

Special Kids, Inc.

RETURN OF ORGANIZATION EXEMPT FROM TAX
IRS Form 990

FOR TAX YEAR ENDED DECEMBER 31, 2010

H A Beasley & Company, PC
Certified Public Accountants
615-895-5675 HA@HABEASLEY.COM

H A Beasley & Company, PC
Certified Public Accountants
111 MTCS Drive
Murfreesboro, TN 37129

June 16, 2011

Special Kids Inc
202 Arnette Street
Murfreesboro, TN 37130

Special Kids Inc:

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.

Sincerely,

H A Beasley

H A Beasley & Company, PC
Certified Public Accountants
111 MTCS Drive
Murfreesboro, TN 37129

June 16, 2011

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.

Sincerely,

H A Beasley
H A Beasley and Company PC

Return of Organization Exempt From Income Tax

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

2010

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

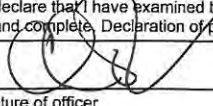
B Check if applicable:	C Name of organization SPECIAL KIDS INC		D Employer identification no. 62-1718638
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (615) 867-5090
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)		G Gross receipts \$
<input type="checkbox"/> Initial return	202 ARNETTE STREET		
<input type="checkbox"/> Terminated	Room/suite		1,532,791
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		
<input type="checkbox"/> Application pending	MURFREESBORO, TN 37130		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		F Name and address of principal officer:	
J Website: ▶ N/A		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(b) Are all affiliates included? If "No," attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
L Year of formation: 1998		H(c) Group exemption number ▶	
M State of legal domicile: TN			


Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PROVIDE SKILLED CARE		
A c t i v i t y & G o v e r n a n c e	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	80
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
R e v e n u e	8 Contributions and grants (Part VIII, line 1h)	383,574	325,723
	9 Program service revenue (Part VIII, line 2g)	1,055,689	971,867
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,268	598
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	301,274	154,559
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,742,805	1,452,747
	E x p e n s e s	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,425,729	1,371,965
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		200,665	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		332,085	211,444
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,757,814	1,583,409
19 Revenue less expenses. Subtract line 18 from line 12	(15,009)	(130,662)	
N e t A s s e t s o r F u n d B a l a n c e s	20 Total assets (Part X, line 16)	830,708	697,638
	21 Total liabilities (Part X, line 26)	135,500	133,092
	22 Net assets or fund balances. Subtract line 21 from line 20	695,208	564,546

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer CHRIS TRUELOVE, EXECUTIVE DIRECTOR Type or print name and title	Date 06-16-2011 <i>20 June 2011</i>
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Paid Preparer Use Only	Print/Type preparer's name H A BEASLEY	Preparer's signature 	Date 06-16-2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00094101
	Firm's name ▶	H A Beasley and Company PC		Firm's EIN ▶	
	Firm's address ▶	111 MTCS Drive Murfreesboro TN 37129		Phone no.	615-895-5675

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
PROVIDE SKILLED CARE

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 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 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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,208,862 including grants of \$ 122,145) (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 \$ _____)

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

4e Total program service expenses **▶** 1,208,862

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 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," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 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," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	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 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 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

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members/stockholders, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest, whistleblower policy, document retention, compensation review, joint ventures, and exempt status.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
18 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.
19 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SEE ATTACHED LIST (615) 867-5090

HOURS AS NEEDED NO PAY 202 ARNETTE ST, TN 37130

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I n d i v i d u a l	I n s t i t u t i o n a l	O f f i c e r	K e y e m p l o y e e	H i g h e s t c o m p e n s a t e d	F o r m e r				
(1) SEE ATTACHED LIST DIRECTORS	1.00			X					0	0	0
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Individual trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization								0		

