Special Kids, Inc.

RETURN OF ORGANIZATION EXEMPT FROM TAX IRS Form 990

FOR TAX YEAR ENDED DECEMBER 31, 2009

H A Beasley & Company, PC

Certified Public Accountants
615-895-5675 HA@HABEASLEY.COM

June 21, 2010

Special Kids Inc 202 Arnette Street Murfreesboro, TN 37130

Special Kids Inc:

Enclosed is the 2009 federal return for a tax-exempt organization, prepared for Special Kids Inc from the information provided. This return will be electronically filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please do not hesitate to contact this office at (615)895-5675.

Sincere

H Beasley

June 21, 2010

Special Kids Inc 202 Arnette Street Murfreesboro, TN 37130

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about you from various sources, including the following:

- * Information we receive from interviews regarding your tax situation;
- * Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- * Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

If you have any questions about our privacy policy, please contact us.

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H A BEASLEY AND COMPANY CPAS PC

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For	the	2009 calend	lar year, o	or tax year beginning , 2009	, and endi	ng		, 20	
В	Che	ck if	applicable:	Please	C Name of organizationSPECIAL KIDS INC				D Employer Identification no.	
	Addi	ress	change	use IRS label or	Doing Business As				62-1718638	
	Nam	e ch	ange	print or	Number and street (or P.O. box if mail is not delivered to street address)		Room/sulte		E Telephone number	
	Initia	al ret	urn	type. See	202 ARNETTE STREET				(615) 867-5090	
	Term	ninat	ed	Specific Instruc-	City or town, state or country, and ZIP - 4				G Gross receipts	
Ħ	Ame	ndec	i return	tions.	MURFREESBORO, TN 37130			1	The Development of the State of	
Ħ	Appl	licati	on pending	F Name	and address of principal officer:	1			s 1,742,805	
_			,				H(a) Is this	s a group re	eturn for	
_	Tay-	ever	npt status:	X 501(c) (3) ◀ (insert no.)					
			▶ N/A	22 30 1(0) (5) 4 (IIISERTING.) 1947(A)(I) 11 527		If No	, attach a	included? Yes No list. (see instructions)	
	210.00		A 10	Comments	n ☐ Trust ☐ Association ☐ Other ▶ ☐ L. Year of for					
	rt I		Summar		n ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of for	mation: 199	в м я	state of leg	al domicile: TN	
	-									
	1	1	briefly descri	ibe me or	ganization's mission or most significant activities: PROVIDE	SKILLED	CARE			
<u> </u>					——————————————————————————————————————					
t c						-				
I v		_		ш.						
V e					the organization discontinued its operations or disposed of more to			5.6		
t n				100	nbers of the governing body (Part VI, line 1a)			200	13	
e n					nt voting members of the governing body (Part VI, line 1b)				13	
Sc	1 13				yees (Part V, line 2a)				74	
8.					eers (estimate if necessary)					
	32				ousiness revenue from Part VIII, column (C), line 12				0	
	\perp	Ь	Net unrelated	d busines:	taxable income from Form 990-T, line 34			. 7b	0	
							Prior Yea	ar	Current Year	
R	9	8	Contributions	s and gran	nts (Part VIII, line 1h)		3:	93,650	383,574	
v e		9	Program sen	vice reven	ue (Part VIII, line 2g)		8-	41,271	1,055,689	
n	1	0	Investment in	ncome (Pa	art VIII, column (A), lines 3, 4, and 7d)			2,910	2,268	
u e	1				II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2	60,899		
	1				nes 8 through 11 (must equal Part VIII, column (A), line 12)			98,730		
•••••	1				ounts paid (Part IX, column (A), lines 1-3)				0	
_	1				members (Part IX, column (A), line 4)				0	
E			3370		nsation, employee benefits (Part IX, column (A), lines 5-10)	-	1.2	46,922	1,425,729	
P					g fees (Part IX, column (A), line 11e)		1,2	10,522	1,425,125	
n	Ι.				nses (Part IX, column (D), line 25) 277, 187	-				
s e	1				X, column (A), lines 11a-11d, 11f-24f)		2	67,495	222 005	
s			1000 March 1990 1990 1990 1990 1990		nes 13-17 (must equal Part IX, column (A), line 25)					
	- 1 -				s. Subtract line 18 from line 12			14,417 15,687		
	+		nevenue less	expense	s. Subtract line to from line 12					
Net Asse	ts a	١٨	T-1-11	/n v :-	e 16)	_	inning of Cu		End of Year	
or Fund								06,595	830,708	
Bal-	-		Total liabilitie					96,378		
ance	_	-			ances. Subtract line 21 from line 20		7	10,217	695,208	
12	rt I	11	Signatur		y, I declare that I have examined this return, including accompanying schedules		h			
			and belief, it	is true, com	est, and complete. Declaration of preparer (other than officer) is based on all info	ormation of w	hich prepare	er has any	knowledge.	
Sig	-		20	IV.	$\mathcal{L}(\mathcal{I})$			Τ.,		
_			<u> </u>		°V				2t-June-2010	
Hei	e			re of officer	Carlon La			Dat	te	
				hris Tr	nelare Executive/Director					
			Type or	print name a						
			Preparer's		Date	Check if self-	100	eparer's id: ee instructi	entifying number	
Paid	r		signature	7	SI KI	employed	► X (3)	DAM	CAM	
Pres		r's			06-21-2010		9	V WU	1410	
Use			Firm's name (or yours	H'A BEMELEY AND COMPANY CPAS PC	EI	v ▶	_	•	
		•	if self-employed), address, and ZIP - 4							
			address, and	ZIF * 4	MURFREESBORO, TN 37129	Ph	Phone no. ▶ 615-895-5675			
May	the	IRS	discuss this	return wit	n the preparer shown above? (see instructions)				🗓 Yes 🗌 No	

	1 990 (2009) SPECIAL KIDS INC	62-1718638	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	PROVIDE SKILLED CARE		
_	Pilate and the second s		
2	Did the organization undertake any significant program services during the year which were not listed on	_	_
	the prior Form 990 or 990-EZ?	∐ Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	∐ Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expensi	es.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran	nts and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,295,902 including grants of \$) (Revenue	\$)
	PROVIDE MEDICAL, RESPITE, THERAPY AND NURSING CARE	_	
	FOR "SPECIAL NEEDS" KIDS WITH SEVERE MEDICAL NEEDS		
	AND/OR MENTAL HANDICAPS		
4b	(Code:) (Expenses \$including grants of \$) (Revenue	\$)
			
	·	-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	, the same of the	-	
	·		
			
4d	Other program services. (Describe in Schedule O.)	•	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 1, 295, 902		
46	Total program carvice expenses b 1 205 002		

Form 990 (2009) SPECIAL KIDS INC

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(cX3) or 4947(aX1) (other than a private foundation)? If "Yes." 1 X 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Х 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes 13 13 X 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Х 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 X 20 20

Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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	ĺ		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
Ь	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) and 501(c)(4) 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
þ	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		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	286		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
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? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	i		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 6 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X Ь If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O............. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х 4a b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a X 5ь If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or X 6Ь Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7f 7g q For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring Sponsoring organizations maintaining donor advised funds. 9a 9ь 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ь Section 501(c)(12) organizations. Enter: 11 а Gross income from other sources (Do not net amounts due or paid to other sources against Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a 12a

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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.

