990

Return of Organization Exempt From Income Tax

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2014 calend	dar year, or tax year beg	jinning		, 2014, and e	ending		, 20
В	Check if a	applicable.	C Name of organization SPE	ECIAL KIDS INC					D Employer identification no.
	Address	change	Doing business as			•			62-1718638
	Name ch	ange	Number and street (or P.O.	box if mail is not delivered	to street address)		Room/suite		E Telephone number
	Initial retu	eturn 202 ARNETTE STREET							(615)890-1003
	Final retu	return/terminated City or town, state or province, country, and ZIP or foreign postal code							2,482,169
П	Amended	i return	MURFREESBORO, I	· ·					G Gross receipts\$
		on pending	F Name and address of princ		TRUELOVE				
		F	SAME AS C ABOVE	,	11022012		H(a) Is this	a group ret	urn for Yes X No
 I	Tax-exem	not status X	501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527			tes included? Yes No
	Website:		ECIALKIDSTN.COM) • (insert no.)		1 021	H(c) Group	"No," atlac	ch a list. (see instructions)
	• • • • • • • • • • • • • • • • • • • •			Association Other		L Year of formation: 3	~ ~~~~	tate of lega	
	ırt I	Summar		to sociation D other P		E Tear Of to mation.		tate of rega	a domente.
	1		ibe the organization's miss	sion or most significant	activities: PRO	VIDE SKILLED C	ARE		
		,			<u> </u>				
Activities & Governance		··· ···				·, ··, · · · · · · · · · · · · · · · ·			
Па								•	
Š	2	Check this bo	ox ▶ if the organization	on discontinued its ope	rations or disposed o	f more than 25% of i	ts net assets.		
ő	3	Number of vo	oting members of the gove	•	•			. 3	20
oð v	4		dependent voting membe						20
itie	5		r of individuals employed in	-				. 5	91
÷	6		r of volunteers (estimate if	•	(i dit V, iiio Zd)			. 6	1,000
ĕ	7a		ed business revenue from	• •	line 12			. 7a	0
	- 1		d business taxable income		- 0.4				0
	+	THOI OTHERALE	7 Business taxable moonie	7 HOTH T OILT 550-1, 1111C			Prior Yea		Current Year
	8	Contribution	∌nd grants (Part VIII, line	. 1h)					
₽	9		ce revenue (Part VIII, line			+		341,596	1
Revenue		_		2,		F	1,.	122,719	
è	10		ncome (Part VIII, column (A	• • • • • • • • • • • • • • • • • • • •				4,268	
W.	11		ie (Part VIII, column (A), lir		•			329,843	T
	12		e - add lines 8 through 11	·· ·····			3,	798,426	
	13		imilar amounts paid (Part I						0
	14	=	to or for members (Part I)						0
es	15		er compensation, employe				1,5	33,862	1,721,729
Expenses			fundraising fees (Part IX, o			ļ	Bedsepterson in our events	Pervinsi av sesačist	0
X	E		sing expenses (Part IX, co		<u> </u>	330,494			
ш		•	ses (Part IX, column (A), lir	. ,		• • • • • • • •		222,854	
	18	· · · · · · · · · · · · · · · · · · ·	es. Add lines 13-17 (must	•	I (A), line 25) .	· · · · · · · ·		756,716	
		Revenue less	s expenses. Subtract line	18 from line 12				41,710	
Net Assets or Fund Balances		T-4-1- 4 :	(D-4 W # 45)				Beginning of Cur		End of Year
SSe	20		(Part X, line 16)			• • • • • • • • •	2,9	57,450	
a de	21		s (Part X, line 26)		• • • • • • • • • •			30,324	
	_		fund balances. Subtract i	linev1 from line 20		· · · · · · · · · · <u>· · · · · · · · · </u>	2,5	27,126	3,178,581
	rt II	· · · · · · · · · · · · · · · · · · ·	re Block lare that I have examined this et	turin i chudino accompanyin	va echadulae and statemen	are and to the heet of my	kanuladan and hali	of it is	
rue, c	correct, an	nd complete. Decl	aration of preparer (other their	fficer is based on all inform	ation of which preparer ha	is any knowledge.	Miowiedge and ben	51, 1013	
		CHETC	ADDITION OF THE	$\mathcal{R}_{}$					06 20 2015
Sig	n İ		TRUELOVE	/		<u></u>		Date	06-29-2015
			/					Date	
ter	ਦ		TRUELOVE, EXECUTI	IAE DIKECLOK					
			,	1_		Date		-	
3~:	4	Print/Type pre		Preparer's signature			ļ	-	PTIN
ai Sec		H A BEAS	K	H A BEASLEY		06-29-2015	self-emp	oyed	P00094107
	parer			ley and Company	PC		Firm's EIN		
JSE	Only	Firm's address					Phone no.		
	41 - 45-5	<u> </u>		boro TN 37129				615-89	
//av	the IRS	discuss this re	eturn with the preparer shr	nun ahoua? (sas inetri	ictions)				X Yes No

990

Return of Organization Exempt From Income Tax

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

2014, and ending

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

OMB No. 1545-0047 2014

Inspection

20

Open to Public

Department of the Treasury Internal Revenue Service

For the 2014 calendar year, or tax year beginning

Information about Form 990 and its instructions is at www.irs.gov/form990.

Check if applicable: C Name of organization SPECIAL KIDS INC D Employer identification no. 62-1718638 Address change Doing business as Name change Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial return 202 ARNETTE STREET (615)890-1003 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code 2,482,169 Amended return MURFREESBORO, TN 37130 Gross receipts\$ Application pending CHRIS TRUELOVE Name and address of principal officer: Is this a group return for subordinates? Yes X No SAME AS C ABOVE Are all subordinates included? Yes If "No," attach a list. (see instructions) Group exemption number _ 4947(a)(1) or X 501(c)(3) 501(c) (527) (insert no.) Tax-exempt status: Website: 🕨 SPECIALKIDSTN.COM ☑ Corporation ☐ Trust ☐ Association Form of organization: L Year of formation: 1998 M State of legal domicite: Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE SKILLED CARE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 91 Total number of volunteers (estimate if necessary) 6 1,000 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 649,476 2,341,596 Program service revenue (Part VIII, line 2g) 1,122,719 1,285,563 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,268 3,197 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 329,843 373.359 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,798,426 2,311,595 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 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) 1,721,729 1,533,862 **16a** Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 222,854 337,100 1,756,716 2,058,829 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 2,041,710 252,766 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 2,957,450 3,261,568 21 Total liabilities (Part X, line 26) 30,324 82,987 22 Net assets or fund balances. Subtract line 21 from line 20 2,927,126 3,178,581 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. 06-29-2015 CHRIS TRUELOVE Sign Date Signature of officer Here CHRIS TRUELOVE. EXECUTIVE DIRECTOR Type or print name and title Date X Print/Type preparer's name Preparer's signature Check Paid H A BEASLEY 06-29-2015 P00094107 H A BEASLEY self-employed Preparer Firm's EIN Firm's name H A Beasley and Company PC **Use Only** Firm's address 111 MTCS Drive Phone no. Murfreesboro TN 37129 615-895-5675 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

		-1718638	Page 2
Pa	art III Statement of Program Service Accomplishments		П
_	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	· · · · - L
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		П
	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
	services?	. 🗀 Tes	X NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
·			
4a			4,163)
	PROVIDE THERAPEUTIC REHABILITATION AND PROFESSIONAL NURSING SERVICES TO CHILDREN WITH SPECI	AL	
	NEEDS.		
			
