

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For t	the 2	2018 calend	ar year, or tax ye	ar begin	ning		, 2018, and e	ending			, 20
В	Check	k if ap	plicable:	C Name of organizat	ion ROMY	AND GABY SC	I FOUNDATION	INC				D Employer identification no.
	Addre	ess ch	ange	Doing business as	STAY	IN STEP FOU	NDATION					46-4437170
	Name	chan	ige	Number and street	t (or P.O. box	if mail is not delivered t	o street address)		Room	n/suite		E Telephone number
	Initial	return	1	10500 UNI	VERSIT	Y CENTER DR	STE 130					(813)977-7999
	Final	return	/terminated	City or town, state	or province,	country, and ZIP or fore	ign postal code					G Gross receipts
	Amen	ided re	eturn	TAMPA, FI	33612	-6414						\$ 711,385
$\overline{\sqcap}$	Applic	cation	pending	F Name and address			ELA RIVERO-FLO	ORES	H(a) Is this a group	return fo	
_	• •			Same as C						b) Are all subo		
ī .	Tax-e	xemp	t status:	· —) (insert no.)	4947(a)(1) or	527	— `	•		a list. (see instructions)
J	Webs			PS://STAYIN	, , ,			-	Н(c) Group exe		
K			ganization: X			ociation Other		L Year of formation:	-			Il domicile: FL
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Governance		-										
Ver		2 (Check this h	ox ▶ ☐ if the ord	nanization	discontinued its or	perations or disposed	of more than 25%	of its n	net assets		
တိ					•		I, line 1a)				3	6
∞ ∞							body (Part VI, line 1b				4	4
ties				-			8 (Part V, line 2a)				5	20
Activities &					-		· · · · · · · · · · · ·				6	20
¥							C), line 12				7a	0
							line 38				7b	0
		D I	Net uniterate	u business taxabi	e income	1101111101111 990-1,			<u></u>		7.0	
			Contribution	and grants (Dort	VIII line	1b)				Prior Year	00'	Current Year
Revenue				•		*					,92'	
										204	,64	
ě							d)				17	9 4,438
Ľ	1						lc, and 11e)					0
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							l)					0
S	1			•		•	column (A), lines 5-10	•		307	,769	9 434,017
Expenses	1			•	•	• ,	e)					0
ď				•		umn (D), line 25)						
ш	- 1 :						le)				,28	
							mn (A), line 25) .				,05	
		9 F	Revenue ies	s expenses. Sub	tract line 1	8 from line 12 .				33		
sor			T-1-11-	(D1)/ 1' 40)					Beginn	ing of Current		End of Year
sset	2 2	-		()						771	, 85!	
Net Assets or	2			•	•							9,653
	irt II	_			Subtract	ine 21 from line 20	·			771	, 85	838,988
		_		re Block	ned this retur	n including accompanyi	ng schedules and statemen	nts and to the hest of my	knowled	ne and helief it	is	
							mation of which preparer ha		Miowica	go and bollot, it	10	
Sig	ın			vero-FLORES e of officer							Date	
He					DDE4						Dan	•
пе	ıe			vero-Flores print name and title	, PRES.	IDENT						
			1		I	<u> </u>		Date		्र . च्रि		DT111
D-	: A			eparer's name	.	Preparer's signature				Check X		PTIN
Pa				mo Betancou				10-31-2019		self-employe	ed	P00669525
	epai		Firm's name			court CPA PA	L			s EIN ▶		
US	e O	шу	Firm's addres			t Cass ST			Phon			
					mpa FL						L3-4	.03-6326
May	/ the	IKS	alscuss this	return with the pre	eparer sho	own above? (see in	nstructions)					🗌 Yes 🐰 No

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

Total program service expenses ▶

) (Revenue \$

Part IV

46-4437170

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 Χ assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ

Part IV

46-4437170

ROMY AND GABY SCI FOUNDATION INC

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			3.5
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		37
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		37
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		- 21
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J <u>L</u>		21
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			- 21
	or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V

46-4437170

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 20 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O h 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c 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? Χ 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans C Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b 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 Χ If "Yes," see instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Part VI

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

	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
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	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
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:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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 in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	3.7	
40	describe in Schedule O how this was done	12c	Χ	37
13	Did the organization have a written whistleblower policy?	13	Х	X
14 15	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	150		v
a h	The organization's CEO, Executive Director, or top management official	15a 15b	Х	X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	Λ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Ioa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		21
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	. 50		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name address and telephone number of the person who possesses the organization's books and records:			

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Section A.