b Yes, does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11	Sec	tion A. Governing Body and Management		-	
b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee any other orificer, director, trustee, or key employee 3 Did the organization delegate control over management dulies customartly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization nake any significant charges to its organizational documents since the prior form \$50 was filted? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 7 The ST Does the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Designation of the operating body? 10 Does the organization have members or stockholders? 10 Does the organization have members or stockholders? 10 Does the organization have members or stockholders, or other persons who may elect one or more members 11 of the governing body? 12 Does the organization that the stockholders or other persons? 13 Designation that the stockholders or other persons? 14 Designation that the stockholders or other persons? 15 Designation that the stockholders or other persons? 16 Designation that the stockholders or other persons? 17 Designation that the stockholders or other persons? 18 Did the organization that the stockholders or other persons? 19 Designation that the stockholders or other persons? 2 Designation that the stockholders? 2 Designation that the stockholders? 3 Designation that the stockholder				Yes	No
2 Did any efficer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, survive, or key employee? 3 Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or orink person? 4 L X 5 Did the organization make any significant changes to its organizational documents since the prior form 350 was filled? 5 Did the organization become aware during the year of a material diversion of the organization sasset? 5 L X 5 Did the organization have members, stockholders, or other persons who may elect one or more members 6 d X 7 Did best the organization have members, stockholders, or other persons who may elect one or more members 7 of the governing body? 8 Did the organization contemperaneously document the meetings held or written actions undertaken during 8 the year by the following: 9 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached 9 at the organization smalling address? If Yes? provide the names and addresses in Schedule O. 9 SECTION B. Pollicies (This Section B requests information about policies not required by the Internal Prevenue Code. 10 Dess the organization have written policies and procedures governing the activities of such chapters, 11 affiliates, and branches to ensure their operations are consistent with those of the organization. 12 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 13 A To Officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 10 Dess the organization have a written organization to review this Form 990. 11 A the strenganization regularly and consistently monitor and enforce compliance with the policy? If Yes, does the organization have a written whistlebower policy?	1a				
any other officer, director, rustee, or key employee? Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 4	b	Enter the number of voting members that are independent			
3 Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors or futures. or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Does the organization have members or stockholders? 5 Does the organization have members or stockholders? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Does the organization of the governing body subject to approval by members, stockholders, or other persons? 7 Description of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 6 To Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 To governing body? 8 S X 9 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, instace, 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 S X 8 Did the organization have been subject to the proving body? 9 Uses the organization have been subject to the proving body? 10 Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Did the progranization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 11 Type: 12 Does the organization have a written process in Suppl	2				
supervision of officers, directors of trustees, or key employees to a management company or other person? 4			2		X
4 Dût the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Dût the organization have members or stockholders? 5 Dût be organization have members or stockholders? 7 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Does the organization have members or stockholders? 8 Dût the organization chave members or stockholders. 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Dût the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 To the the year by the following: 9 To the the year by the following: 9 To the year by the following: 10 To the year by the following: 10 To the organization for making address? If ™Sr., provide the names and addresses in Schedule O 10 To the year by the following: 10 To the organization for making address? If ™Sr., provide the names and addresses in Schedule O 10 To the organization for walking address? If ™Sr., provide the names and addresses in Schedule O 10 To the organization for walking address? If ™Sr., provide the names and addresses in Schedule O 10 To the organization for walking address? If ™Sr., provide the names and addresses in Schedule O 10 To the organization have local chapters, branches, or affiliates? 10 To the organization for walking and the organization have written policies and procedures governing the activities of such chapters, affiliates? 10 To the organization for walking a complete the form 990 organization for the organization for the organization for the organization have a written organization to review this Form 990. 11 La Describe in Schedule O the process, If any, used by the organization to review this Form 990. 12 Does the organization have a written organization or deview this Form 990. 13 La Does the organization have a written organization organization t	3	- · · · · · · · · · · · · · · · · · · ·			
5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 7a Does the organization have members of stockholders? 7b Are any decisions of the governing body? 7a Day the properties of the governing body subject to approval by members, stockholders, or other persons? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b A X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 The governing body? 9 The governing body? 9 The governing body? 10 The governing body? 11 The governing body? 12 The governing body? 13 The governing body? 14 The governing body? 15 The governing body? 16 Does the organization have a written policies and procedures governing the activities of such chapters, and procedures governing body before		supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
8 Does the organization have members or stockholders? 2 Does the organization have members or stockholders, or other persons who may elect one or more members 3 of the governing body? 3 A a X 4 A any decisions of the governing body subject to approval by members, stockholders, or other persons? 4 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 4 The governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Sa X 5 Each committee with authority to act on behalf of the governing body? 7 Is there any officer, director, rustee, 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 0 7 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. 7 Is a Does the organization have local chapters, branches, or affiliates? 7 In 10 Does the organization have local chapters, branches, or affiliates? 8 In 10 Does the organization have local chapters, branches, or affiliates? 9 In 10 Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Does the organization have a written orollicid of interest policy? If 'No, go to line 13 10 Does the organization have a written explicitly of interests that could give rise to conflicts? 11 Does the organization have a written orollicid of interest policy? If 'No, go to line 13 12 Does the organization have a written does not be the organization to review this Form 990. 11 Does the organization have a written does not be the organization of the deliberation and destruction policy? 12 Does the organization have a written does not be the organization of the deliberation and destruction? 13 Does the organization have a written does not be the process in Schedule O thom this	4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CHRIS TRUELOVE (615) 890-1003					
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organization: ▶ CHRIS TRUELOVE (615)890-1003	20				
		202 ARNETTE STREET MURFREESBORO, TN 37130			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	l tirrection or arrangement of the control of the c	t s I t	C	e m	Highersated	e r	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHED LIST										
DIRECTORS	1.00			X			<u> </u>	0	0	0
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P	art VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hic	hes	t Com	pen	sated Employees	(continued)	
	(A)									(E)	(F)
	Name and Title	Average	Posi	tion (that ap	olv)	Reportable	Reportable	Estimated
		hours per week	I t d nr i r l st c i e o u r a o i r	nru tst te te ti on	f	K e y e m p l o y e e	Hcen gmplesyses ted	o r m e	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
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<u>1</u> b	Total			• •	•••			>	0	0	0
2	Total number of individuals (including but not limited to reportable compensation from the organization. ▶	to those liste	d abo	ve) v	who	rec	eived i	more	than \$100,000 in	0	
_	<u> </u>								· ·		Yes No
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for	or such indiv	idual								3 X
4	For any individual listed on line 1a, is the sum of repo the organization and related organizations greater tha individual	n \$150,000?	If "Ye	s," c	omp	olete	Sche	dule	J for such		4 X
5	Did any person listed on line 1a receive or accrue con services rendered to the organization? If "Yes," compl	npensation f	rom ai	ny u	nrel	ated	organ	izati	on for		5 X
Se	ction B. Independent Contractors				'						<u> </u>
1	Complete this table for your five highest compensated compensation from the organization.	independe	nt con	tract	tors	that	receiv	ed r	nore than \$100,00	0 of	·
	(A)	-							(B)		(C)
_	Name and business addres	s							Description of	services	Compensation
_											
_											
2	Total number of independent contractors (including b		d to th	ose	liste	d at	oove) v	who	received		

Part	VIII®	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Contri- butions,	1a b c	Federated campaigns	1a 1b 1c					
gifts, grants and other	d e f	Related organizations	1d 1e	85,979				
similar amounts	g	and similar amounts not included above Noncash contributions included in lines 1	a-1f: \$		202 554			
_	11	Total. Add lines 1a-1f		Business Code	383,574			
	2a	INSURANCE PROVIDERS		621300	917,930	917,930		
	I .	PATIENT SERVICE FEES		621300	137,759			
Program Service	c				231,7133	131,7133		
Revenue	d							
	е		_	-				
	f	All other program service revenue	 .	-				
	g	Total. Add lines 2a-2f			1,055,689			
	3	Investment income (including dividends, in other similar amounts)	nterest,	, and • • • • • • ▶	2,268			
	1	Income from investment of tax-exempt bo	•					
	5	Royalties		<u> ▶</u>				AUGUAL:
		(i) Rea	J	(ii) Personal]			
	l	Gross Rents						
	ı	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		· · · · · · · >				
	I	Gross amount from sales of assets other than inventory	ties	(ii) Other				
o t		Less: cost or other basis and sales expenses						
h	d	Net gain or (loss)						
e r R		Gross income from fundraising events (not including \$	_					
e v e		of contributions reported on line 1c). See Part IV, line 18		301,274				
n	l	Net income or (loss) from fundraising ever			301,274	301,274		
e		Gross income from gaming activities.						
		See Part IV, line 19	. a					
		Less: direct expenses			1			
		Net income or (loss) from gaming activities	1					
		Gross sales of inventory, less						
	''"	returns and allowances	. а					
	Ь	Less: cost of goods sold	. b		1			
	l	Net income or (loss) from sales of inventor				The state of the s	The state of the s	
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,742,805	1,359,231	0	0

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	lumn (A) but are not re			D).
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and		}		
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
3	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1 050 055	252 524	100 101	
7 8	Other salaries and wages	1,259,275	960,624	128,104	170,547
·	and section 403(b) employer contributions)				
9	Other employee benefits	61,679	43,996	17,683	
10	Payroll taxes	104,775	80,184	10,031	14,560
11	Fees for services (non-employees):		30,7_31		227,500
а	Management				!
b	Legal				
С	Accounting	10,501	8,684	840	977
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	21,494	16,573	2,922	1,999
14	Information technology				
15 16	Royalties	16,142	13,457	1 104	1,501
17	Travel	2,253	1,548	1,184	1,501
18	Payments of travel or entertainment expenses	2,233	1,540	703	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75,630	74,943	687	
20	Interest	1,818	778	1,040	
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	30,410	25,642	2,433	2,335
23	Insurance	24,397	18,795	3,333	2,269
24	Other expenses. Itemize expenses not			l	
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	00 184	04 555	220	0.500
a b	SUPPLIES BANOUPT AND MARATHON	28,174 79,187	24,775	779	2,620 79,187
c	BANQUET AND MARATHON CONTRACT SERVICE PROVIDE	886	 	886	79,107
ď	FAMILY SUPPORT	10,317		10,317	
e	SUBSCRIPTIONS	12,772	11,111	1,661	
f	All other expenses	18,104	14,792	2,120	1,192
25	Total functional expenses. Add lines 1 through 24f	1,757,814	1,295,902	184,725	277,187
26	Joint Costs. Check here ▶ ☐ if following			1	
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs]	
	from a combined educational campaign and		İ		
	fundraising solicitation		<u> </u>	<u> </u>	
		EEA			Form 990 (2009)