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	122,145			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	203,578			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		325,723			
Program Service Revenue	2a	INSURANCE PROVIDERS	Business Code				
			621300	874,450	874,450		
	b	PATIENT SERVICE FEES	621300	97,417	97,417		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		971,867				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		598	598		
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		234,603				
		b	Less: direct expenses b	80,044			
		c	Net income or (loss) from fundraising events ▶	154,559		154,559	
9a	Gross income from gaming activities. See Part IV, line 19 a						
		b	Less: direct expenses b				
		c	Net income or (loss) from gaming activities ▶				
10a	Gross sales of inventory, less returns and allowances a						
		b	Less: cost of goods sold b				
		c	Net income or (loss) from sales of inventory ▶				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions ▶		1,452,747	972,465	0	154,559	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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 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 persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,216,199	917,328	123,371	175,500
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	52,093	32,732	19,361	
10	Payroll taxes	103,673	78,867	9,456	15,350
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	10,650	8,820	840	990
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	20,284	16,298	2,099	1,887
14	Information technology				
15	Royalties				
16	Occupancy	14,196	12,438	438	1,320
17	Travel	3,258	2,834	424	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,364	35,178	186	
20	Interest	1,413	696	717	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,058	25,539	2,404	2,115
23	Insurance	23,590	19,262	2,134	2,194
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	SUPPLIES	27,961	27,125	836	
b	BANQUET AND MARATHON				
c	CONTRACT SERVICE PROVIDE	650	503	147	
d	FAMILY SUPPORT	6,855		6,855	
e	SUBSCRIPTIONS	12,901	11,246	1,655	
f	All other expenses	24,264	19,996	2,959	1,309
25	Total functional expenses. Add lines 1 through 24f	1,583,409	1,208,862	173,882	200,665
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	1	Cash - non-interest-bearing	56,194	1	29,018
	2	Savings and temporary cash investments	149,381	2	51,547
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	100,648	4	101,873
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	36,752	9	32,667
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 670,356		
	b	Less: accumulated depreciation	10b 187,823	487,733	10c 482,533
	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)	830,708	16	697,638	
L i a b i l i t i e s	17	Accounts payable and accrued expenses	135,500	17	133,092
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	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	135,500	26	133,092
N e t A s s e t B a l a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	695,208	27	564,546
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	695,208	33	564,546
	34	Total liabilities and net assets/fund balances	830,708	34	697,638

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,452,747
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,583,409
3	Revenue less expenses. Subtract line 2 from line 1	3	(130,662)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	695,208
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	564,546

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

b Were the organization's financial statements audited by an independent accountant? Yes No

c 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? Yes No
 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 separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both 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? Yes No

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

SPECIAL KIDS INC

Employer identification number

62-1718638

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

EEA

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; 16b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	678,319	644,633	654,549	684,848	560,326	3,222,675
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	745,265	862,246	841,271	1,055,689	971,867	4,476,338
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	1,423,584	1,506,879	1,495,820	1,740,537	1,532,193	7,699,013
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						7,699,013

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1,423,584	1,506,879	1,495,820	1,740,537	1,532,193	7,699,013
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,812	9,219	2,910	2,268	598	22,807
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,812	9,219	2,910	2,268	598	22,807
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.)	1,431,396	1,516,098	1,498,730	1,742,805	1,532,791	7,721,820

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.70	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.62	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.30	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2010

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Open to Public Inspection

Name of the organization

SPECIAL KIDS INC

Employer identification number

62-1718638

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See 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		99,166	303,346
c Leasehold improvements				
d Equipment	148,440		88,657	59,783
e Other STMDIE				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				482,533

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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
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.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIV Supplemental Information

Complete 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 and 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 this part to provide any additional information.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**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 organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

SPECIAL KIDS INC

Employer identification number

62-1718638

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events Add col. (a) through col. (c)
		FUNDRAISING (event type)	(event type)	NONE (total number)	
R e v e n u e	1	Gross receipts	234,603		234,603
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	234,603		234,603
D i r e c t E x p e n s e s	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	80,044		80,044
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			(80,044)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶			154,559

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
R e v e n u e	1	Gross revenue			
D i r e c t E x p e n s e s	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary. Combine line 1, column d, and line 7 ▶			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

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. ALL BOARD
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.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

2010
Attachment
Sequence No. **67**

Name(s) shown on return SPECIAL KIDS INC	Business or activity to which this form relates FORM 990 - 1	Identifying number 62-1718638
--	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see the instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. 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.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,260

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 2010	17	4,910
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property STATEMENT # 50						2,788
c 7-year property		1,399	7	HY	S/L	100
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life					
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	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	22	30,058
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Supporting Statements

2010 PG01

Name(s) as shown on return

FEIN

FORM 4562 - LINE 19B

STATEMENT # 50

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
9,800	5	HY	S/L	980
5,837	5	HY	S/L	584
1,470	5	HY	S/L	147
550	5	HY	S/L	55
960	5	HY	S/L	96
1,253	5	HY	S/L	125
3,646	5	HY	S/L	365
4,360	5	HY	S/L	436
TOTAL				<u><u>2,788</u></u>