				7	

Page **7**

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

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

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

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

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

				((C)					
(A)	(B)	(40 - 100	طم ده		sition			(D)	(E)	(F)
Name and Title	Average	box,	unles	ss per	son is	nan one s both ar		Reportable	Reportable	Estimated
	hours per week (list any	offic	er and	d a dii	rector	/trustee)	۱	compensation from	compensation from related	amount of other
	hours for	9 5	=	o	7	υд	71	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employe	Highest compensated employee	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted line)	ual tr ctor	ional		nploy	st con /ee	٦			and related organizations
	iiile)	ustee	trust		ée	npen				organizations
			9			sated				
(A) GARRAGA REGISTRA	40.00									
(1) GABRIELA_RIVERO-FLORES PRESIDENT	40.00	X		Х				39,423	0	0
(2) ROMULO CAMARGO		- 21		21				33,123	<u> </u>	<u> </u>
VP		X						O	0	0
(3) STEVE PARKER										
CHAIRMAN		Х						0	0	0
(4) DAVE SCOTT										
DIRECTOR		X						0	0	0
(5) LESLIE BERMUDEZ		37						_		
STRATEGIC BUSINESS		Х						0	0	0
(6) MARK_COYLECOMMUNITY OUTREACH		X						O	0	0
(7)		21								0
ΣΖ										
<u>(8)</u>										
<u>(9)</u>										
7-3										
(10)										
(11)										
19										
(12)										
(13)	L									
<u>(14)</u>										
	1	1					1			

EEA Form **990** (2018)

Part V	Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	l Hig	jhest	t Comp	ens	sated Employees	s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ı	unless er and	Pos eck m s pers	ore that on is bector/to	an one ooth an rustee) Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimated amount of other other of the reganization of the reg	of tion e ion ed
(15)													
(46)													
(47)													
<u>(18)</u>	9												
<u>(19)</u>)												
<u>(20)</u>													
(21))												
(22)													
(23)													
(24)													
(25)													
c 1 d 1 2	c Total from continuation sheets to Part VII, Section A							0					
3 [Did the organization list any former officer, directo	r, or trustee,	key er	mplo	yee	, or h	nighest o	om	npensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of rep										3		X
C	organization and related organizations greater than	n \$150,000?	If "Yes	s," c	отр	lete :	Schedul	le J					
	ndividual										4		X
f	or services rendered to the organization? If "Yes,"			-			_				5		X
1 (Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
	(A)								(B)	condicos	C=-	(C)	on
	Name and business address								Description of	services	Con	npensatio	ווע
2	Fotal number of independent contractors (including	but not limite	d to th	ose	liste	d abo	ove) wh	0					

received more than \$100,000 of compensation from the organization

Form 990 (2018)