Form 990 (2009) SP SPECIAL KIDS INC 62-1718638 Page 11

Par	1 X	Balance Sheet			
			(A)		(B)
			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing	44,943	1	56,194
	2	Savings and temporary cash investments	163,028	2	149,381
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	70,953	4	100,648
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
A S		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges	46,591	9	36,752
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 687, 187			
	ь	Less: accumulated depreciation	481,080	10c	487,733
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	806,595	16	830,708
	17	Accounts payable and accrued expenses	96,378	17	135,500
	18	Grants payable		18	
Ļ	19	Deferred revenue		19	
a a	20	Tax-exempt bond liabilities		20	
þ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i i	22	Payables to current and former officers, directors, trustees, key			
į	,	employees, highest compensated employees, and disqualified			
t i		persons. Complete Part II of Schedule L		22	
e e	23	Secured mortgages and notes payable to unrelated third parties		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	96,378	26	135,500
		Organizations that follow SFAS 117, check here ► 🔀 and			
N F e u	22	complete lines 27 through 29, and lines 33 and 34.	-		
e u t n	27	Unrestricted net assets	710,217	27	695,208
, d	28	Temporarily restricted net assets		28	
A s B	29	Permanently restricted net assets		29	
s a		Organizations that do not follow SFAS 117, check here ► □			
e I ta	30	and complete lines 30 through 34.		20	
s n	30	Capital stock or trust principal, or current funds		30	
c o e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
rs	32 33	Retained earnings, endowment, accumulated income, or other funds	710 015	32	605 000
	33 34	Total liabilities and not assets fund balances	710,217	33	695,208
	34	Total liabilities and net assets/fund balances	806,595	34_	830,708

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2009

Department of the Treasury

Attachment Internal Revenue Service (99) ▶ See separate instructions. ➤ Attach to your tax return. Sequence No. 67 Name(s) shown on return Business or activity to which this form relates Identifying number SPECIAL KIDS INC FORM 990 - 1 62-1718638 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 q 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 20,603 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 6,207 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation d) Recovery (business/investment use (e)Convention (f) Method (a) Classification of property year placed in (g) Depreciation deduction only-see instructions) 19a 3-year property STATEMENT # 50 3,328 5-year property STATEMENT # 51 272 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. g h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L MM property S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L ь 12-year 12 yrs. 40-year MM S/L 40 yrs. Part IV Summary (see instructions) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 30,410

For assets shown above and placed in service during the current year, enter the

23

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2009

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection

Employer identification number

_		L KIDS INC							62-	1718638		•	
Pa	ırt I	Reason for	Public Charit	y Status (All organiz	ations mus	t complete	e this part.) See instr	uctions.	272000			
The	orga	nization is not a priva	ate foundation beca	ause it is: (For lines 1 th	rough 11, o	heck only	one box.)					
1				association of churches									
2				1)(A)(ii). (Attach Schedu									
3				rvice organization descr	•	ction 170(bX1XAXiii	i).					
4		A medical research	organization opera	ted in conjunction with	a hospital	described	in section	 . 170(b)(1)	(A)(iii). En	ter the hos	nital'e n	ama	
		city, and state:	,	,					(///(//// _//	1101 1103	ipitai 3 i i	arric,	
5		An organization ope	rated for the benef	fit of a college or univer	sity owned	or operate	ed by a go	vernmenta	al unit desi	cribed in			
		section 170(b)(1)(A			•		, 3-		-, -,	0,1000 111			
6			•	governmental unit des	cribed in s	ection 170	(БХ1ХА)(v).					
7				a substantial part of its					the gene	ral public			
		described in section			• •	3		,, -,,	· ····· gov.o	. ш. радио			
8				n 170(b)(1)(A)(vi). (Com	nplete Part	II.)							
9	X			(1) more than 33 1/3%			ontribution	ns, membe	rship fees	. and gross			
				empt functions - subjec									
				and unrelated business									
		acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	e Part III.)						
10				ed exclusively to test for		•		(a)(4).					
11		An organization orga	anized and operate	d exclusively for the be	nefit of, to	perform th	e function	s of, or to	carry out t	he			
				orted organizations des					•				
		509(a)(3). Check the	box that describe	s the type of supporting	organizati	on a <mark>nd c</mark> o	mplete line	es 11e thro	ough 11h.				
		a 🗌 Typei	ь 🗌 Туре	ell c	Type III	-Functiona	ally integra	ted	ď	Type I	ll-Other		
e		By checking this box	x, I certify that the o	organization is not contr	olled direct	ly or indire	ectly by or	e or more	disqualifie	ed			
		persons other than f	oundation manage	rs and other than one o	or more pu	olicly supp	orted orga	anizations	described	in section			
		509(a)(1) or section	509(a)(2).										
f		If the organization re	eceived a written de	etermination from the IR	S that it is	a Type I, T	Гуре II, or	Type III su	pporting				
		organization, check	this box										🗆
9		Since August 17, 20	06, has the organiz	ation accepted any gift	or contribu	ition from	any of the						
		following persons?									,		
				controls, either alone o	_							Yes	No
				y of the supported orga							11g(i)	<u> </u>	
				cribed in (i) above?							11g(ii)	<u> </u>	<u> </u>
				n described in (i) or (ii)							11g(iii)	<u> </u>	
<u>h</u>			· · · · · · · · · · · · · · · · · · ·	t the supported organiza						1			
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	, ,	organization sted in your	, , , ,	ou notify nization in	, , ,	ls the tion in col.		Amount upport	t of
				above or IRC section		document?	col. (i)	of your		zed in the		••	
				(see instructions)		N.		port?		S.?			
					Yes	No	Yes	No	Yes	No			
							<u> </u>			-			
										1			
					ļ								
			-		<u> </u>		 	 	-				
Tota							1		l				

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	440,477	678,319	644,633	654,549	684,848	3,102,826
2	Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose	649,278		862,246	841,271		4,153,749
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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	1,089,755	1,423,584	1,506,879	1,495,820	1,740,537	7,256,575
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						7,256,575
_	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,089,755	1,423,584	1,506,879	1,495,820	1,740,537	7,256,575
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,492	7,812	9,219	2,910	2,268	27,701
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						1999
С	Add lines 10a and 10b	5,492	7,812	9,219	2,910	2,268	27,701
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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						7,284,276
	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>					▶ □
	ction C. Computation of Public Su			ton.		4-1	
15	Public support percentage for 2009 (line 8,					15	99.62 %
16	<u> </u>				· · · · · · · · · · · · · · · · · · ·	16	<u> </u>
	ction D. Computation of Investme			(4\)		17	0.20 %
17	Investment income percentage for 2009 (line Investment income percentage from 2008 S					17	0.38 %
18	•					· · · · · ·	
b	33 1/3% support tests - 2009. If the organi 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2008. If the organi 18 is not more than 33 1/3%, check this	c and stop here. The cation did not check box and stop her	he organization qu ck a box on line 14 re. The organizatio	ialifies as a publich For line 19a, and li n qualifies as a pu	y supported orgar ine 16 is more than iblicly supported o	nization n 33 1/3%, and rganization	▶ □
20	Private Foundation: If the organization did	not check a box o	in line 14, 19a, or 1	19b, check this box	x and see instructi	ons	▶ 📙

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name	of the organization		Employer identification number
SPEC	TIAL KIDS INC		62-1718638
	nization type (check one)		- 1,1000
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 foundate	tion
		527 political organization	
Form 9	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	
Note. instruc	Only a section 501(c)(7),	vered by the General Rul e or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See
_			
X	•	g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more contributor. Complete Parts I and II.	re (in money or
Specia	al Rules		
	sections 509(a)(1) and	organization filing Form 990 or Form 990-EZ that met the 33 1/3½ support te 170(bX1XA)(vi), and received from any one contributor, during the year, a co of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Co	entribution of the greater
	the year, aggregate con	(8), or (10) organization filing Form 990 or 990-EZ that received from any on atributions of more than \$1,000 for use exclusively for religious, charitable, sci or the prevention of cruelty to children or animals. Complete Parts I, II, and III	ientific, literary, or
	the year, contributions f aggregate to more than year for an exclusively r applies to this organizat	(8), or (10) organization filing Form 990 or 990-EZ that received from any on for use exclusively for religious, charitable, etc., purposes, but these contribut a \$1,000. If this box is checked, enter here the total contributions that were received in \$1,000, charitable, etc., purpose. Do not complete any of the parts unless that the because it received nonexclusively religious, charitable, etc., contributions	tions did not ceived during the ne General Rule as of \$5,000 or more
990-E	Z, or 990-PF), but it mus line 2 of its Form 990-PF,	s not covered by the General Rule and/or the Special Rules does not file Schoot answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of to certify that it does not meet the filing requirements of Schedule B (Form 9	f its Form 990-EZ,