			<u> </u>
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		·····
	( costs		
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$_		)
		<u> </u>	
	TOTAL CONTROL OF THE PROPERTY		
		***************************************	
		<del></del>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	<u> </u>	<u></u>	

	n 990 (2014) SPECIAL KIDS INC 62-173	8638		Page
Pa	int 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	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	· ·  2	<u> </u>	
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	3		X
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	4	<u> </u>	X
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	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	6	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		ĺ	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	ĺ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ļ		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	)	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Same of the same and the same same of the same same same same same same same sam			
_	complete Schedule D, Part VI	11	a X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	:	X
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			X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		X
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	111	<u> </u>	X
12a	, and a second s		Ì	
	Schedule D, Parts XI and XII	12	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12k	)	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		+	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14</u> 6	3	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<u>141</u>	)	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
<b>.</b> ~	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			[
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			.,
20 -	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		1 -	X
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 201	)	<u> </u>

62-1718638

8 B. L	Checkist of Required Schedules (continued)			<del></del>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	├
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	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			}
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	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	<u> </u>	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	31	<u> </u>	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>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
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	<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	<u>L.</u> .	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	<u>Ц</u>
		enanarenan	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>L</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	וַ		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9:		37	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
	account)?	<b>4</b> a		- A
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
e -	(FBAR).	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		21
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
v	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	and periods	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ļ - <del>-</del> -		*****
Ŭ	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	a decision	where decided
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	tanto-en-co	100000000
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

на	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	o"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	. X
Sec	ction A. Governing Body and Management			<del>,</del>
		askroskovsk	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
14				Х
	one or more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
_	stockholders, or persons other than the governing body?	7Ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	with the second
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	·····
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?		X	
	· · ·	14	Λ	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	u Goden Erste et
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	nesessina	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed TN			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
-	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JAN PARKER (615) 893-4565, 202 ARNETTE STREET, MURFREESBORO, TN 37130			
	CONTRACTOR (CL)/CON-TOUS, 202 AGRELLE SIRDEI, MUNEREDEDURU, IN 3/130			

#### 62-1718638 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

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

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

- 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	organization c	ompen	sate	d an	y cu	rrent o	ffice	r, director, or truster	9.	
					(C)					
(A)	(B) Position					(D)	(E)	( <del>F</del> )		
Name and Title	Average hours per week (list any	box,	, unle	ss pe	rson i	han one s both a r/trustee	ın	Reportable compensation from	Reportable compensation from related	Estimated amount of other
·	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MACK_BARRETT	3.00	х		x					0	0
CHAIRMAN (2) CAM BIVENS	3.00						-			
DIRECTOR		Х						9	0	0_
(3) JULIE BYRNES DIRECTOR	3.00	Х						C	0	0
(4) CRAIG CONYERS DIRECTOR	3.00	Х						C	0	0
(5) BEVERLY DAVIS CHAIRMAN-ELECT	3.00	Х		Х					0	0
(6) CARRIE M GOODWIN CO-FOUNDER	3.00	Х		Х					0	0
(7) ROB GOODWIN DIRECTOR	3.00	Х					ļ		0	0
(8) KRISTA HAWKINS SECRETARY	3.00	Х		Х				0	0	0
(9) BRIAN JIMENEZ DIRECTOR	3.00	Х						(	0	0
(10) BEN HALL MCFARLIN JR DIRECTOR	3.00	Х							0	0
(11) SHERI MORGAN DIRECTOR	3.00	Х						(	) 0	0
(12) EMILY PEGG TREASURER	3.00	Х		Х					0	0
(13) PAUL SMITH DIRECTOR	3.00	Х							0	0
(14) ELIZABETH SMITH DIRECTOR	3.00	Х						(	0	0

Page	8
	-

Part VI	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	l Hiç	thes	st Com	pen	sated Employee:	s (continued)	
						C)					
	(A)	DOX, diffess person is bout att						ĺ	(D)	(E)	(F)
	Name and title								Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any		officer and a director/trustee)					from	related	other
		hours for related	Individual trustee or director	Institutional trust	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	dual ector	tion	*	) ğ	yee	۱ ۳	(W-2/1099-MISC)	(11 2/1000 ////000)	organization
		below dotted line)	trust	를 된		yee	) mp.				and related organizations
		,,,,	8	stee			nsat				Grganizations
							<u> </u>				
							]				
(15) LISA	STILWELL	3.00						$\dashv$			
DIREC			Х			ĺ			0	0	0
(16) GREG	ARNOLD	3.00								**************************************	
DIREC	CTOR		X					ļ	0	0	0
(17) MARY	BLAM POLK	3.00						1			
DIREC	PTOR		X	<u> </u>	L.,	L			0	0	0
(18) TRAV		3.00									
DIREC		ļ	X						0	0	00
(19) RICK		3.00_									
DIREC	······································		Х		<u> </u>				0	0	0
	LIE YATES	3.00_	7.7		Ì						
DIREC			X					$\dashv$	0	0	0
	TRUELOVE TIVE DIRECTOR	40.00			Х	Х					
	JIVE DIRECTOR				Δ	Λ			0	0	0
7-=/											
(23)		· · · · · · · · · · · · · · · · · · ·						-		****	_
<u> </u>											
(24)								$\neg$			
(25)											
		L	L				l	_			
	ıb-total					٠.	1	•			
	tal from continuation sheets to Part VII, Sectio							•			
	etal (add lines 1b and 1c)								0	0	0
	tal number of individuals (including but not limited to	o those listed	above,	) Who	o rec	eive	a more	tnar	1 \$100,000 of	٥	
: e	portable compensation from the organization									0	Yes No
3 Die	d the organization list any former officer, director	r or trustee	kev er	nnlo	vee	or h	iabest	COL	nensated		ies ivo
	ployee on line 1a? If "Yes," complete Schedule J fo		-	,,,,,,							3 X
	r any individual listed on line 1a, is the sum of repor			and	othe	er co	mpens	ation	from the		
	ganization and related organizations greater than \$1										
inc	lividual										4 X
5 Did	d any person listed on line 1a receive or accrue com	pensation fro	m any	unre	elate	d org	ganizati	ion c	r individual		
	services rendered to the organization? If "Yes," cor	nplete Sched	ule J fo	or su	ch p	erso	n				5 X
	B. Independent Contractors										·····
	emplete this table for your five highest compensated										
	mpensation from the organization. Report compens	ation for the o	alenda	ar ye	ar er	nding	g with o	r wit	hin the organization	ı's tax	
ye							•		(2)	····	
	(A) Name and business address								(B) Description of s	arvicas	(C) Compensation
	Name and Dusiness address					-			Description of s	U111000	Оотпрепрацоп
	, 570-000-117-17-11-1										
	tal number of independent contractors (including bu			liste	ed ab	oove	) who				
rec	eived more than \$100,000 of compensation from the	ne organizatio	n	<u> </u>							

#### Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded from tax Total revenue Related or Unrelated exempt function business under sections 512-514 revenue Federated campaigns . . . . . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts b 1b Membership dues С Fundraising events 1c d Related organizations . . . . . . . 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 649,476 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f . . . . . . 649,476 **Business Code** Revenue 2a INSURANCE PROVIDERS 621300 1,064,038 1,064,038 b PATIENT SERVICE FEES 621300 220,125 220,125 Service C MISCELLANEOUS 621300 1,400 1,400 Program f All other program service revenue . . . . . . Total. Add lines 2a-2f 1,285,563 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . . . 2,203 2,203 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents 9,600 b Less: rental expenses . . . . 5,984 c Rental income or (loss) 3,616 3,616 d Net rental income or (loss) 3,616 (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 83,347 1,350 b Less: cost or other basis and sales expenses 78,285 5,418 (4,068)c Gain or (loss) 5,062 994 994 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . 450,630 **b** Less: direct expenses 80,887 c Net income or (loss) from fundraising events 369,743 369,743 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 . . b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** d All other revenue . . . . . . e Total. Add lines 11a-11d 374,353 12 Total revenue. See instructions 2,311,595 1,287,766

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any				
Dor	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		Expenses	general expenses	GAPETISES
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
4					
5	Benefits paid to or for members				
Ð	Compensation of current officers, directors,				
c	trustees, and key employees	72,475	56,531	4,348	11,596
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	1,369,059	1,067,866	82,144	219,049
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	167,069	130,314	10,024	26,731
10	Payroll taxes	113,126	88,238	6,788	18,100
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	11,500		11,500	
d	Lobbying . ,				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,817	1,817		
12	Advertising and promotion	1,953			1,953
13	Office expenses	20,699	16,145	1,242	3,312
14	Information technology				
15	Royalties				
16	Occupancy	21,342	16,399	1,579	3,364
17	Travel	4,463	3,481	268	714
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,555			3,555
20	Interest	49		49	
21	Payments to affiliates				· .
22	Depreciation, depletion, and amortization	56,477	44,052	3,389	9,036
23	Insurance	31,036	24,208	1,862	4,966
24	Other expenses. Itemize expenses not covered	32,030	21,200	2,002	1,500
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	75,244	58,690	4 515	12.039
a b	FAMILY SUPPORT	29,921	29,921	4,515	12,039
-		~~~		2 432	£ 404
C	SUBSCRIPTIONS  PEDATES AND MAINTENANCE	40,528	31,612	2,432	6,484
d	REPAIRS AND MAINTENANCE	21,802	17,006	1,308	3,488
e •	All other expenses	16,714	10,135	472	6,107
25 26	Total functional expenses. Add lines 1 through 24e .	2,058,829	1,596,415	131,920	330,494
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs		1		
	from a combined educational campaign and_				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
EEA					Form 990 (2014)

62-1718638

	<b>A</b>	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X			· · ·	
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	[	825,894	1	664,291
	2	Savings and temporary cash investments		71,559	2	146,649
	3	Pledges and grants receivable, net	[	875,360	3	24,035
	4	Accounts receivable, net	[	50,857	4	63,484
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees.				
		Complete Part II of Schedule L	[		5	
	6	Loans and other receivables from other disqualified persons (as defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	and the state of t			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	CONCESSION OF THE PERSON OF TH			
		organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	[		8	
As	9	Prepaid expenses and deferred charges	[	29,764	9	39,951
	10a	Land, buildings, and equipment: cost or	and the state of t			
		other basis. Complete Part VI of Schedule D 10a 2,518	3,463			
	ь	•	,574	1,006,151	10c	2,220,889
***************************************	11	Investments - publicly traded securities		97,865	11	102,269
	12	Investments - other securities. See Part IV, line 11	<i>.</i> [		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)		2,957,450	16	3,261,568
	17	Accounts payable and accrued expenses		6,798	17	42,979
	18	Grants payable			18	
	19	Deferred revenue	1"	23,526	19	40,008
	20	Tax-exempt bond liabilities	[		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	[		21	
ø,	22	Loans and other payables to current and former officers, directors,	800			
≝		trustees, key employees, highest compensated employees, and	9200			
Liabilities		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 (including federal income tax, payables to related third	Γ			
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D	[		25	
	26	Total liabilities. Add lines 17 through 25	ſ	30,324	26	82,987
		Organizations that follow SFAS 117 (ASC 958), check here				
ø		complete lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets	[	1,020,156	27	2,588,669
3ala	28	Temporarily restricted net assets		1,906,970	28	589,912
ğ	29	Permanently restricted net assets	[		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	and			
5		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		- Anna Pro-	30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund	[		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds	[		32	
Z	33	Total net assets or fund balances	[	2,927,126	33	3,178,581
	34	Total liabilities and net assets/fund halances	[	2,957,450	34	3,261,568

	990 (2014) SPECIAL RIDS INC	62-1718638		Pa	age 1
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	<u>. LL</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,	311,	595
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2,	058,	829
3	Revenue less expenses. Subtract line 2 from line 1	. 3		252,	766
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,	927,	126
5	Net unrealized gains (losses) on investments	. 5		(1,	311)
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	3,	178,	581
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. LL</u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	BANKARAN MAKAN	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь	Χ	200002142000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
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?		2c	Х	aleste de la cale
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		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		3b		
EEA			Form	990 (	2014)

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172 2014

179

Department of the Treasury Internal Revenue Service (99)

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment

Sequence No. Identifying number

Name	s) shown on return		Business of	or activity to wh	ich this form relates			Identifying number
SP	ECIAL KIDS INC		FOR	RM 990	- 1			62-1718638
Pa	t I Election To Expens	e Certain Pro	perty Under Sect	ion 179				
	Note: If you have any list	ted property, com	plete Part V before you	complete P	art I.			
1	Maximum amount (see instructions)	)					1	
2	Total cost of section 179 property pl	aced in service (se	ee instructions)				2	
3	Threshold cost of section 179 prope			ctions)			3	
4	Reduction in limitation. Subtract line	-					4	
5	Dollar limitation for tax year. Subtract	ct line 4 from line 1	. If zero or less, enter -0	. If married fi	ling			
							5	
6	(a) Description of p			usiness use or	· · · I	cted cost	h	
	· · · · · · · · · · · · · · · · · · ·	<del></del>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
7	Listed property. Enter the amount fr	om line 29 .			7			
8	Total elected cost of section 179 pro			-			8	
9	Tentative deduction. Enter the sm	· ·					9	**************************************
10	Carryover of disallowed deduction fi						10	
11	Business income limitation. Enter th	•				tructions)	11	
12	Section 179 expense deduction. Ad					,	12	
13	Carryover of disallowed deduction to				13	• • •		
					13			
	: Do not use Part II or Part III below  T II Special Depreciation			ciation (	De net include l	icted pro	norty	\ (See instructions )
C Service Control	Special depreciation allowance for o					isted pro	perty.	(See instructions.)