Part \	/III	Statement of Revenue					
		Check if Schedule O contains a response or no	ote to any line in thi	S Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
֝֝֝׆֝ <u>֚</u>	С	Fundraising events 1c	251,101				
ifts ar A	d	Related organizations 1d					
s, m∷	е	Government grants (contributions) 1e					
ion Sign	f	All other contributions, gifts, grants,					
ibut		and similar amounts not included above 1f	164,781				
d of	g	Noncash contributions included in lines 1a-1f: \$	101,701				
g g	9 h		-	415,882			
		Total Add into ta ii	Business Code	413,002			
e	2a	FACILITY USE FEE	624310	291,065	291,065		
Service Revenue	b		024310	291,003	291,003		
e Re	C						
N Zi	d						
Σ Ε	e						
Program (1	All other program service revenue					
Ā		Total. Add lines 2a-2f		291,065			
			• • • • • • •	291,003			
	3	Investment income (including dividends, interest, and other similar amounts)		4,438	4,438		
	4	Income from investment of tax-exempt bond proce		1,130	1,130		
	5	Royalties	t to the second				
		(i) Real	(ii) Personal				
	62	Gross rents	(II) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	_	•					
	b	Less: cost or other basis and sales expenses					
	_	Gain or (loss)					
		Net gain or (loss)					
ā		Gross income from fundraising					
nu Sun	0a						
eve		events (not including \$ 251,101 of contributions reported on line 1c).					
F.		See Part IV, line 18 a					
Other Revenu	h	Less: direct expenses b					
•		Net income or (loss) from fundraising events .					
		Gross income from gaming activities.					
	Ja	See Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	 h	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	L				
		Miscellaneous Revenue	Business Code				
	11a		Duamess Code				
	b						
	C			+			
		All other revenue					
		Total. Add lines 11a-11d					
		Total revenue. See instructions	-	711,385	295,503	0	0
		Total 19 Total Good Hourdon Good		, 11, 303	273,303	U	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 39,423 39,423 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 325,372 325,372 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 69,222 66,206 3,016 11 Fees for services (non-employees): b Legal...... 500 500 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 1,195 1,195 13 14 2,406 2,406 15 16 17 1,183 1,183 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,612 1,612 20 21 22 Depreciation, depletion, and amortization 19,253 19,253 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a BANK SERVICE CHARGE 7,513 7,513 b OUTSIDE SERVICES 6,285 6,285 C RENT 71,485 71,485 d INSURANCE 8,432 8,432 All other expenses е 109,034 184 29,865 78,985 Total functional expenses. Add lines 1 through 24e 25 662,915 488,785 95,145 78,985 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 619,737 1 676,494 2 2 3 3 4 4 39,282 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 163,364 b Less: accumulated depreciation 10b 109,410 73,207 10c 53,954 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 78,911 15 78,911 16 771,855 848,641 17 17 9,653 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 26 0 26 9,653 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 771,855 32 838,988 33 33 771,855 838,988 Total liabilities and net assets/fund balances 34 34 771,855 848,641

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	11,3	385
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	62,9	915
3	Revenue less expenses. Subtract line 2 from line 1	3			48,4	170
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	71,8	355
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			(!	590)
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		8	19,7	735
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
					Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🗌 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		💄	2a		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					
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 basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		💄	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		L	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
== ^				Eorm	aan /	2012

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ROM	Y A	ND GABY SCI FOUNDATION I	NC				46-44371	.70				
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)						
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)						
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	jovernmen	tal unit described in					
		section 170(b)(1)(A)(iv). (Complete	Part II.)									
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).						
7		An organization that normally receive	s a substantial part	of its support from a gov	ernmental/	unit or fro	m the general public					
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)								
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)								
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant col	lege				
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	university:											
10	X	An organization that normally received	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	SS				
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its					
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	1511 tax) f	rom businesses					
	_	acquired by the organization after Ju	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)						
11	Ц	An organization organized and opera	ited exclusively to	test for public safety. Se	e section	509(a)(4).						
12	Ш	An organization organized and operate	•	·								
		of one or more publicly supported org	-	` , , ,			•	,,,				
		Check the box in lines 12a through 12				•		•				
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
		the supported organization(s) the			ity of the c	lirectors or	trustees of the					
		supporting organization. You mu	•									
	b	Type II. A supporting organization	•			•	. ,	•				
		control or management of the sup		•	rsons that o	control or r	nanage the supporte	d				
		organization(s). You must comp										
	С	Type III functionally integrated		·				with,				
		its supported organization(s) (see	•	•				('(-)				
	d	Type III non-functionally integr										
		that is not functionally integrated.					nt and an attentivenes	S				
	_	requirement (see instructions). Y	•				Time II Time III					
	е	Check this box if the organization				a Type I,	rype II, rype III					
	£	functionally integrated, or Type III			ariizatiori.							
	f g	Enter the number of supported organ Provide the following information about										
		i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amo	unt of			
	,	y Name of Supported organization	(ii) Liiv	(described on lines 1-10	· ,	r governing	support (see	other supp				
				above (see instructions))	docum	ent?	instructions)	instruct	ions)			
					Yes	No						
(A)												
(D)												
(B)												
(C)												
(D)												
(E)												
Tota												

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	•		•	/\ /\ /\ /	` '\ '\ '\ '
(Complete on	ly if you checked the	e 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	e Part III.)