Name of organization Employer identification number SPECIAL KIDS INC 62-1718638 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 JOHN D FLOYD FOUNDATION Person Pavroll 275 ROBERT ROSE DR 10,000 Noncash (Complete Part II if there is MURFREESBORO, TN 37129 a noncash contribution.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 2 CHARITY CIRCLE OF MBORO Person X Pavroll 3008 SCHOOL SIDE STREET 20,000 Noncash (Complete Part II if there is MURFREESBORO, TN 37128 a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person 3 CITY OF MURFREESBORO Payroll Noncash PO BOX 1139 10,000 (Complete Part II if there is MURFREESBORO, TN 37133 a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person 4 UNITED WAY OF RUTHERFOR Payroll Noncash PO BOX 330056 9,055 (Complete Part II if there is MURFREESBORO, TN 37133 a noncash contribution.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person 5__ EDWARD DAVIS Pavroll Noncash PO BOX 11374 10,000 (Complete Part II if there is MURFREESBORO, TN 37129 a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person RICHARD SIEGEL FOUNDATI 6 Payroll SUN TRUST Noncash П PO BOX 305110 10,000 (Complete Part II if there is a noncash contribution.) NASHVILLE, TN 37230

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

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BAPTIST HEALING HOSPITA TRUST 1919 CHARLOTTE AVE 320 NASHVILLE, TN 37203	\$11,125	Person 🔀 Payroll 📋 Noncash 🔲 (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	PINNACLE NATIONAL BANK 211 COMMERCE ST STE 300 NASHVILLE, TN 37201	\$	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	MIDDLE TENNESSEE MEDICAL CENTER PO BOX 1178 MURFREESBORO, TN 37133	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	PO BOX 612 MURFREESBORO, TN 37133	\$5,025	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_11	CHRISTY HOUSTON FOUNDATION 1296 DOW STREET MURFREESBORO, TN 37130	\$25,075	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	DIVERSIFIED GLOBAL LOGISTICS 5375 MINERAL WELLS MEMPHIS, TN 38141	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization SPECIAL KIDS INC

Employer identification number 62-1718638

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	EMERSON HEATING PRODUCTS 4700 JOHN BRAGG HIGHWAY MURFREESBORO, TN 37127	\$ 5,675	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14_	FIRST PRESBYTERIAN CHURCH 210 NORTH SPRING STREET MURFREESBORO, TN 37130	\$ 5,002	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15_	GENERAL MILLS CORPORATE PO BOX 59145 MINNEAPOLIS, MN 55459	\$10,000	Person 🛣 Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	HILLSDALE FUND INC PO BOX 20124 GREENSBORO, NC 27420	\$29,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_17	INGRAM BOOK COMPANY PO BOX 3006 LA VERGNE, TN 37086	\$6,000	Person 🔀 Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18_	JENNINGS AND REBECCA JONES FOUNDATI PO BOX 1523 MURFREESBORO, TN 37133	\$10,000	Person 🔀 Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
SPECIAL KIDS INC

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	MURFREESBORO MEDICAL CLINIC 1004 HIGHLAND AVE MURFREESBORO, TN 37130	\$	Person 🛣 Payroll 🔲 Noncash 🔲 (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	NISSAN NORTH AMERICA INC 983 NISSAN DRIVE SMYRNA, TN 37167	\$5,296	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	KIDZZONE PLAY SYSTEMS MID AMERICA 7822 MANCHESTER PIKE MURFREESBORO, TN 37127	\$6,000 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22	LORENE COLLINS 1280 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130	\$5,000 	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23_	RANDAL AND MARY THOMPSON 719 CHICKASAW ROAD MURFREESBORO, TN 37130	\$5,000 	Person 🔀 Payroll 📋 Noncash 🗍 (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	UNKNOWN NASHVILLE, TN 37221	\$6,852 	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2009

Department of the Treasury internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

SPECIAL KIDS INC 62-1718638 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year ь c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

	dule D (Form 990) 2009 SPECIAL KIDS IN				62-17186	· · · · · · · · · · · · · · · · · · ·
	rt III Organizations Maintaining					sets (continued)
3	Using the organization's acquisition, accession,	and other records	, check any of the fo	ollowing that are a sig	nificant use of its	
	collection items (check all that apply):					
а	Public exhibition		an or exchange prog	grams		
Ь	Scholarly research	e ∐ Oth	ner			
c	Preservation for future generations					
4	Provide a description of the organization's colle	ctions and explain	how they further the	e organization's exem	pt purpose in	
	Part XIV.					
5	During the year, did the organization solicit or re					
	assets to be sold to raise funds rather than to b	e maintained as pa	art of the organization	on's collection?	<u></u>	. 🗌 Yes 🗌 No
Pa	rt IV Escrow and Custodial Arra	ngements. Co	mplete if organizatio	on answered "Yes" to	Form 990,	
	Part IV, line 9, or reported an amour					
1a	Is the organization an agent, trustee, custodian					
	included on Form 990, Part X?					. Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the folk	owing table:			
					Amo	unt
С	Beginning balance			1	С	
d	Additions during the year			1	d	
е	Distributions during the year			1	e	
f	Ending balance			1	f	
2a	Did the organization include an amount on Form	m 990, Part X, line 2	21?			. Yes No
ь	If "Yes," explain the arrangement in Part XIV.					
Pa	rt V Endowment Funds. Complete	if the organization	answered "Yes" to F	orm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
ь	Contributions					
¢	Net investment earnings, gains, and losses .					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the year e	nd balance held as	;;			
a	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possessi	ion of the organizat	tion that are held an	d administered for th	e	
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations			<i></i>		3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on	Schedule R?			3b
4	Describe in Part XIV the intended uses of the or	rganization's endov	wment funds.			

Par	Investments - Land, Buildings,	and Equipment. S	ee Form 990, Part X,	line 10.	_
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	119,404			119,404
b	Buildings	402,512		89,476	313,036
С	Leasehold improvements				
d	Equipment	165,271		109,978	55,293
e	OtherSTMD1E.				
Total.	Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column (B), line 10(c).)		487,733

Schedule D (Form 990) 2009 SPECIAL KIDS	INC	62-17	18638 Page
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives	•		
Closely-held equity interests	•		
Other			
	-		
	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	3.	
(a) Description of investment type	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	rket value
	+		<u> </u>
-			
 			
		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir			
) Description		(b) Book value
			
		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Amount		
Federal income taxes		—	
		-	
	-		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

		2-1718638	Page 4
Pa	1 XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
đ	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)	1 1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	† XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	7 1	
d	Other (Describe in Part XIV.)	7 1	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	-	
_	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information	1 - 1	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
	part to provide any additional information.		
1113	art to provide any additional information.		
_			
		<u>. </u>	<u> </u>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instruct

Open to Public Inspection ▶ See separate instructions Employer identification number 62-1718638 ☐ Yes ☐ No (v) Amount paid to (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in organization col. (i)