14	·						14	
45	during the tax year (see instructions	•					15	
15	Property subject to section 168(f)(1)						16	40,716
16	Other depreciation (including ACRS					<u> </u>	10	40,710
Fd	t III MACRS Depreciati	IOII (Do not inc		ee instructi	ons.)			
	MACOO de de de século de seculo de s	- d to d in t	Section A	204.4			17	3,359
17	MACRS deductions for assets place					• • •		3,333
18	If you are electing to group any asset							
			ce During 2014 Tax Ye			solation	Cueta	
	Section B - Asset	(b) Month and year		ar using th	e General Depr	eciation	Syste	1611
	(a) Classification of property	placed in	(business/investment use	(d) Recovery	(e) Convention	(f) Meti	hod	(g) Depreciation deduction
		service	only-see instructions)	Period				
19 a	3-year property	4			-			505
b	5-year property Statement			<u> </u>				3,896
<u>C</u>	7-year property Statement	#51 -	*****	<del>                                     </del>				3,090
d	10-year property	4		+	<u> </u>	<del> </del>		122
<u>e</u>	15-year property Statement	^{#52}		<del></del>				132
f	20-year property	4						
g	25-year property		· · · · · · · · · · · · · · · · · · ·	25 yrs.	<del></del>	S/	-	
h	Residential rental	<u> </u>		27.5 yrs.		S/		
	property	<u> </u>		27.5 yrs.		S/		
i	Nonresidential real	09-2014	1,052,227	39 yrs.	MM	S/	L	7,869
	property	1			MM	S/	<del></del>	
	Section C - Assets	Placed in Service	e During 2014 Tax Yea	r Using the	Alternative De	preciatio	n Sys	tem
20 a	Class life					S/	L	
b	12-year		***************************************	12 yrs.		S/	L	
С	40-year	<u></u>		40 yrs.	MM	S/	L	
Pa	rt IV Summary (See instru	ictions.)						
21	Listed property. Enter amount from	line 28				]	21	
22	Tatal Add assessment from line 42	lines 14 through	17, lines 19 and 20 in co	olumn (a), a	nd line 21. Ente	г		
	Fotal. Add amounts from line 12,	mico in arougii						
	here and on the appropriate lines of	-					22	56,477
23		f your return. Partn	erships and S corporation	ns - see inst			22	56,477
23	here and on the appropriate lines of	f your return. Partn d in service during	erships and S corporation	ns - see instr e			22	56,477

#### **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

2014

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

SPE	CIAL	KIDS INC					62-171863	8
Pa	rt I	Reason for Public Charity	y Status (All or	rganizations must c	omplete	this part	.) See instruction	is.
The	orgar	nization is not a private foundation becau	use it is: (For lines 1	through 11, check only or	ne box.)			
1	Ш	A church, convention of churches, or	association of chu	urches described in <b>sect</b>	ion 170(b)	)(1)(A)(i).		
2	Ц	A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E.)				
3	Ц	A hospital or a cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	A)(iii).		
4	Ш	A medical research organization ope	rated in conjunction	on with a hospital describ	ed in sect	ion 170(b	)(1)(A)(iii). Enter the	
	,,,,,,,	hospital's name, city, and state:	~~~	<del> </del>				
5	Ш	An organization operated for the benef	it of a college or uni	iversity owned or operated	l by a gove	mmental u	nit described in	
	_	section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	unit described in <b>section</b>	170(b)(1)	(A)(v).		
7	Ш	An organization that normally receives	a substantial part o	f its support from a govern	nmental uni	t or from th	e general public	
	_	described in section 170(b)(1)(A)(vi	). (Complete Part I	II.)				
8	닖	A community trust described in secti	ion 170(b)(1)(A)(v	i). (Complete Part II.)				
9	X	An organization that normally receives:	` '	• •			•	
		receipts from activities related to its exe	•	-	٠,,			
		support from gross investment income		,		•	businesses	
	٢1	acquired by the organization after Ju			•	•		
10	H	An organization organized and opera	-	•				
11	Ш	An organization organized and operate	•	· •			-	
		one or more publicly supported organ						). Check
		the box in lines 11a through 11d that do						da a
	а	Type I. A supporting organization		•		-		ang
		the supported organization(s) the p	<b>-</b> -		or the direct	ors or trust	ees or the supporting	
	b	organization. You must complete Type II. A supporting organization	•		ith ite eupr	orted orga	prization(e) by bayin	٦
	D	control or management of the supp	•			-	• • •	9
		organization(s). You must comp		· ·	ris triat cor	ili Oi Oi ii iai	age the supported	
	С	Type III functionally integrated	•		nection w	ith and fu	nctionally integrated y	with
	·	its supported organization(s) (see		•				
	d	Type III non-functionally integr	-	=				on(s)
	-	that is not functionally integrated. T						(-)
		requirement (see instructions). Y						
	е	Check this box if the organization r					e II. Type III	
		functionally integrated, or Type III r					•	
	f	Enter the number of supported organiz	-					
	g	Provide the following information about	the supported orga	anization(s).				
	(i	) Name of supported organization	(II) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above or IRC section	listed in you docum	ur governing	support (see instructions)	other support (see instructions)
				(see instructions))	00007		instructions)	(13th doctoring)
					Yes	No		
(A)								
(B)								
<u> </u>					ļ			
(C)								
					-			
(D)								
					<b>†</b>			
(E)					<u></u>	<u></u>		
Tota	ı				1			

Schedule A (Form 990 or 990-EZ) 2014 SPECIAL KIDS INC 62-1718638 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 Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 

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	<b>&gt;</b>	]_
Sec	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	%	
15	Public support percentage from 2013 Schedule A, Part II, line 14	%	
16a	33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	• [	]
b	33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	• [	]
17a	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	• [	]
b	10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly		
40	supported organization	• [	]
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<b>▶</b> ┌	1
EEA	Schedule A (Form 990 or 990-t	EZ) 20	14

# 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
			***				
1	Gifts, grants, contributions, and membership fees		1				
	received. (Do not include any "unusual grants.")	560,326	606,391	896,178	2,860,807	1,239,849	6,163,551
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	971,867	1,005,981	1,029,715	1,122,719	1,284,163	5,414,445
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						- Al-V
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,532,193	1,612,372	1,925,893	3,983,526	2,524,012	11,577,996
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,856	29,518	41,711	179,710	32,849	299,644
b	Amounts included on lines 2 and 3	1					
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	562,746	513,107	590,991	573,409	655,453	2,895,706
С	Add lines 7a and 7b	578,602	542,625	632,702	753,119	688,302	3,195,350
8	Public support (Subtract line 7c from line 6.)						8,382,646
Sec	ction B. Total Support						
~~~~	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,532,193	1,612,372	1,925,893	3,983,526	2,524,012	11,577,996
40-	Cara income from interest dividends						
:va	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources	598	522	(38) 4,268	2,203	7,553
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		The state of the s				
c	Add lines 10a and 10b	598	522	(38) 4,268	2,203	7,553
•	Add lifted for all a for a first fir		1.10				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or	[
	loss from the sale of capital assets (Explain in Part VI.)				3,200	9,600	12,800
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,532,791	1,612,894	1,925,855	3,990,994	2,535,815	11,598,349
14	First five years. If the Form 990 is for the corganization, check this box and stop here	organization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	▶ 🗀
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, co					15	72.27 %
16	Public support percentage from 2013 Schedul					16	71.15 %
	ction D. Computation of Investme						
17	Investment income percentage for 2014 (lin			olumn (f))		17	0.00 %
18	Investment income percentage from 2013 S					18	0.07 %
	·					·····	
19a	17 is not more than 33 1/3%, check this box	k and stop here. Th	ne organization qua	alifies as a publicly	supported organia	zation	▶ 🏻
	33 1/3% support tests - 2013. If the organi line 18 is not more than 33 1/3%, check this	s box and stop her	e. The organization	n qualifies as a pub	olicly supported org	ganization	
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ıs	🔻 📗