Sec	tion A. Public Support	1 7		, , , , , , , , , , , , , , , , , , ,	'	,		
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		•					
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10 .							
12	Gross receipts from related activities, etc. (s	see instructions)				12		
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶ 🗌	
Sec	tion C. Computation of Public Su	pport Percer	ntage					
14	Public support percentage for 2018 (line 6, o	column (f) divided	by line 11, column	(f))		14	%	
15	Public support percentage from 2017 Sched	lule A, Part II, line	14			15	%	
16a	33 1/3% support test - 2018. If the organize			•	•		_	
	box and stop here. The organization qualit	ies as a publicly	supported organiza	ation			▶ □	
b	33 1/3% support test - 2017. If the organize	zation did not che	ck a box on line 13	3 or 16a, and line 1	5 is 33 1/3% or mo	ore, check	_	
	this box and stop here. The organization of	ualifies as a publ	icly supported orga	anization			▶ 📙	
17a	7a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	Part VI how the organization meets the "fac	ts-and-circumstar	nces" test. The orga	anization qualifies a	s a publicly suppor	rted	_	
	organization						▶ □	
b	10%-facts-and-circumstances test - 201	7. If the organizat	ion did not check a	a box on line 13, 16	8a, 16b, or 17a, an	d line		
	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	test, check this be	ox and stop here.			
	Explain in Part VI how the organization mee	ets the "facts-and-	circumstances" tes	t. The organization	qualifies as a publ	icly		
	supported organization						▶ □	
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	е	_	
	instructions						▶ 🔲	

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	331,362	767,723	329,506	575,751	462,538	2,466,880
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	331,302	7677125	325,000	3.13,7.32	102,000	2,100,000
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	331,362	767,723	329,506	575,751	462,538	2,466,880
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	162,215	680,000				842,215
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						
С	Add lines 7a and 7b	162,215	680,000				842,215
8	Public support. (Subtract line 7c from line 6.)						1,624,665
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	331,362	767,723	329,506	575,751	462,538	2,466,880
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						
С	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.)	331,362	767,723	329,506	575,751	462,538	2,466,880
14	First five years. If the Form 990 is for the or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co	lumn (f), divided by	line 13, column (f))		15	65.86 %
16	Public support percentage from 2017 Schedu					16	57.98 %
Se	ction D. Computation of Investmer						
17	Investment income percentage for 2018 (line		-			17	0.00 %
18	Investment income percentage from 2017 So	chedule A, Part III,	line 1.7			18	0.00 %
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box						▶ ☒
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ 🗌
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10h		
 10b		

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

Department of the Treasury

Name of the organization

ROMY AND GABY SCI FOUNDATION INC

Internal Revenue Service

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

2018

Employer identification number

46-4437170

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 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 organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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).

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

Name of organization
ROMY AND GABY SCI FOUNDATION INC

Employer identification number

46-4437170

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOYOTA MONTOR NORTH AMERICA INC 601 LEXINGTON AVENUE, 49TH FLOOR NEW YORK, NY 10022	\$50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	USAA Grant 17200 COMMERCE BANK BLVD Tampa, FL 33647	\$25,000	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 3_	KARPUS FAMILY FOUNDATION 183 SULLY S TRL Pittsford, NY 14534	\$17,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SUNTRUST 919 E MAIN STREET F Richmond, VA 23219	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DISABLED VETERANS NATIONAL FOUND 1020 19TH STREET NW STE 475 Washington, DC 20036	\$7,500	Person 🔀 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	THE PARSONS FAMILY FOUNDATION 810 7TH AVENUE New York, NY 10019	\$10,000	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2018

Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection

Employer identification number

Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply, a	OMY AND GABY SCI FOUNDATION					46-44	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants f Solicitation of non-ment grants g Special fundraising events g Special fundraising services? Yes No f "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (iv) Amount paid to (or retained by) organization Yes No (v) Amount paid to (or retained by) organization (v) Amount paid to (or retained by) or		•	_		swered "Yes" on	Form 990, Part IV,	line 17.
a Mail solicitations e Solicitation of non-government grants c Prince Solicitations f Solicitation of government grants g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yes No b f "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions (iv) Armount paid to (or retained by) fundraiser listed in coll. (ii) organization Yes No (v) Armount paid to (or retained by) organization (v) Armount		· · · · · · · · · · · · · · · · · · ·		•			
b Internet and email solicitations g Special fundraising events d In-press oslicitations g Special fundraising events d In-press oslicitations g Special fundraising events Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes, Its the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser have custody or control of contributions? Yes No Yes No		sed funds through		_			
c	=					ants	
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser have custody or control of contributions) (ii) Activity (iii) Did fundraiser have custody or control of contributions) (iv) Gross receipts (v) Amount paid to (or retained by) fundraiser is tool in contributions Yes No							
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in coll. (i)	=		9 ⊔	Special fund	iraising events		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Yes No (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i) Yes No 3	·	r oral agreements	with any indiv	idual (includi	na officere directore	truetoee	
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? Yes No Yes No I	_	-	-		-	_	es 🗆 No
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from					-		_
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No No (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii) (vi) Amount paid to (or retained by) organization (vii) Amount paid to (or retained by) fundraiser listed in col. (iii) (viii) Amount paid to (or retained by) organization			, 1		9		
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (iv) Gross receipts from activity (v) Gross receip							
(ii) Activity (iii) Activity (iii) Activity or entity (fundraiser) (iii) Activity (iii) Activity or entity (fundraiser) (iv) Activity (from activity) (from ac	(i) Name and address of individual		(iii) Did fun	draiser have	(iv) Cross resoints		(vi) Amount paid to
Yes No Reserved to the second of the second		(ii) Activity	custody or	r control of			(or retained by)
2							organization
2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	4		Yes	No			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	1						
A Solution is registered or licensed to solicit contributions or has been notified it is exempt from	2						
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from							
Solution is registered or licensed to solicit contributions or has been notified it is exempt from	3						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	4						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	5						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	•						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	6						
otal	7						
otal	8						
otal	9						
otal							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	0						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from							
	「otal			•			
registration or licensing.		n is registered or li	icensed to so	licit contribu	tions or has been noti	fied it is exempt from	
	registration or licensing.						
				_			