SPECIAL KIDS INC Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants Phone solicitations g Special fundraising events 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? b If "Yes," list the ten 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 of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts custody or control of from activity or entity (fundraiser) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
D			FUNDRAISING	(avest type)	(total aumbos)	Add col. (a) through
R e			(event type)	(event type)	(total number)	col. (c))
٧		Gross receipts	201 274			301,274
e n	1 2	Less: Charitable	301,274			301,274
u	•	contributions				
е	3	Gross revenue (line 1				<u> </u>
		minus line 2)	301,274			301,274
			- 302,211			
	4	Cash prizes				
D		2				
i	5	Non-cash prizes				
r e		·				
С	6	Rent/facility costs				
t		·				
Ε	7	Food and beverages				
X		Ţ			-	
р е	8	Entertainment				
n						
s e	9	Other direct expenses				
s						
	10	Direct expense summary. Add line:				()
	11	Net income summary. Combine lin				301,274
Pa	irt II	Gaming. Complete if the o	rganization answered 'Yes	to Form 990, Part IV, line	19, or reported more	
		than \$15,000 on Form 990-E	Z, line 6a.			_
R			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (Add
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	bingo/progressive bingo	(-/ 33	col. (a) through col. (c))
v e	i					
e n u						, , , , , , , , , , , , , , , , , , ,
Revenue	1	Gross revenue				
e	1					
e	1 2	Gross revenue				
e		Cash prizes				
e	2					
e	3	Cash prizes				
e Direct Expen		Cash prizes				
e Direct Expense	3	Cash prizes				
e Direct Expens	3	Cash prizes			□ Yes %	
e Direct Expense	3 4 5	Cash prizes		☐ Yes%	☐ Yes	
e Direct Expense	3	Cash prizes			☐ Yes %	
e Direct Expense	3 4 5	Cash prizes	☐ Yes%	☐ Yes %	=	
e Direct Expense	3 4 5	Cash prizes	☐ Yes%	☐ Yes %	=	
e Direct Expense	3 4 5	Cash prizes	Yes % No s 2 through 5 in column (c	☐ Yes% ☐ No	No	
e Direct Expense	3 4 5 6 7	Cash prizes	Yes % No s 2 through 5 in column (c	☐ Yes% ☐ No	No	
e Direct Expense	3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a	☐ Yes % No	No	()
e Direct Expenses	3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a	Yes		()
e Direct Expenses	3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a	Yes		Yes No
e Direct Expenses	3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a	Yes		Yes No
e Direct Expenses	3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a	Yes		Yes No
e Direct Expenses	3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a lation operates gaming acting aming activities in each of	Yes % No No No No this is states?	□ No	Yes No
e Direct Expenses	3 4 5 6 7 8 End 1 1s if 7 West	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a lation operates gaming acting aming activities in each of	Yes % No No No No this is states?	□ No	() Yes No
e Direct Expenses	3 4 5 6 7 8 End 1 1s if 7 West	Cash prizes	Yes % No s 2 through 5 in column (combine line 1, column (d), a lation operates gaming acting aming activities in each of	Yes % No No No No this is states?	□ No	() Yes No
e Direct Expenses	3 4 5 6 7 8 En 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash prizes	Yes % No s 2 through 5 in column (d), and ation operates gaming action gaming activities in each of the second suspensive su	Yes % No No No No the first state in the second of t	No No	() Yes No
Port Expenses 9 a b	3 4 5 6 7 8 En 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash prizes	Yes% No s 2 through 5 in column (combine line 1, column (d), and ation operates gaming acting gaming activities in each of the column (d), and the column (d)	Yes % No No No No the set of these states?	No No	() Yes No
e Direct Expenses	3 4 5 6 7 8 En 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash prizes	Yes% No s 2 through 5 in column (combine line 1, column (d), a stion operates gaming acting gaming activities in each of a licenses revoked, suspendictivities with nonmemberary or trustee of a trust or a	Yes % No No No No the set of these states?	No No	() Yes No 9a

Name(s) as shown on return	Fe	ederal Supp	orting Statements	2009 PG01
	1	FORM 4562	- LINE 19B	STATEMENT # 50
BASIS 2,401 679 679 4,266 2,445 2,075 19,446 370 900 TOTAL	RP CV 5 HY 5 HY	METHOD S/L S/L S/L S/L S/L S/L S/L	DEDUCTION 240 68 68 427 245 208 1,945 37 90 3,328	
	1	FORM 4562	- LINE 19C	PG01 STATEMENT # 51
BASIS 845 596 657 1,705 TOTAL	RP CV 7 HY 7 HY 7 HY 7 HY	METHOD S/L S/L S/L S/L	DEDUCTION 60 43 47 122 272	
DESCRIPT OF INVEST LAND, BUILDING, EQU TOTAL	ION MENT			PG01 1E STATEMENT #D1E BOOK DEPR VALUE 0 0 0

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Employer identification number Name of the organization SPECIAL KIDS INC 62-1718638 01. Form 990 governing body review (Part VI, line 11) GOVERNING BODY REVIEWS AND APPROVES FORM 990 BEFORE IT IS SIGNED AND SENT TO THE IRS. 02. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD COMPLIES WITH ITS PRE-ESTABLISHED CONFLICT OF INTEREST POLICY. MEMBERS MUST DISCLOSE ANY RELATIONSHIPS THAT MAY CONFLICT WITH THE ORGANIZATION. 03. CEO, executive director, top management comp (Part VI, line 15a) GOVERNING BODY APPROVES SALARY AND SALARY CHANGES FOR THE EXECUTIVE DIRECTOR. 04. Other officer or key employee compensation (Part VI, line 15b GOVERNING BODY APPROVES SALARY AND SALARY CHANGES FOR ALL KEY EMPLOYEE COMPENSATION. 05. Governing documents, etc, available to public (Part VI, line 19) ANNUAL REPORTS AND CHARITABLE SOLICITATIONS ARE AVAILABLE TO THE PUBLIC.

Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Doth consolidated and separate basis			
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?	3a		X
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	3ь		l

EEA



Board of Directors -2009

R. Cameron Bivens • Board Member • 3 years
3460 Red Oak Trail • Murfreesboro, TN 37130 • 615-848-0745
National Account Manager • Teva Pharmaceuticals • Term expires January 2010

Aimee Bolinger • Board Member • 3 years 106 Blackberry Lane • Murfreesboro, TN 371308 • 615-494-4856 Physical Therapist • Term expires January 2011

Jackie Burt • Board Member • 3 years • Term expires January 2011 3453 Leslie Lane • Murfreesboro, TN 37128 • 615-895-4544 Trainer • UBS

Brenda Coleman • Board Member • 3 years 1911 Saddlebrook Drive • Murfreesboro, TN 37129 • Kohl's • Term expires January 2011

Dan Decker • Immediate-Past Chairman of the Board of Directors • 3 years 2774 Highway 99 • Murfreesboro, TN 37128 • 615-896-3403 Owner • Decker Construction • Term expires January 2011

Carrie M. Goodwin • Co-founder • Term expires January 2011 5942 West Gum Road • Murfreesboro, TN 37127 • 615-890-1718 Nurse • Siegel Middle School • Rutherford County School System

Brian Jiminez • Board Member • 3 years • Term expires January 2011 6901 Dismal Hollow Road • Christiana, TN 37037 Major • Instructor ROTC • Wilson Central High School

Bill Lowe • Board Member • 3 years • Term expires January 2010 1202 Whitehall Road • Murfreesboro, Tennessee 37130 • 615-872-3808 Senior Vice-President • Willis

Ben Hall McFarlin, Jr. • Board Member • 3 years • Term expires January 2012 568 Compton Road • Murfreesboro, Tennessee 37130 • 615-898-7845 Judge • Rutherford County

Ben Phillips • Treasurer • 3 years • Term expires January 2011 2234 Knollwood Place • Murfreesboro, TN 37130 • 615-216-1217 Certified Financial Planner • Northwest Mutual Financial Network

Travis Simon • Chairman of the Board of Directors • 3 years 2500 Memorial Boulevard • Murfreesboro, TN 37131-0001 • 615-692-6906 L & D Financial Services Trainer • State Farm Insurance • Term expires January 2012

Elizabeth Smith • Board Member • 3 years • Term expires January 2010 1115 Josie Court • Murfreesboro, TN 37130 • 615-896-9349 Clinical Coordinator • Middle Tennessee State Univ. Speech and Hearing Clinic

Dr. Kim Sokoya • Secretary • 3 years • Term expires January 2011 1418 Buckingham Drive • Murfreesboro, TN 37129 • 615-898-2352 Professor • Middle Tennessee State University

Rick Thigpen • Chairman-Elect of the Board of Directors • 3 years 515 North Fawn Court • Murfreesboro, TN 37128 • 615-867-4342 Tennessee Valley Authority • Term expires January 2012

Updated: January 16, 2009

990	Overflow Statement	2009 Page 1
Name(s) as shown on return		FEIN
SPECIAL KIDS	INC	62-1718638
Description	OFFICE EXPENSES-PROGRAM EXPENSES	Amount
TELEPHONE AND	INTERNET	\$ 14,776
POSTAGE	Total:	1,797 \$ 16,573
	OFFICE EXPENSE-MANAGEMENT AND GENERAL	
Description		Amount
TELEPHONE AND POSTAGE	INTERNET	\$ 2,786 136
ADATEOT	Total:	\$ 2,922
	OFFICE EXPENSE-FUNDRAISING	
Description		Amount
TELEPHONE AND POSTAGE	INTERNET	\$ 1,801
FOSTAGE	Total:	\$ 1,999
	OTHER EXPENSES-PROGRAM EXPENSES	
Description		Amount
BANK CHARGES		\$ 404
CONSULTING REPAIRS AND M	ATNTENANCE	3,786 10,602
1.0111110 1210 12	Total:	\$ 14,792
	OTHER EXPENSES-MANAGEMENT AND GENERAL	
Description		Amount
BANK CHARGES CONSULTING		\$ 920
REPAIRS AND M	AINTENANCE	180 1,020
	Total:	\$ 2,120