FORM 990, SCHEDULE D, PART VI, LINE 1E
INVESTMENTS - OTHER

PG01
STATEMENT #D1E

<u>DESCRIPTION OF INVESTMENT</u>	<u>COST/BASIS (INVESTMENT)</u>	<u>COST/BASIS (OTHER)</u>	<u>DEPR</u>	<u>BOOK VALUE</u>
LAND, BUILDING, EQUIP.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

DIRECT FUNDRAISING EXPENSES

Description	Amount
BANQUETS AND MARATHONS	\$ 77,177
SUPPLIES	2,867
Total:	<u>\$ 80,044</u>

OFFICE EXPENSES-PROGRAM EXPENSES

Description	Amount
TELEPHONE AND INTERNET	\$ 14,942
POSTAGE	1,356
Total:	<u>\$ 16,298</u>

OFFICE EXPENSE-MANAGEMENT AND GENERAL

Description	Amount
TELEPHONE AND INTERNET	\$ 1,963
POSTAGE	136
Total:	<u>\$ 2,099</u>

OFFICE EXPENSE-FUNDRAISING

Description	Amount
TELEPHONE AND INTERNET	\$ 1,887
Total:	<u>\$ 1,887</u>

OTHER EXPENSES-PROGRAM EXPENSES

Description	Amount
BANK CHARGES	\$ 2,316
CONSULTING	2,329
OTHER	3,839
REPAIRS AND MAINTENANCE	11,512
Total:	<u>\$ 19,996</u>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

OTHER EXPENSES-MANAGEMENT AND GENERAL

Description	Amount
BANK CHARGES	\$ 1,174
CONSULTING	196
OTHER	334
REPAIRS AND MAINTENANCE	1,255
Total:	<u>\$ 2,959</u>

OTHER EXPENSES-FUNDRAISING

Description	Amount
REPAIRS AND MAINTENANCE	\$ 1,309
Total:	<u>\$ 1,309</u>

SPECIAL KIDS INC

62-1718638

Date: 05-09-2011 Note taken by: BT

Screen/Form:

Note: EXTENSION PRINTED AND PUT IN MAIL PILE ON 05/09/2011

Date Completed:

Completed by:

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
For your records only

2010
PAGE 1

Name(s) as shown on return: SPECIAL KIDS INC
Social security number/EIN: 62-1718638

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	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	82,199			6,331
3	EQUIPMENT AND FURNITURE	19980301	14,490		100.00		14,490	7			0	14,490			
4	OFFICE FURNITURE	20000601	699		100.00		699	7			0	699			
9	LASERJET 2200	20010404	897		100.00		897	5			0	897			
10	50KW EMERGENCY GENERATOR	20010426	16,877		100.00		16,877	5			0	16,877			
15	CLIMBING WALL	20030508	1,307		100.00		1,307	5			0	1,307			
16	TREADMILL	20040123	4,905		100.00		4,905	5			0	4,905			
18	BARRELL ROLL	20040625	1,284		100.00		1,284	5			0	1,284			
19	VITAL SIGN MONITOR	20040901	2,009		100.00		2,009	5			0	2,009			
20	LOBBY PLAY ISLAND	20040601	929		100.00		929	5			0	929			
21	GAIT TRAINER	20041008	705		100.00		705	5			0	705			
22	MOBILE STORAGE	20040601	536		100.00		536	5			0	536			
23	STACK CHAIRS	20040622	285		100.00		285	5			0	285			
24	PRESCHOOL KIT	20040701	267		100.00		267	5			0	267			
25	SPORT EQUIP	20040119	286		100.00		286	5			0	286			
30	HOOFBEATS EQUIP	20050207	570		100.00		570	5	S/L	HY	20	570			57
31	DIGITAL CAMERA	20050521	406		100.00		406	5	S/L	HY	20	406			41
35	8 SIDED LOFT	20050620	3,444		100.00		3,444	5	S/L	HY	20	3,444			344
38	ACS CART	20050822	1,957		100.00		1,957	5	S/L	HY	20	1,957			197
39	GRANT EQUIP	20050822	417		100.00		417	5	S/L	HY	20	417			43
41	PREDATORS GRANT EQUIP	20060701	8,081		100.00		8,081	5	S/L	HY	20	8,081			1,616
43	202 ARNETTE STREET	20070215	130,987		100.00		130,987	39	S/L	MM	2.564	7,272			3,359
44	TERMINAL SERVER	20070207	5,506		100.00		5,506	5	200 DB	HY	11.52	4,554			634
45	TELEPHONE SYSTEM-COM	20070227	3,551		100.00		3,551	5	200 DB	HY	11.52	2,937			409
46	COMPUTER - LIBBY	20070301	1,206		100.00		1,206	5	200 DB	HY	11.52	998			139
47	PRINTER-ARNETTE ST	20070321	570		100.00		570	5	200 DB	HY	11.52	471			66
48	OFFICE FURNITURE-CHR	20070507	400		100.00		400	5	200 DB	HY	11.52	331			46
52	REHAB MEDICAL-E-1	20070901	260		100.00		260	7	200 DB	HY	12.49	178			32
53	TODDLER CHAIR	20070901	422		100.00		422	7	200 DB	HY	12.49	290			53
54	SECURITY LIGHTS	20080331	2,068		100.00		2,068	7	S/L	HY	14.286	738			295