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Marine	of the organization	Employer (dentinoation number
	ECIAL KIDS INC	62-1718638
Pa	nt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
		Yes No
6	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 purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	nportant land area
	Protection of natural habitat Preservation of a certified history	-
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva-	ation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
-	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
•	tax year	Tading and
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
Ū	b	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
•	s	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement,	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described the statements and include and organization or the organization of the organization or the organizat	
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furtheral	
	public service, provide the following amounts relating to these items:	
		▶ \$
	(i) Revenue included in Form 990, Part VIII, line 1	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid-	···
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	o uno
_		> \$
a	Revenue included in Form 990, Part VIII, line 1	• \$ • \$
IJ		

1,820,028 166,465 1,653,563 Buildings ¢ Leasehold improvements 156,667 287,776 131,109 Equipment 143,859 143,859 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 2,220,889

EEA Schedule D (Form 990) 2014

Schedule D (Form	990) 2014 SPECIAL KIDS INC		62-171	8638 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuati	
(1) Financial de	(including name of security)		Cost or end-of-year marke	Value
	d equity interests	***************************************		
(3) Other	dequity interests			
(A)				
(B)				<u></u>
(C)				
(D)				
(E)				
(F)				
_(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	- !!\/a a!! ta Faces 000	Deat IV line 44e Cas Form 000	Dort V. line 12
	Complete if the organization answered	o "Yes" to Form 990,	Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	
(1)			Cost or end-of-year market	value
(1)	5 to A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)			60 A C C C C C C C C C C C C C C C C C C	
(6)		······································		
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			B (M. P.) 45
	Complete if the organization answered		Part IV, line 11d. See Form 990,	
	(a) Do	escription		(b) Book value
(1)				
(2)	A A A A A A A A A A A A A A A A A A A		<u> </u>	
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15	(.)	<i></i>	
Part X	Other Liabilities.			000 D 434
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11e or 11f. See Forn	n 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal ir	come taxes			
(2)				
(4)		• • • •		
(5)				
(6)				
(7)		**************************************		
(8)				
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Sched	ule D (Form 990) 2014 SPECIAL KIDS INC	62-1718638	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,320,336
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	8,741
3	Subtract line 2e from line 1	3	2,311,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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	2,311,595
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
NAME OF TAXABLE PARTY.	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 1	2,068,881
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	\dashv \dashv	
c	Other losses		
d	Other (Describe in Part XIII.)	\exists	
e	Add lines 2a through 2d		10,052
3	Subtract line 2e from line 1	3	2,058,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,030,023
•	Investment expenses not included on Form 990, Part VIII, line 7b		
a	Other (Describe in Part XIII.)	\dashv	
b	Add lines 4a and 4b		
C		4c 5	2,058,829
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **Example 18.** **Example 2.** **Example 2	3	2,030,029
		lina	
	de 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 Irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	, ime	
2; 22	irt Ai, lines 2d and 4b; and Part Aii, lines 2d and 4b. Also complete this part to provide any additional mormation.		
Λ1	Other revenues not included on Form 990 (Bort VI line 2	a١	
01	. Other revenues not included on Form 990 (Part XI, line 2	α)	
REN	TAL EXPENSES OF 5,984 WERE NOT DEDUCTED IN THE AUDIT REVENUES TO NET THE REVENUES AND		
EXP	ENSES. THEY WERE INCLUDED IN EXPENSES ON THE AUDIT.		
LOS	S ON DISPOSAL OF EQUIPMENT OF 4,068 WAS NOT INCLUDED IN THE AUDIT REVENUES. IT WAS		
INC	LUDED IN EXPENSES ON THE AUDIT.		
UNR	EALIZED LOSS ON INVESTMENTS OF 1,311 WAS INCLUDED ON PART XI RECONCILIATION OF NET		
ASS	ETS. IT WAS INCLUDED IN THE AUDIT REVENUES.		
			

Schedule D (Form 990) 2014 SPECIAL KIDS INC	62-1718638	Page 5
Part XIII Supplemental Information (continued)		
on out the state of the state o	- 241	
02. Other expenses not included on Form 990 (Part XII, lin	1e 2d)	
POWER THROUGH OF 5 AAA STEED NOT DESIGNED IN MUE STEET BEICHNIEG TO MET THE DESIGNIEG &	MTD.	
RENTAL EXPENSES OF 5,984 WERE NOT DEDUCTED IN THE AUDIT REVENUES TO NET THE REVENUES A	ND	
DYDANGES THEY WERE INCITION IN PYDENCES ON THE AUDIT		
EXPENSES. THEY WERE INCLUDED IN EXPENSES ON THE AUDIT.		· · · · · · · · · · · · · · · · · · ·
LOSS ON DISPOSAL OF EQUIPMENT OF 4,068 WAS NOT INCLUDED IN THE AUDIT REVENUES. IT WAS		
INCLUDED IN EXPENSES ON THE AUDIT.		
		····
	<u></u>	
	<u> </u>	
NAMES OF THE PROPERTY OF THE P		
	W	
		4.7-7-
And the second s		
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	-nv	
	 .	