990Overflow Statement2009 Page 2Name(s) as shown on returnFEINSPECIAL KIDS INC62-1718638

OTHER EXPENSES-FUNDRAISING

Description		mount
REPAIRS AND MAINTENANCE	\$	1,192
Total:	\$	1,192

STATE Program Services
For your records only

2009

PAGE 1

Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

No.	Description	Date	Cost	Salvage	Business	Section	Depreciation	Life	Meth	iod	Rate	Current	Accumulated	Prior	52-1/18638 Bonus	AMT
	<u> </u>				percentage	179	Basis					depr.	Depreciation	expense	depreciation	Current
	BUILDING	19980301	253,225		100.00		253,225		s/L	MM	2.5	6,331	75,868			
2	OFFICE SUPPLIES	19970821	303		100.00		303				0		303			
3	EQUIPMENT AND FURNISH	19980301	14,490	l	100.00		14,490				0		14,490			
4	OFFICE FURNITURE	20000601	699		100.00		699				0		699			
5	SOFTWARE	19980617	1,995		100.00		1,995				0		1,995			
6	SOFTWARE UPGRADES	19990601	957		100.00		957	ľ			0		957			
7	SOFTWARE	20000608	1,693		100.00		1,693				0		1,693			
9	LASERJET 2200	20010404	897		100.00		897				0		897			
10	50KW EMERGENCY GENERA	20010426	16,877		100.00		16,877				0		16,877			
11	DELL COMPUTER	20011015	1,505		100.00	'	1,505				0		1,505			
12	DELL COMPUTER	20011218	1,402		100.00	,	1,402	l .	1		0		1,402			
13	DELL COMPUTERS	20020201	1,784		100.00		1,784	l			0		1,784			
14		20030630	1,284		100.00		1,284	ı			0	128	1,284			
15	CLIMBING WALL	20030508	1,307		100.0d		1,307	5			0		1,307			
16	TREADMILL	20040123	4,905		100.00		4,905	5	S/L	HY	20	490	4,905			
17	COMPUTER SERVER	20040212	1,988		100.00		1,988	1	s/L	HY	20	197	1,988			
18	BARRELL ROLL	20040625	1,284		100.00		1,284	5	S/L	HY	20	128	1,284			
19	VITAL SIGN MONITOR	20040901	2,009		100.00		2,009	5	S/L	HY	20	200	2,009			
20	LOBBY PLAY ISLAND	20040601	929		100.00		929	5	S/L	HY	20	92	929			
21	GAIT TRAINER	20041008	705		100.00		705	5	s/L	ΗY	20	141	705			
22	MOBILE STORAGE	20040601	536		100.0d		536	5	S/L	HY	20	54	536		1	ļ
23	STACK CHAIRS	20040622	285		100.0d		285	5	S/L	HY	20	28	285			1
24	PRESCHOOL KIT	20040701	267		100.0d		267	5	S/L	HY	20	28	267			
25	SPORT EQUIP	20040119	286		100.00		286	5	s/L	HY	20	29	286			
26	GRANT COMPUTER	20050131	5,292		100.00		5,292	5	S/L	HY	20	1,058	4,761			
27	GRANT COMPUTER	20050131	3,183		100.0d		3,183	5	s/L	HY	20	637	2,866			
28	GRANT COMPUTER	20050131	1,772		100.00		1,772	5	s/L	HY	20	354	1,593			
29	GRANT COMPUTER EQUIP,	20050131	1,184		100.00		1,184		s/L	HY	20	237	1,066			
	HOOFBEATS EQUIP	20050207	570		100.0d		570	5	s/L	HY	20	114	513			
	DIGITAL CAMERA HOOFBE		406		100.00		406	5	s/L	HY	20	81	365			
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STATE Program Services
For your records only

2009

PAGE 2

Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
32	COMPUTER	20050418	652		100.00		652	5	S/L HY	20	130	585			
33	COMPUTER	20050517	1,741		100.0d		1,741	5	S/L HY	20	348	1,566			Ì
34	COMPUTER EQUIP	20050517	925		100.0d		925	5	S/L HY	20	185	833			
35	8 SIDED LOFT	20050620	3,444		100.0d		3,444	5	S/L HY	20	689	3,100			
36	COMPUTER	20050729	649		100.0d		649	5	S/L HY	20	130	585			
37	COMPUTER	20050818	1,881		100.0d		1,881	5	S/L HY	20	376	1,692			
38	ACS CART	20050822	1,957		100.0d		1,957	5	S/L HY	20	391	1,760			
39	GRANT EQUIP	20050822	417		100. 0 d		417	5	S/L HY	20	83	374			
40	GRANT SOFTWARE	20050927	384		100.0d		384	5	S/L HY	20	77	346			
41	PREDATORS GRANT EQUIP	20060701	8,081		100.0d		8,081	5	S/L HY	20	1,616	5,656			
42	GRANT SOFTWARE	20060321	6,295		100. 0 d		6,295	5	S/L HY	20	1,259	4,407			
43	202 ARNETTE STREET	20070215	130,987		100.00		130,987	39	S/L MM	2.564	3,359	11,542			
44	TERMINAL SERVER	20070207	5,506		100.00		5,506		200 DB HY	19.2	1,057	3,920			
45	TELEPHONE SYSTEM-COMD	20070227	3,551		100.00		3,551	5	200 DB HY	19.2	682	2,528			
46	COMPUTER - LIBBY	20070301	1,206		100.00		1,206	5	200 DB HY	19.2	232	859			
47	PRINTER-ARNETTE ST	20070321	570		100.00		570	5	200 DB HY	19.2	109	405			
48	OFFICE FURNITURE-CHRI	20070507	400		100.00		400	5	200 DB HY	19.2	77	285			
49	COMPUTER-JAN DEVELOPM	20071108	600		100.00		600	5	200 DB HY	19.2	115	427			
50	COMPUTER-JULIE K	20070425	619		100.0d		619	5	200 DB HY	19.2	119	441			
51	COMPUTERS-REHAB(TS,LN	20070701	1,759		100.00		1,759	5	200 DB HY	19.2	338	1,253			1
52	REHAB MEDICAL-E-1 HEA	20070901	260		100.00		260	7	200 DB HY	17.49	45	146			
53	TODDLER CHAIR	20070901	422		100.00		422	7	200 DB HY	17.49	74	237			
54	SECURITY LIGHTS	20080331	2,068		100. 0 d		2,068	7	S/L HY	14.286	295	443			
	OFFICE RENOVATION ANN	20080630	16,232		100.0d		16,232		S/L HY	6.667	1,082	1,623			ĺ
	COMPUTER FOR SPEECH D		1,599		100.0d		1,599		S/L HY	20	320	480			
	SAVIN COPY MACHINE	20080331	2,725		100.00		2,725		S/L HY	14.286		584			
58	CRIB&ACCESSORIES	20080124	3,113		100. 0 d		3,113		S/L HY	14.286	445	667			
	LAPTOP FOR KERRY	20080818	1,423		100.0d		1,423		S/L HY	20	285	427			
	PEAVEY ESCORT 2000 PO		500		100. 0 d		500		s/L HY	14.286	71	107			
	ACER COMPUTER(CLAUDIA		524		100.00		524		s/L HY	20	105	157			
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STATE Program Services
For your records only

2009

PAGE 3

Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

	PLECIME KIDS INC														JE 17 10030	
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Me	ethod	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreclation	AMT Current
62	ACER COMPUTER(PAM)	20080930	524		100.00		524	5	S/L	HY	20	105	157			
63	QUICKBOOKS 2008 SOFTW	20080304	850		100. 0 0		850	3	S/L	HY	33.333	283	425			
64	LYTEC SOFTWARE 2008 U	20080605	4,835		100.00		4,835	3	S/L	HY	33.333	1,612	2,418			
66	DELL SERVERS	20090414	2,401		100. 0 d		2,401	5	S/L	HY	10	240	240			
67	COMPUTER-RACHEL	20090714	679		100. 0 d		679	5	S/L	HY	10	68	68			
68	COMPUTER-MEGAN	20090714	679		100. 0 d		679	5	S/L	HY	10	68	68			:
69	COMPUTERS-TONI, ANDRE,	20090819	4,266		100. o d		4,266	5	S/L	HY	10	427	427			
70	COMPUTERS-JAMIE, ALEXI	20090819	2,445		100.0d		2,445	5	S/L	HY	10	245	245			
71	COMPUTERS	20091015	2,075		100.0d		2,075	5	S/L	HY	10	208	208			
72	REFRIGERATOR-KENMORE	20091101	845		100.0d		845	7	S/L	HY	7.143	60	60			
73	OXYGEN CONCENTRATOR	20091101	596		100.0d		596	7	S/L	HY	7.143	43	43			
74	ELECTRIC DRYER	20091203	657		100.0d		657	7	S/L	HY	7.143	47	47			
75	DONOR MGMT SYSTEM(FRO	20090921	19,446		100.0d		19,446	5	S/L	HY	10	1,945	1,945			
76	SOFTWARE FOR SERVER A	20090301	370		100.0d		370	5	S/L	HY	10	37	37			
77	SKIMS UPDATES	20091201	900		100.0d		900	5	S/L	HY	10	90	90			
78	GYM CABINETS	20091130	1,705		100.0d		1,705	7	S/L	HY	7.143	122	122			
	Totals		567,782	*			567,782					30,410	199,454			