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			GALA	SOFIC	1	(add col. (a) through col. (c))				
a)			(event type)	(event type)	(total number)					
Revenue	1	Gross receipts	107 131	E1 144	3 500	241 775				
Rev	•	Gross receipts	187,131	51,144	3,500	241,775				
	2	Less: Contributions								
	3	Gross income (line 1 minus								
		line 2)	187,131	51,144	3,500	241,775				
Direct Expenses	4	Cash prizes								
	5	Noncash prizes								
	3	Noncasti prizes								
es	6	Rent/facility costs								
ens		·								
Ä	7	Food and beverages								
rect										
Ö	8	Entertainment								
	9	Other direct expenses	78,985			78,985				
	3	Other direct expenses	70,303			70,905				
	10	Direct expense summary. Add lines	4 through 9 in column (d)			78,985				
_	11	Net income summary. Subtract line				162,790				
Pa	rt I		•	Yes" on Form 990, Part	IV, line 19, or reported	more				
		than \$15,000 on Form 990)-EZ, line 6a.							
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				3.4 .3 3.		(1)				
ď	1	Gross revenue								
SS	2	Cash prizes								
Direct Expenses	_	Namanah minan								
Exp	3	Noncash prizes								
ect	4	Rent/facility costs								
₫		, , , , , , , , , , , , , , , , , , , ,								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	∐ No	│	│					
	7	Direct expense summany Add lines	2 through 5 in column (d)							
7 Direct expense summary. Add lines 2 through 5 in column (d)										
_	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)	<u></u> ▶					
9		nter the state(s) in which the organization								
a		the organization licensed to conduct of				U Yes U No				
b) It	"No," explain:								
	_									
10a	W	ere any of the organization's gaming	licenses revoked, suspende	ed or terminated during the	tax year?	Yes No				
		IV II I'	•		•					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ROMY AND GABY SCI FOUNDATION INC 46-4437170 01. Officer, directors, etc. family relationship (Part VI, line 2) The president and vice-president are husband and wife. 02. Form 990 governing body review (Part VI, line 11) THIS FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND GIVEN TO ALL BOARD MEMBERS FOR REVIEW. 03. Conflict of interest policy compliance (Part VI, line 12c) The conflict of interst policy is sent anually to all board members. Board members are required to sign the policy which is kept on file. 04. Other officer or key employee compensation (Part VI, line 15b The CEO's compensation is determined by a combination of performance, appraisal and, comparability benchmarks. The board of directors appoints a committee to review the CEO's compensation annually. 05. Governing documents, etc, available to public (Part VI, line 19) Governing documents, conflict of interest and, financial statements are available upon request. 06. List of other expenses (Part IX, line 24e) Supplies 4,325 Office Expense 9,981 Gala 2018 78,985 Facilities Maintenece 8,871

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 179

ROI	MY AND GABY SCI F	OUNDATION	INC	FOR	M 990	- 1			46-4437170
Pa	rt I Election To Expen	se Certain Pro	perty Unde	er Secti	ion 179				
	Note: If you have any	/ listed property,	complete Pa	rt V befo	re you com	plete Part I.			
1	Maximum amount (see instruction	s)						1	
2	Total cost of section 179 property	placed in service	(see instruction	s)				2	
3	Threshold cost of section 179 pro	perty before reduc	tion in limitatior	n (see inst	ructions)			3	
4	Reduction in limitation. Subtract li	ne 3 from line 2. If z	zero or less, er	nter -0-				4	
5	Dollar limitation for tax year. Subtr	act line 4 from line	1. If zero or les	ss, enter -	0 If married	d filing			
	separately, see instructions							5	
6	(a) Description of				ousiness use only		cted cost		
7	Listed property. Enter the amount	from line 29			7				
8	Total elected cost of section 179							8	
9	Tentative deduction. Enter the sr							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Enter	•						11	
12	Section 179 expense deduction. A							12	
13	Carryover of disallowed deduction				▶ 13				
	: Don't use Part II or Part III belov		•						
	rt II Special Depreciati				iation (D	on't include l	isted pr	opert	v. See instructions.)
14	Special depreciation allowance fo						.о.о а р.	0 p 0. t	j. 000odoo
• •	during the tax year. See instruction		•		• , .			14	
15	Property subject to section 168(f)							15	
16	Other depreciation (including ACF	` '						16	654
	rt III MACRS Depreciat								051
. u	in in torto poprodiat	ion (Bontino		ection A		10110.)			
17	MACRS deductions for assets pla	aced in service in ta						17	18,599
18	If you are electing to group any as		-	-					10/300
			_	-		-			
	Section B - Assets						al Depr	eciati	on System
		(b) Month and year	(c) Basis for de						
	(a) Classification of property	placed in service	(business/invest only-see instru		(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property			,					
b	5-year property								
C	7-year property								
	10-year property								
e	15-year property								
	20-year property								
	25-year property				25 yrs.		S/	ı	
	Residential rental				27.5 yrs.	MM	S/		
	property				27.5 yrs.	MM	S/		
	Nonresidential real				39 yrs.	MM	S/		
•	property				00 yro.	MM	S/		
	Section C - Assets Pl	aced in Service	During 2018	R Tay Vo	ar Heina t				ion System
20a	Class life	aced iii dei vice	During 2010	J IAX IC	ar osnig t	ile Aiternativ	S/		ion oystem
					12 vro				
b	12-year				12 yrs.	N A N A	S/		
	30-year				30 yrs.	MM			
Da.	40-year rt IV Summary (See ins	tructions \			40 yrs.	MM	S/	L	
								24	
21	Listed property. Enter amount fro			4 00 :		d line 04 Fe/		21	
22	Total. Add amounts from line 12,	_							10 053
00	here and on the appropriate lines	-			ions - see in	structions .		22	19,253
23		rad in carvica durin							
23	For assets shown above and place portion of the basis attributable to		-		I				

