property | | | | 1 | | | | |
| f | 20-year property | , | | | | <u>.</u> | | | |
| <u>g</u> | 25-year property | | | 25 yrs. | | | S/L | | |
| h | Residential rental property | | | 27.5 yrs | 1 | MM | S/L | | |
| | | | | 27.5 yrs. | t | MM MM | S/L | | |
| i | Nonresidential real property | | _ | 39 yrs. | | MM | S/L S/L | | |
| | | eate Placed in Serv | ice During 2015 Tax ` | Vear Using the | | | | Syste | m |
| 20- | | sets Flaced III Serv | ice builing 2010 Tax | Tear osing the | <u> </u> | ative Dep | S/L | | - |
| <u>20a</u> | Class life | | | 12 yrs. | | | S/L | | |
| | 12-year | | | 40 yrs. | | MM | S/L | | · · · |
| | 40-year Summary (See ins | tructions \ | I. | 1 40 915. | 1 | IVIIVI | | | |
| 21 | Listed property Enter amount from | | <u> </u> | | | - | | 21 | |
| 22 | Total. Add amounts from line 12, | | lines 19 and 20 in colu | mn (a) and line | 21 Fr | nter | | | |
| | here and on the appropriate lines | | | | | | | 22 | 6,870 |
| 23 | For assets shown above and place | | | | <u> </u> | | | | The same of the sa |
| | portion of the basis attributable to | | | · | 23 | | | | " ' ' |
| | | | | | | | | | |