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
For your records only

2010
PAGE 3

Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN
62-1718638

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current		
2	OFFICE SUPPLIES	19970821	303		100.00		303.7			0		303					
5	SOFTWARE	19980617	1,995		100.00		1,995.5			0		1,995					
6	SOFTWARE UPGRADES	19990601	957		100.00		957.5			0		957					
7	SOFTWARE	20000608	1,693		100.00		1,693.5			0		1,693					
11	DELL COMPUTER	20011015	1,505		100.00		1,505.5			0		1,505					
12	DELL COMPUTER	20011218	1,402		100.00		1,402.5			0		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		1,284					
17	COMPUTER SERVER	20040212	1,988		100.00		1,988.5			0		1,988					
26	GRANT COMPUTER	20050131	5,292		100.00		5,292.5	S/L	HY	20	529	5,290			529		
27	GRANT COMPUTER	20050131	3,183		100.00		3,183.5	S/L	HY	20	317	3,183			317		
28	GRANT COMPUTER	20050131	1,772		100.00		1,772.5	S/L	HY	20	177	1,770			177		
29	GRANT COMPUTER EQUIP	20050131	1,184		100.00		1,184.5	S/L	HY	20	118	1,184			118		
32	COMPUTER	20050418	652		100.00		652.5	S/L	HY	20	65	650			65		
33	COMPUTER	20050517	1,741		100.00		1,741.5	S/L	HY	20	174	1,740			174		
34	COMPUTER EQUIP	20050517	925		100.00		925.5	S/L	HY	20	92	925			92		
36	COMPUTER	20050729	649		100.00		649.5	S/L	HY	20	64	649			64		
37	COMPUTER	20050818	1,881		100.00		1,881.5	S/L	HY	20	188	1,880			188		
40	GRANT SOFTWARE	20050927	384		100.00		384.5	S/L	HY	20	38	384			38		
42	GRANT SOFTWARE	20060321	6,295		100.00		6,295.5	S/L	HY	20	630	5,037			630		
49	COMPUTER-JAN DEVELOP	20071108	600		100.00		600.5	200 DB	HY	11.52	35	462			50		
50	COMPUTER-JULIE K	20070425	619		100.00		619.5	200 DB	HY	11.52	36	477			52		
51	COMPUTERS-REHAB (TS)	20070701	1,759		100.00		1,759.5	200 DB	HY	11.52	101	1,354			147		
59	LAPTOP FOR KERRY	20080818	1,423		100.00		1,423.5	S/L	HY	20	142	569			142		
64	LYTEC SOFTWARE 2008	20080605	4,835		100.00		4,835.3	S/L	HY	33.33	806	3,224			806		
Totals													597,057	597,057	30,058	229,512	30,712

Land Amount
Net Depreciable Cost

597,057

ST. ADJ:

* Item was disposed of during current year.