Form **8868** (Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	which an extension request must be sent to the lorm, visit www.irs.gov/e-file-providers/e-file-for-c			ore details on the elec	tronic				
	c 6-Month Extension of Time. Only s		· · · · · · · · · · · · · · · · · · ·						
	ns required to file an income tax return other than m 7004 to request an extension of time to file inco		ms	•	trusts				
Гуре or	Name of exempt organization or other filer, se	Employer identification	n number (EIN) or						
orint	ROMY AND GABY SCI FOUNDATION	INC		46-4437170					
ile by the	Number, street, and room or suite no. If a P.C). box, see ir	nstructions.	Social security number	er (SSN)				
lue date for	10500 UNIVERSITY CENTER DR ST								
lling your eturn. See	City town or noct office ctate and AD code For a foreign address conjectuations								
nstructions.									
Enter the Ret	um Code for the retum that this application is for (file a separa	ate application for each return)		01				
Application	n	Return	Application		Return				
Is For		Code	Is For		Code				
Form 990 o	or Form 990-EZ	01	Form 990-T (corporation)		07				
Form 990-E	BL	02	Form 1041-A		08				
Form 4720	(individual)	03	Form 4720 (other than individ	ual)	09				
Form 990-F	PF	04	Form 5227	n 5227					
Form 990-T	「(sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 990-T	Γ (trust other than above)	06	Form 8870		12				
If the organ	e No. ► 813-977-7999 nization does not have an office or place of busing a Group Return, enter the organization's four dignoup, check this box	ness in the U	emption Number (GEN)	. If this is	▶ □				
a list with the	names and EINs of all members the extension is	for.							
	st an automatic 6-month extension of time until organization named above. The extension is for t		-15 , 20 19 , to file the ex ion's return for:	empt organization retu	ım				
	calendar year 20 18 or								
▶ □	tax year beginning	, 20	, and ending	, 20	·				
2 If the ta	ax year entered in line 1 is for less than 12 months	s, check reas	son:	inal retum					
	nge in accounting period								
3a If this a									
any nor	3a	\$							
b If this a	pplication is for Forms 990-PF, 990-T, 4720, or 6								
	ed tax payments made. Include any prior year ov			3b	\$				
c Balanc	ce due. Subtract line 3b from line 3a. Include you	ur payment	with this form, if required, by						
	FTPS (Electronic Federal Tax Payment System)			3c	\$				
Caution: If yo	ou are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see	Form 8453-EO and F	orm 8879-EO for payme				
structions									

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

Form 8868 (Rev. 1-2019)