EEA

Schedule D (Form 990) 2014

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

2014

Employer identification number

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

SPECIAL KIDS INC 62-1718638 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 ☐ Mail solicitations Solicitation of government grants Internet and email solicitations Phone solicitations g U Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees Yes 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 R 9 10 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.

	dule G		CIAL KIDS INC plete if the organization	answered "Yes" to Fori		-1718638 Page or reported more
		than \$15,000 of fundraising gross receipts greater than	event contributions and			
~		gross receipts greater than	(a) Event #1	(b) Event #2 GOLF CLASSIC	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	203,410	39,159	208,061	450,630
	2	Less: Contributions				
		line 2)	203,410	39,159	208,061	450,630
	4	Cash prizes	4.44			
	5	Noncash prizes				
sesu	6	Rent/facility costs		9,918		9,918
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment	- Table Mariney			
	9	Other direct expenses	42,445	2,300	26,224	70,969
	10	Direct expense summary. Add lines 4	through 9 in column (d)			80,887
	11	Net income summary. Subtract line 1				369,743
養蔵	irt II	Gaming. Complete if the o than \$15,000 on Form 990		Yes" to Form 990, Part	iv, line 19, or reported i	more
		tilati ψ10,000 011 t 0111 000				
enue		than \$10,000 on 1 on 1 os	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1			, ,	(c) Other gaming	
	1 2	Gross revenue		, ,	(c) Other gaming	
		Gross revenue		, ,	(c) Other gaming	
Direct Expenses Revenue	2	Gross revenue		, ,	(c) Other gaming	
	3	Gross revenue	(a) Bingo	bingo/progressive bingo		
	2 3 4	Gross revenue		, ,	(c) Other gaming Yes% No	
	2 3 4 5	Gross revenue	(a) Bingo Yes % No	bingo/progressive bingo	Yes %	
	2 3 4 5	Gross revenue	(a) Bingo Yes% No through 5 in column (d)	bingo/progressive bingo Yes% No	Yes %	
	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo Yes% No (d)	Yes %	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

ame(s) as shown on return	a Tara	Fe	deral Suppo	orting Statements	2014 PG01
SPECIAL KII	S INC	<u> </u>			62-1718638
		F	ORM 4562	- LINE 19B	Statement #50
BASIS	RP	CV	METHOD	DEDUCTION	
983	5	MQ	SL	74	
983	5	MQ	SL	74	
1,208	5	MQ	SĿ	30	
1,511	5	MQ	SL	38	
1,269	5	MQ	SL	32	
618	5	MQ	SL	15	
617	5	MQ	\mathtt{SL}	15	
1,068	5	MQ	\mathtt{SL}	27	
280	5	MQ	SĿ	7	
1,371	5	MQ	SL	34	
1,372	5	MQ	\mathtt{SL}	34	
2,446	5	MQ	SL	61	
1,208	5	MQ	SL	30	
1,343	5	MQ	SL	34	
TOTAL				505	

Federal Supporting Statements 2014 PG01
SPECIAL KIDS INC FORM 4562 - LINE 19C Statement #51
BASIS RP CV METHOD DEDUCTION 1,978 7 MQ SL 177 5,140 7 MQ SL 459 3,500 7 MQ SL 188 9,815 7 MQ SL 175 3,591 7 MQ SL 64 2,276 7 MQ SL 41 332 7 MQ SL 41 332 7 MQ SL 99 1,060 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 19 319 7 MQ SL 19 319 7 MQ SL 5 1,409 7 MQ SL 25 445 7 MQ SL 25 445 7 MQ SL 8 411 409 7 MQ SL 8 414 7 MQ SL 5 1,275 7 MQ SL 5
BASIS RP CV METHOD DEDUCTION 1,978 7 MQ SL 177 5,140 7 MQ SL 459 3,500 7 MQ SL 188 9,815 7 MQ SL 175 3,591 7 MQ SL 64 2,276 7 MQ SL 41 332 7 MQ SL 41 332 7 MQ SL 99 1,060 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 7 219 7 MQ SL 7 219 7 MQ SL 8 445 7 MQ SL 8 441 7 MQ SL 8 444 7 MQ SL 8 445 7 MQ SL 8 444 7 MQ SL 8 445 7 MQ SL 8 446 7 MQ SL 5 1,275 7 MQ SL 5
1,978 7 MQ SL 177 5,140 7 MQ SL 459 3,500 7 MQ SL 188 9,815 7 MQ SL 175 3,591 7 MQ SL 64 2,276 7 MQ SL 41 332 7 MQ SL 6 5,520 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 5 1,275 7 MQ SL 23
1,978 7 MQ SL 177 5,140 7 MQ SL 459 3,500 7 MQ SL 188 9,815 7 MQ SL 175 3,591 7 MQ SL 64 2,276 7 MQ SL 41 332 7 MQ SL 6 5,520 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 5 1,275 7 MQ SL 23
5,140 7 MQ SL 459 3,500 7 MQ SL 188 9,815 7 MQ SL 175 3,591 7 MQ SL 64 2,276 7 MQ SL 41 332 7 MQ SL 6 5,520 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 5 1,275 7 MQ SL 23
9,815 7 MQ SL 175 3,591 7 MQ SL 64 2,276 7 MQ SL 41 332 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
3,591 7 MQ SL 64 2,276 7 MQ SL 41 332 7 MQ SL 6 5,520 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
2,276 7 MQ SL 41 332 7 MQ SL 6 5,520 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
332 7 MQ SL 6 5,520 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
5,520 7 MQ SL 99 1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
1,060 7 MQ SL 19 319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
319 7 MQ SL 6 364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
364 7 MQ SL 7 219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
219 7 MQ SL 4 1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
1,409 7 MQ SL 25 445 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
445 7 MQ SL 8 414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
414 7 MQ SL 7 305 7 MQ SL 5 1,275 7 MQ SL 23
1,275 7 MQ SL 23
2.556 7 MO SL 46
350 7 MQ SL 6
419 7 MQ SL 7
539 7 MQ SL 10
298 7 MQ SL 5 570 7 MQ SL 10
756 7 MQ SL 14
403 7 MQ SL 7
2,546 7 MQ SL 45
598 7 MQ SL 11
6,733 7 MQ SL 120
710 7 MQ SL 38
939 7 MQ SL 50
3,831 7 MQ SL 205
754 7 MQ SL 40
425 7 MQ SL 23
369 7 MQ SL 20 451 7 MQ SL 24
451 / MQ SL 24 490 7 MQ SL 26
1,810 7 MQ SL 97
305 7 MQ SL 16
1,446 7 MQ SL 77
4,226 7 MQ SL 226
3,468 7 MQ SL 186
506 7 MQ SL 27
549 7 MQ SL 29
293 7 MQ SL 16
6,949 7 MQ SL 372
3,285 7 MQ SL 176 950 7 MQ SL 51
950 7 MQ SL 51 1,225 7 MQ SL 66
1,220 , My DH 00

lame(s) as shown on return		<u>Fe</u>	deral Supp	orting Statements	2014 PG02
SPECIAL KID	S INC				62-1718638
		F	ORM 4562	- LINE 19C	Statement #51
BASIS 3,000 2,043 8,961	RP 7 7 7	CV MQ MQ MQ	METHOD SL SL SL	DEDUCTION 268 109 160	
TOTAL				3,896	
		F	ORM 4562	- LINE 19E	PG01 Statement #52
BASIS 1,100 2,500	RP 15 15	CV MQ MQ	METHOD SL SL	DEDUCTION 9 104	
2,280 TOTAL	15	MQ	SL	19 132	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SPECIAL KIDS INC 62-1718638 01. Form 990 governing body review (Part VI, line 11) THE BOARD OF DIRECTORS APPROVES THE 990 BEFORE IT IS FILED. 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.