Depreciation Detail Listing

Management & General
For your records only

Name(s) as shown on return		Social security number/EIN													
SPECIAL KIDS INC		62-1718638													
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
8	LAND	19970101	35,404	35,404	100.00		0	0		0					
65	LAND 202 ARNETTE ST	0070215	84,000	84,000	100.00		0	0		0					
Totals															
			119,404	119,404											
			Land Amount												
			Net Depreciable Cost												
			119,404												
														ST ADJ:	

Next Year's Depreciation

2010

Name		FEIN					
SPECIAL KIDS INC		62-1718638					
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	BUILDING	19980301	253,225	SL	40	6,331
PRG	1	EQUIPMENT AND FURNISHING	19980301	14,490	SL	7	
PRG	1	OFFICE FURNITURE	20000601	699	SL	7	
MGT	1	LAND	19970101		NDA	0	
PRG	1	LASERJET 2200	20010404	897	SL	5	
PRG	1	50KW EMERGENCY GENERATOR	20010426	16,877	SL	5	
PRG	1	CLIMBING WALL	20030508	1,307	SL	5	
PRG	1	TREADMILL	20040123	4,905	SL	5	
PRG	1	BARRELL ROLL	20040625	1,284	SL	5	
PRG	1	VITAL SIGN MONITOR	20040901	2,009	SL	5	
PRG	1	LOBBY PLAY ISLAND	20040601	929	SL	5	
PRG	1	GAIT TRAINER	20041008	705	SL	5	
PRG	1	MOBILE STORAGE	20040601	536	SL	5	
PRG	1	STACK CHAIRS	20040622	285	SL	5	
PRG	1	PRESCHOOL KIT	20040701	267	SL	5	
PRG	1	SPORT EQUIP	20040119	286	SL	5	
PRG	1	HOOFBEATS EQUIP	20050207	570	SL	5	
PRG	1	DIGITAL CAMERA HOOFBEATS	20050214	406	SL	5	
PRG	1	8 SIDED LOFT	20050620	3,444	SL	5	
PRG	1	ACS CART	20050822	1,957	SL	5	
PRG	1	GRANT EQUIP	20050822	417	SL	5	
PRG	1	PREDATORS GRANT EQUIPMEN	20060701	8,081	SL	5	809
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	400	M	5	46
PRG	1	REHAB MEDICAL-E-1 HEATIN	20070901	260	M	7	23
PRG	1	TODDLER CHAIR	20070901	422	M	7	38
PRG	1	SECURITY LIGHTS	20080331	2,068	SL	7	295
PRG	1	OFFICE RENOVATION ANNEX	20080630	16,232	SL	15	1,082
PRG	1	COMPUTER FOR SPEECH DEPT	20080215	1,599	SL	5	320
PRG	1	SAVIN COPY MACHINE	20080331	2,725	SL	7	389
PRG	1	CRIB&ACCESSORIES	20080124	3,113	SL	7	445
PRG	1	PEAVEY ESCORT 2000 PORTA	20080929	500	SL	7	71
PRG	1	ACER COMPUTER(CLAUDIA)	20080930	524	SL	5	105
PRG	1	ACER COMPUTER(PAM)	20080930	524	SL	5	105
PRG	1	QUICKBOOKS 2008 SOFTWARE	20080304	850	SL	3	142
MGT	1	LAND 202 ARNETTE STREET	20070215		NDA	0	
PRG	1	DELL SERVERS	20090414	2,401	SL	5	480
PRG	1	COMPUTER-RACHEL	20090714	679	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	SL	5	74

Next Year's Depreciation

2010

Name SPECIAL KIDS INC FEIN 62-1718638

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	SKIMS UPDATES	20091201	900	SL	5	180
PRG	1	GYM CABINETS	20091130	1,705	SL	7	244
PRG	1	TRAILER HOMESTANDER	20100601	1,399	SL	7	200
PRG	1	TEAM ASK WEBSITE	20100610	9,800	SL	5	1,960
PRG	1	2LAPTOPS,3PC'S,14 MONITO	20100713	5,837	SL	5	1,167
PRG	1	46"TV&BLU RAY PLAYER	20100801	1,470	SL	5	294
PRG	1	RECEIVER DENON	20100801	550	SL	5	110
PRG	1	CAMERA CANON REBEL	20100801	960	SL	5	192
PRG	1	PROJECTOR MITSUBISHI	20100801	1,253	SL	5	251
PRG	1	5 COMPUTERS	20100819	3,646	SL	5	729
PRG	1	LYTEC SOFTWAE 2010	20101005	4,360	SL	5	872
		TOTAL					27,779