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

Depreciation Detail Listing

Program Services

2018

PAGE 1

Name(s) as shown on return

For your records only

Social security number/EIN

ROMY AND GABY SCI FOUNDATION INC 46-4437170															
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	ACTIVITY HAND GLOVE	12242014	560		100.00		PY 280	280	7	200 DB MQ	10.04	461	28	489	28
2	GAIT TRAINER	12242014	10,250		100.00		PY 5,125	5,125	7	200 DB MQ	10.04	8,450	515	8,965	515
3	RT-300 FES BIKE	05012015	11,076		100.00			11,076	7	200 DB HY	12.49	6,232	1,383	7,615	1,357
4	MULTI EXERCISE MACHIN	05112015	4,999		100.00			4,999	7	200 DB HY	12.49	2,812	624	3,436	612
5	PHYSICAL THERAPY EXER	05142015	1,928		100.00			1,928	7	200 DB HY	12.49	1,084	241	1,325	236
6	FITNESS BARS	05182015	715		100.00			715	7	200 DB HY	12.49	402	89	491	88
7	RT-600 FES STEPPING S	05292015	24,999		100.00			24,999	7	200 DB HY	12.49	14,065	3,122	17,187	3,062
8	RT-600 FES STEPPING S	06012015	24,999		100.00			24,999	7	200 DB HY	12.49	14,065	3,122	17,187	3,062
9	CEILING LIFT GATE	06032015	6,845		100.00			6,845	7	200 DB HY	12.49	3,851	855	4,706	839
10	CABLE CROSSOVER ATTAC	06042015	1,600		100.00			1,600	7	200 DB HY	12.49	901	200	1,101	196
11	RT600 STIMULATOR	06052015	24,999		100.00			24,999	7	200 DB HY	12.49	14,065	3,122	17,187	3,062
12	RT600 STIMULATOR UPGR	06082015	8,059		100.00			8,059	7	200 DB HY	12.49	4,535	1,007	5,542	987
13	OFFICE FURNTURE	06092015	476		100.00			476	7	200 DB HY	12.49	268	59	327	58
14	2 SOFAS AND 2 TABLES	06122015	1,110		100.00			1,110	7	200 DB HY	12.49	625	139	764	136
15	PARALLEL BARS	06152015	1,956		100.00			1,956	7	200 DB HY	12.49	1,100	244	1,344	240
16	RECLINING MASSAGE CHA	06152015	3,546		100.00			3,546	7	200 DB HY	12.49	1,995	443	2,438	434
17	5 TVS	06162015	4,681		100.00			4,681	7	200 DB HY	12.49	2,634	585	3,219	573
18	CHAIRS	06172015	450		100.00			450	7	200 DB HY	12.49	253	56	309	55
19	BODY SOLID EXAGON SYS	06222015	1,621		100.00			1,621	7	200 DB HY	12.49	913	202	1,115	199
20	PACER	06222015	2,436		100.00			2,436	7	200 DB HY	12.49	1,371	304	1,675	298
21	RT600 STIMULATOR KIT	06242015	5,800		100.00			5,800	7	200 DB HY	12.49	3,263	724	3,987	711
22	OFFICE FURNITURE	06262015	443		100.00			443	7	200 DB HY	12.49	248	55	303	54
23	DESKTOPS	06262015	931		100.00			931	5	200 DB HY	11.52	663	107	770	155
24	OFFICE FURNITURE	06292015	428		100.00			428	7	200 DB HY	12.49	241	53	294	52
25	IMPROVEMENTS	06292015	9,809		100.00			9,809	15	SL HY	6.667	1,635	654	2,289	654
26	LARGE PACER	07062015	2,765		100.00			2,765	7	200 DB HY	12.49	1,556	345	1,901	339
27	PARALLEL BARS	07302015	1,530		100.00			1,530	7	200 DB HY	12.49	862	191	1,053	187
28	UNIVERSAL PERFORMANCE	08252015	860		100.00			860	7	200 DB HY	12.49	484	107	591	105
29	SMITH MACHINE	09012015	800		100.00			800	7	200 DB HY	12.49	450	100	550	98
30	ELECTRODES	09212015	684		100.00			684	7	200 DB HY	12.49	386	85	471	84

Depreciation Detail Listing

Program Services

2018

PAGE 2

for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

* Item is included in UBIA

For your records only

Social security number/EIN

ROMY AND GABY SCI FOUNDATION INC 46-4437170 Business Prior AMT Basis Section Depreciable Current Accumulated Bonus No. Description Date Cost Life Method Rate Adjustment percentage 179 Basis Depreciation Depreciation Depreciation Current depreciation 2,009 31 NORDIC COMPO 08282017 100.00 2,009 7 200 DB HY 24.49 287 492 779 492 109,410

Totals

157,959

90,157

18,968

19,253

19,253

163,364