990	Overflow Statement		2014 Page 1
ame(s) as shown on return		FEIN	CO 1710C20
SPECIAL KIDS INC			62-1718638
	ALL OTHER		
escription			Amount
PRIVATE GIFTS AND			\$ 537,879
N-KIND DONATIONS		Total:	111,597 \$ 649,476
		=	<u> </u>
	SALE OF SECURITIES		
Description			Amount
ALGER SPECTRA FUN		······	\$ 49,579 33,768
ENTERPRISE PRODUC		Fotal:	\$ 83,347

	COST OF SECURITIES		
escription			Amount
ALGER SPECTA FUND			\$ 47,685
ENTERPRISE PRODUC		Fotal:	30,600 \$ 78,285
	DIRECT FUNDRAISING EXPENSES		
Description			Amount
DEVELOPMENT EXPEN LESS WEBSITE DESI			\$ <u>225,478</u> (4,848
N KIND EXPENSES	OLY I BELLY DEVELOPMENT		(139,743
	•	rotal: =	\$ 80,887
	OFFICE EXPENSES-PROGRAM EXPENS	SES	
Description			Amount
ELEPHONE AND INT	ERNET		\$ 12,606
POSTAGE	r	Total:	3,539 \$ 16,145
	•	=	

990	Overflow Statement	2014 Page 2
ame(s) as shown on return SPECIAL KIDS		62-1718638
	OFFICE EXPENSE-MANAGEMENT AND GENERAL	
	OFFICE EXFERNSE-MANAGEMENT AND GENERAL	Amount
Description TELEPHONE AND	INTERNET	\$ 970
POSTAGE	Total:	\$ 1,242
	OFFICE EXPENSE-FUNDRAISING	
escription		Amount
ELEPHONE AND POSTAGE	INTERNET	\$ 2,586 726
OSTAGE	Total:	\$ 3,312
	OTHER EXPENSES-PROGRAM EXPENSES	
escription		Amount
BANK CHARGES EASE EXPENSE		\$ 6,135 4,000
	Total:	\$ 10,135
	OTHER EXPENSES-MANAGEMENT AND GENERAL	
Description BANK CHARGES	· · · · · · · · · · · · · · · · · · ·	**************************************
SANK CHARGES	Total:	\$ 472 \$ 472
	OTHER EXPENSES-FUNDRAISING	
Description BANK CHARGES		* 1,259
WEBSITE MAINT		4,848
	Total:	\$ 6,107
	OTHER	
Description RENTAL EXPENS	T.C.	**************************************
	SAL OF EQUIPMENT	4,068
JNREALIZED LO	SS ON INVESTMENTS Total:	\$ (1,311) \$ 8,741
	IDEAL:	٠ ٠ / ع ٢

990	Overflow Statement	2014 Page 3
Name(s) as shown on return		FEIN
SPECIAL KIDS INC		62-1718638

OTHER

Description		 Amount
RENTAL EXPENSES		\$ 5,984
LOSS ON DISPOSAL OF EQUIPMENT		 4,068
	Total:	\$ 10,052
1		

Depreciation Reconciliation for SPECIAL KIDS INC

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	1,076,765	957,361	44,075	305,759	
Placed in Service in Current Year	1,175,099	1,175,099	12,402	12,402	
Removed from Service in Current Year	24,654	24,654	1,401	20,587	
End of Year	2,227,210	2,107,806	55,076	297,574	

* Ite	* Item was disposed					ă	Depreciation Detail Listing	žn D	etail L	istin	270			 -	20	2014
of d	of during current year.						Progr For vou	Program Services or vour records on	Program Services For your records only						PAGE	н 8
Маде	Name(s) as shown on return													Socials	Social security number/EIN	
	SPECIAL KIDS INC				<u> </u>	-						•	***************************************	29	62-1718638	
Ň	Description	Date	Cost	Safvage	Business percentage	Section 179	Depreciation Basis	Life	Method		Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
	BUILDING	03011998	253,225		100.00		253,225	40	SL	MM 2	rr.	6,331	107,523			6,331
6	50KW EMERGENCY GENERA	04262001	16,877		100.00		16,877	ın.		0			16,877			
41	CLIMBING WALL	05082003	1,307		100.00		1,307	ΓŊ		0			1,307			
ιΩ	TREADMILL	01232004	4,905		100.00		4,905	ς.		0			4,905	****		
9	BARRELL ROLL	06252004	1,284		100.00		1,284	Ŋ		0			1,284	···		
7	GAIT TRAINER	10082004	705		100.001		705	5					705			
60	MOBILE STORAGE	06012004	536		100.00		536	ហ					536			
σ	STACK CHAIRS	06222004	285		100.001		285	w					285			
10	HOOFBEATS EQUIP	02072005	570		100.00		570	ın					870			
13	PREDATORS GRANT EQUIP	07012006	8,081		100.00		8,081	Ŋ		0			8,081			-
14	202 ARNETTE STREET	02152007	130,987		100.00		130,987	39	SL	- WW	2.564	3,359	28,337			3,359
15	TERMINAL SERVER	02072007	5,506		100.00		5,506	ī.					5,506	•		
17	OFFICE FURNITURE-CHRI	05072007	400		100.00		400	ک			0		400			
19	OFFICE RENOVATION ANN	06302008	16,232		100.00		16,232	15	SL	ну (6.667	1,082	7,033	•		1,082
20	SAVIN COPY MACHINE	03312008	2,725		100.00		2,725	-	SI	HY 1	14.286	389	2,529			389
2.1	CRIB&ACCESSORIES	01242008	3,113		100.00		3,113	7	SL	HY 1	14.286	445	2,892			445
22	PEAVEY ESCORT 2000 PO	0025260	200		100.00		500	7	SL	HY 1	14.286	7.1	462			71
24	DELL SERVERS-ARNETTE	04142009	2,401		100.00		2,401	Ŋ		HY Z	20	241	2,401			241
25	DELL COMPUTER-RACHEL	07142009	619		100.00		679	ΓC	SL	HY 2	20	67	629			67
26	DELL COMPUTER-MEGAN	07142009	679		100.00		679	2	SL	HY 2	20	67	679			67
27	DELL COMP-TONI, ANDRE,	081.92009	4,266		100.00		4,266	75	TS.	HY 2	20	427	4,266			427
28	DELL COMPUTERS-JAMIE,	08192009	2,445		100.00		2,445	ľΩ	SL	HY 2	20	244	2,445	·		244
29		10152009	2,075		100.00		2,075	Ŋ		HY 2	20	207	2,075			207
37		11012009	596		100.00		965	7		HY 1	14.286	85	468			85
33	DONOR MGMT SYSTEM (FRO	09212009	19,446		100.00		19,446	Ŋ	SI	н	20	1,945	19,446			1,945
34	SOFTWARE FOR SERVER A	03012009	370		100.00		370	r)	SL	HY	20	37	370			37
35	SKIMS UPDATES	12012009	006		100.00		006	5	SL	HY 2	20	90	006			06
36	GYM CABINETS	11302009	1,705		100.00		1,705	7	SI	HY	14.286	244	1,342			244
38	DELL-2LAPTOPS, 3PC'S, 1	07132010	5,837		100.00		5,837	Ŋ	SL	HX -	20	1,167	5,252			1,167
3.9	46"TV&BLU RAY PLAYER	08012010	1,470		100.00		1,470	Ŋ	SL	НУ	20	294	1,323			294
														and an electrical service.		
														•		····
								····								
												-				