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
For your records only

2009

PAGE 1

Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Me	thod	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING	19980301	253,225	_	100.00		253,225	40	S/L	MM	2.5	6,331	75,868	<u> </u>	 	6,331
2	OFFICE SUPPLIES	19970821	303		100.00		303		'		0		303			
3	EQUIPMENT AND FURNISH	19980301	14,490		100.0d		14,490	7			0		14,490			
4	OFFICE FURNITURE	20000601	699	ŀ	100.0d		699				0		699			
5	SOFTWARE	19980617	1,995		100.0d		1,995	5			0		1,995			
6	SOFTWARE UPGRADES	19990601	957		100.00	!	957	5			0		957			
7	SOFTWARE	20000608	1,693		100.0d		1,693	5			0		1,693			
9	LASERJET 2200	20010404	897		100.00		897	5			0		897			
10	50KW EMERGENCY GENERA	20010426	16,877		100.00		16,877	5			0		16,877			
11	DELL COMPUTER	20011015	1,505	ŀ	100.00		1,505	5			0		1,505			
12	DELL COMPUTER	20011218	1,402	ŀ	100.00	!	1,402	5			0	ļ	1,402			
13	DELL COMPUTERS	20020201	1,784		100.00		1,784	5			0		1,784			
14	COMPUTER	20030630	1,284		100.00		1,284	5			0	128	1,284			
15	CLIMBING WALL	20030508	1,307		100.00	ı	1,307	5			0		1,307			
16	TREADMILL	20040123	4,905		100.00	ı	4,905	5	S/L	HY	20	490	4,905			490
17	COMPUTER SERVER	20040212	1,988		100.00		1,988	5	S/L	HY	20	197	1,988			197
18	BARRELL ROLL	20040625	1,284		100.00		1,284	5	s/L	HY	20	128	1,284			128
19	VITAL SIGN MONITOR	20040901	2,009		100.00		2,009	5	S/L	HY	20	200	2,009			200
20	LOBBY PLAY ISLAND	20040601	929		100.00		929	5	S/L	HY	20	92	929			92
21	GAIT TRAINER	20041008	705		100.0d		705	5	S/L	HY	20	141	705			141
22	MOBILE STORAGE	20040601	536		100.00		536	5	S/L	HY	20	54	536			54
23	STACK CHAIRS	20040622	285		100.0d		285	5	S/L	HY	20	28	285			28
24	PRESCHOOL KIT	20040701	267		100.0d		267	5	S/L	HY	20	28	267			28
25	SPORT EQUIP	20040119	286		100.0d		286	5	S/L	HY	20	29	286			29
26	GRANT COMPUTER	20050131	5,292		100.0d		5,292	5	S/L	HY	20	1,058	4,761			1,058
27	GRANT COMPUTER	20050131	3,183		100.0d		3,183	5	S/L	HY	20	637	2,866	l		637
28	GRANT COMPUTER	20050131	1,772	}	100.0d		1,772	5	S/L	HY	20	354	1,593			354
29	GRANT COMPUTER EQUIP,	20050131	1,184		100.00		1,184	5	S/L	HY	20	237	1,066			237
30	HOOFBEATS EQUIP	20050207	570		100.00		570	5	S/L	HY	20	114	513			114
31	DIGITAL CAMERA HOOFBE	20050214	406	ŀ	100.00		406	5	s/L	HY	20	81	365			81

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
For your records only

2009

PAGE 2

Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	M	ethod	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
32	COMPUTER	20050418	652		100.00		652	5	S/L	HY	20	130	585			130
33	COMPUTER	20050517	1,741		100.0d		1,741	5	S/L	HY	20	348	1,566			348
34	COMPUTER EQUIP	20050517	925		100.0d		925	5	s/L	HY	20	185	833			185
35	8 SIDED LOFT	20050620	3,444		100.0d		3,444	5	S/L	HY	20	689	3,100			689
36	COMPUTER	20050729	649		100.0d		649	5	S/L	HY	20	130	585			130
37	COMPUTER	20050818	1,881		100.0d		1,881	5	S/L	HY	20	376	1,692			376
38	ACS CART	20050822	1,957		100. 0 d		1,957	5	S/L	HY	20	391	1,760			391
39	GRANT EQUIP	20050822	417		100.0d		417	5	S/L	HY	20	83	374			83
40	GRANT SOFTWARE	20050927	384		100. 0 d		384	5	S/L	HY	20	77	346			77
41	PREDATORS GRANT EQUIP	20060701	8,081		100.0d		8,081	5	S/L	HY	20	1,616	5,656			1,616
42	GRANT SOFTWARE	20060321	6,295		100.0d		6,295	5	s/L	HY	20	1,259	4,407			1,259
43	202 ARNETTE STREET	20070215	130,987		100.0d		130,987	39	S/L	MM	2.564	3,359	11,542			3,359
44	TERMINAL SERVER	20070207	5,506		100.0d		5,506	5	200	DB HY	19.2	1,057	3,920			983
45	TELEPHONE SYSTEM-COMD	20070227	3,551		100.00		3,551	5	200	DB HY	19.2	682	2,528			634
46	COMPUTER - LIBBY	20070301	1,206		100.00		1,206	5	200	DB HY	19.2	232	859			215
47	PRINTER-ARNETTE ST	20070321	570		100.00		570	ı	200	DB HY	19.2	109	405			102
48	OFFICE FURNITURE-CHRI	20070507	400		100.0d		400	5	200	DB HY	19.2	77	285			71
49	COMPUTER-JAN DEVELOPM	20071108	600		100.00		600	5	200	DB HY	19.2	115	427			107
50	COMPUTER-JULIE K	20070425	619		100.00		619	5	200	DB HY	19.2	119	441			110
51	COMPUTERS-REHAB(TS,LN	20070701	1,759		100.00		1,759	5	200	DB HY	19.2	338	1,253			314
52	REHAB MEDICAL-E-1 HEA	20070901	260		100.00		260	7	200	DB HY	17.49	45	146			39
	TODDLER CHAIR	20070901	422		100.0d		422	7	200	DB HY	17.49	74	237			63
54	SECURITY LIGHTS	20080331	2,068		100.0d		2,068	7	S/L	HY	14.28	295	443			295
55	OFFICE RENOVATION ANN	20080630	16,232		100.0d		16,232	15	s/L	HY	6.667	1,082	1,623			1,082
56	COMPUTER FOR SPEECH D	20080215	1,599		100.0d		1,599	5	s/L	HY	20	320	480			320
57	SAVIN COPY MACHINE	20080331	2,725		100.0d		2,725	7	s/L	HY	14.28	389	584			389
58	CRIB&ACCESSORIES	20080124	3,113		100.0d		3,113	7	s/L	HY	14.28	445	667			445
59	LAPTOP FOR KERRY	20080818	1,423		100.0d		1,423	5	s/L	HY	20	285	427			285
60	PEAVEY ESCORT 2000 PO	20080929	500		100.0d		500	7	s/L	HY	14.28	71	107			71
	ACER COMPUTER(CLAUDIA		524		100.0d		524	5	s/L	нү	20	105	157			105
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Program Services
For your records only

2009

PAGE 3

Name(s) as shown on return

* Item was disposed of during current year.

SPECIAL KIDS INC

Social security number/EIN

62-1718638

	SPECIAL KIDS INC														62-1718638	
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreclation Basis	Life	м	ethod	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
62	ACER COMPUTER(PAM)	20080930	524		100.00		524	5	S/L	HY	20	105	157			105
63	QUICKBOOKS 2008 SOFTW	20080304	850		100.0d		850	3	S/L	HY	33.33	283	425			283
64	LYTEC SOFTWARE 2008 U	20080605	4,835		100.0d		4,835	3	s/L	HY	33.33	1,612	2,418			1,612
66	DELL SERVERS	20090414	2,401		100.0d		2,401	5	S/L	HY	10	240	240			240
67	COMPUTER-RACHEL	20090714	679		100.0d		679	5	S/L	HY	10	68	68			68
68	COMPUTER-MEGAN	20090714	679		100.0d		679	5	S/L	HY	10	68	68			68
69	COMPUTERS-TONI, ANDRE,	20090819	4,266		100. 0 d		4,266	5	S/L	HY	10	427	427			427
70	COMPUTERS-JAMIE, ALEXI	20090819	2,445	,	100.0d		2,445		S/L	HY	10	245	245		İ	245
71	COMPUTERS	20091015	2,075		100.0d		2,075	5	S/L	HY	10	208	208			208
72	REFRIGERATOR-KENMORE	20091101	845		100.0d		845	7	S/L	HY	7.143	60	60			60
73	OXYGEN CONCENTRATOR	20091101	596		100.0d		596	7	S/L	HY	7.143	43	43			43
74	ELECTRIC DRYER	20091203	657		100.0d		657	7	S/L	HY	7.143	47	47			47
75	DONOR MGMT SYSTEM(FRO	20090921	19,446		100.0d		19,446	5	S/L	HY	10	1,945	1,945			1,945
76	SOFTWARE FOR SERVER A	20090301	370		100.0d		370	5	S/L	HY	10	37	37			37
7 7	SKIMS UPDATES	20091201	900	:	100.0d		900	5	S/L	HY	10	90	90			90
78	GYM CABINETS	20091130	1,705		100.0d		1,705	7	S/L	HY	7.143	122	122			122
	Totals		567,782				567,782	_				30,410	199,454		_	30,072

567,782

* Item was disposed of during current year.

Depreciation Detail Listing

Management & General For your records only

2009

PAGE 1

Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

	SPECIAL K	KIDS INC											 62-1718638	
	No. De	escription	Date	Cost	Salvage		Depreciation Basis	Life	Method	Rate				AMT Current
	8 LAND		19970101	35,404	35,404	100.00	0	0		0				
		2 ARNETTE STRE												
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Totals 119,404 119,404	Totals			119,404	119,404									

Next	Year'	s Dei	preciation
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Name	T N T 12 T	DO THO			FEIN	_	
	IAL KI		<u> </u>	15.			2-1718638
Form PRG	Multi-Form	BUILDING	Date	l	Method	Life	Deduction
PRG	1	OFFICE SUPPLIES	19980301 19970821		SL	40	6,331
PRG	1	EQUIPMENT AND FURNISHING			SL SL	7 7	
PRG	l i	OFFICE FURNITURE	20000601			1	
PRG	1	SOFTWARE	19980617	1	SL SL	7	
PRG	1	SOFTWARE UPGRADES	19990601		SL	5	
PRG	1	SOFTWARE OFGRADES SOFTWARE	20000608	l l	SL	5 5	
MGT	1	LAND	19970101	1	NDA	0	
PRG	1	LASERJET 2200	20010404	l f	SL		
PRG	1	50KW EMERGENCY GENERATOR		1	SL	5 5 5 5	
PRG	1	DELL COMPUTER	20010420	: ' :	SL	5	
PRG	1	DELL COMPUTER	20011013		SL	5	
PRG	1	DELL COMPUTERS	20020201		SL	5	
PRG	1	COMPUTER	20020201	,	SL	5	
PRG	1	CLIMBING WALL	20030530	•	SL	5 5 5	
PRG		TREADMILL	20030308		SL	5	
PRG	i	COMPUTER SERVER	20040123		SL	5	
PRG	1	BARRELL ROLL	20040212		SL	5 5	
PRG	1	VITAL SIGN MONITOR	20040023		SL	5	
PRG	1	LOBBY PLAY ISLAND	20040601	•	SL	5	
PRG	1	GAIT TRAINER	20040001		SL	5	
PRG	1	MOBILE STORAGE	20041603		SL	5	
PRG	1	STACK CHAIRS	20040622		SL	5	
PRG	1	PRESCHOOL KIT	20040022		SL	5	
PRG	1	SPORT EQUIP	20040119		SL	5	
PRG	i	GRANT COMPUTER	20050131		SL	5	531
PRG	i	GRANT COMPUTER	20050131	,	SL	5	317
PRG	1	GRANT COMPUTER	20050131	•	SL	5	179
PRG	1	GRANT COMPUTER EQUIP,		,	SL	5	118
PRG	1	HOOFBEATS EQUIP	20050207	,	SL	5	57
PRG	1	DIGITAL CAMERA HOOFBEATS			SL	5	41
PRG	1	COMPUTER	20050418		SL	5	67
PRG	1	COMPUTER	20050517		SL	5	175
PRG	1	COMPUTER EQUIP	20050517	· '	SL	5	92
PRG	1	8 SIDED LOFT	20050620		SL	5	344
PRG	1	COMPUTER	20050729		SL	5	64
PRG	1	COMPUTER	20050818		SL	5	189
PRG	1	ACS CART	20050822		SL	5	197
PRG	1	GRANT EQUIP	20050822	I I	SL	5	43
PRG	1 1	GRANT SOFTWARE	20050927	384	SL	5	38
PRG	1 1	PREDATORS GRANT EQUIPMEN			SL	5	1,616
PRG	1	GRANT SOFTWARE	20060321		SL	5	1,259
PRG	1	202 ARNETTE STREET	20070215	130,987	M	39	3,359
PRG	1	TERMINAL SERVER	20070207	5,506	M	5	634
PRG	1	TELEPHONE SYSTEM-COMDIAL	20070227	3,551	M	5	409
PRG	1	COMPUTER - LIBBY	20070301	1,206	M	5	139
PRG	1	PRINTER-ARNETTE ST	20070321	570	M	5	66
PRG	1	OFFICE FURNITURE-CHRIS	20070507		M	5	46
PRG	1	COMPUTER-JAN DEVELOPMENT			M	5	69
PRG	1	COMPUTER-JULIE K	20070425		M	5	71
PRG	1	COMPUTERS-REHAB (TS, LN, SS	20070701	1,759	M	5	203

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Name					FEIN	-	
	IAL KI	DS INC				6	2-1718638
	Multi-Form		Date	Basis	Method	Life	Deduction
PRG	1	REHAB MEDICAL-E-1 HEATIN			M	7	32
PRG	ī	TODDLER CHAIR	20070901		M	7	53
PRG	<u> </u>	SECURITY LIGHTS	20080331		SL	7	295
PRG	<u>-</u>	OFFICE RENOVATION ANNEX('	SL		1,082
PRG	I I	COMPUTER FOR SPEECH DEPT		-	SL	5	320
PRG	1	SAVIN COPY MACHINE	20080331	1	SL	7	389
PRG	I I	CRIB&ACCESSORIES	20080124		SL	7	445
PRG	I I	LAPTOP FOR KERRY	20080818		SL	5	285
PRG	1	PEAVEY ESCORT 2000 PORTA			SL	7	71
PRG	1	ACER COMPUTER (CLAUDIA)			\mathtt{SL}	5	105
PRG	1	ACER COMPUTER (PAM)			SL	5	105
PRG	1	QUICKBOOKS 2008 SOFTWARE			SL	3	283
PRG	1	LYTEC SOFTWARE 2008 UPGR			SL	3	1,612
MGT	1	LAND 202 ARNETTE STREET	20070215		NDA	0	,
PRG	1	DELL SERVERS	20090414		SL	5	480
PRG	1	COMPUTER-RACHEL	20090714		SL	5	136
PRG	1	COMPUTER-MEGAN	20090714	679	SL	5	136
PRG	1	COMPUTERS-TONI, ANDRE, JUL	20090819	4,266	SL	5	853
PRG	1	COMPUTERS-JAMIE, ALEXIS, D	20090819	2,445	SL	5	489
PRG	1	COMPUTERS	20091015	2,075	SL	5	415
PRG	1	REFRIGERATOR-KENMORE	20091101	845	SL	7	121
PRG	1	OXYGEN CONCENTRATOR	20091101	596	SL	7	85
PRG	1	ELECTRIC DRYER	20091203	657	SL	7	94
PRG	1	DONOR MGMT SYSTEM (FROM A	20090921	19,446	SL	5	3,889
PRG	1	SOFTWARE FOR SERVER AT A	20090301	370	\mathtt{SL}	5	74
PRG	1	SKIMS UPDATES	20091201	900	\mathtt{SL}	5	180
PRG	1	GYM CABINETS	20091130	1,705	SL	7	244
		TOTAL					28,927
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Next Year's Depreciation

2009