* Ifer	tem was disposed					ă	Depreciation Detail Listing	De ا	tail Lis	ting				20	2014
of dr	of during current year.						Program Services For your records only	record	ices Is only					PAGE	2 2
Name	Name(s) as shown on return												Social	Social security number/EIN	
-	SPECIAL KIDS INC							}						62-1718638	
o Z	Description	Date	Cost	Saívage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior	Bonus depreciation	AMT
40	RECEIVER DENON	08012010	550		100.00		550 5		SL HY	20	110	495	-	77.70	110
47	CAMERA CANON REBEL	08012010	096		100.00		960 5		SL HY	20	192	864			192
42	PROJECTOR MITSUBISHI	08012010	1,253		100.00		1,253 5		SL HY	20	251	1,129			251
43	5 DELL COMPUTERS	08192010	3,646		100,001		3,646 5		SL HY	20	729	3,281			729
4	LYTEC SOFTWARE 2010	10052010	4,360		100.00		4,360 5		SL HY	20	872	3,924			872
45	3 COMPUTERS-HP 500B-P	05312011	1,110		100.001		1,110 5		SL HY	20	222	777	44		222
4.7		08052011	2,778		100.00		2,778 5		SL HY	20	556	2,224			556
48		04062012	7,600		100.00		7,600 1	15 8	SL HY	6.667	507	1,267			507
49	LYTEC SERVER	04162012	1,682		100.001		1,682 5		SL HY	20	336	840			336
20		05072012	2,100		100.00		2,100 7		SL HY	14.286	300	750			300
51		05102012	321		100.00		321 7		SL HY	14.286	46	115			46
52		05172012	5,500		100.00		5,500 5		SL HY	20	1,100	2,750			1,100
53	£	06302012	14,801		100,00		14,801 5		SL HY	20	2,960	7,400			2,960
54	<u>N</u>	08312012	2,808		100.00		2,808 1	15 S	SL HY	6.667	187	468			187
55	<u></u>	09252012	18,000		100.00	•	18,000 1	15 S	SL HY	6.667	1,200	3,000			1,200
56		10312012	4,732		100.00		4,732 5	-	SL HY	20	946	2,365			946
57	DE	01012012	2,799		100.00		2,799 5		SL HY	20	560	1,400			260
9	• •	12032012	1,000		100.00		1,000 7		SL HY	14.286	143	357			143
9	-	12112012	665		100.00		5 665		SL HY	20	120	300			120
61	WALKER	12142012	4,000		100.00		4,000 7	co	SL HY	14.286	571	1,428			571
62	BOLSTER SWING-OT/PT	01312013	578		100.00		578 7		SL MQ	14.286	83	155			83
63		04012013	2,527		100.00		2,527 5		SL MQ	70	505	821			505
49		04262013	009		100.001		600 7		SL MQ	14.286	98	140			98
65	<u>N</u>	07312013	806		100.00		2 806	ι.	SI MÕ	14,286	130	179			130
99		09302013	1,000		100.00		1,000 7		SL MQ	14.286	143	197			143
67		11262013	13,900	**	100.00		13,900 5		SL MQ	20	2,780	3,128			2,780
68	OFFICE EQUIPMENT AND	02212013	000'6		100.00		6,000 7	SL	L MQ	14.286	1,286	2,411			1,286
6,9	RICOH COPIER	03072013	1,000		100.00	•	1,000 7	SL	L MQ	14.286	143	268			143
70	GACGLE BUGGY	05022013	1,499		100.00		1,499 7	SL	L MQ	14.286	214	348			214
7.1	THERAPY BED	06142013	1,000		100.00		1,000 7	SI	ĭ. MQ	14.286	143	232			143
						···									
			·												
							*.								
								+							
								\dashv							

*	* Item was disposed					۵	Depreciation Detail Listing	o n	etail Li	sting				20	2014
of d	of during current year,						Progr	am Sen	Program Services					PAGE	m Ed
Name	Name(s) as shown on return						5		or your records only				Social	Social security number/EIN	
-	SPECIAL KIDS INC													62-1718638	
Š	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
72	GAGGLE BUGGY (BYE-BYE	04182014	1,978		100.00		1,978	7	Sr MO	8.929	177	177			177
73	OFFICE FURNITURE-ANNE	05292014	5,140		100.00		5,140	7	SL MO		459	459			459
74	LAPTOP DELL INSPIRON	08072014	983		100,00		983	ល	SL MO	7.5	74	74			74
75	LAPTOP DELL XPS 12 FO	08072014	983		100.00		983	Ŋ	SL MQ	7.5	74	74			74
76	3 ROW GOLF CART	09032014	3,500		100.00		3,500	7	SI MO	5.357	188	188			188
77	LAPTOP DELL INSPIRON	10012014	1,208		100.00		1,208	ī.	ST. MQ	2.5	30	30		-	30
78	41 LESRO NEWPORT MODE	10012014	9,815		100.00		9,815	~	Sr WO	1.786	175	175			175
79	15 LESRO NEWPORT MODE	10012014	3,591		100.00		3,591	7	SL MO	1.786	64	64			64
80	S LESRO NEWPORT OVERS	10012014	1,511		100.00		1,511	υ.	Sr MQ	2.5	38	38			38
8		10012014	2,276		100.00		2,276	۲	Sr MQ	1.786	4.1	4			4.1
82	Ä.	10062014	1,269		100.00		1,269	ι,	Sr WO	2.5	32	32			32
83	4 TIERED LITERATURE R	10062014	332		100.00		332	7	SI. MQ	1.786	9	9			w
4.0		10072014	5,520		100.00		5,520	7	SL MQ	1.786	66	66			δh
85	EXPANDABLE BALL PIT	10082014	1,060		100.00		1,060	۲	SI. MQ	1.786	19	19			19
98	SPACE WALK	10082014	319		100.00	·	319	7	ST MO	1.786	9	9			9
87		10082014	364		100.00		364	7	St. MQ	1.786	7	7		,	7
89	4	10082014	219		100.00		219	7	SL MQ	1.786	4	4			4
89		10112014	1,409		100.00		1,409	-	Sr WO	1,786	25	25			25
06		10162014	1,100		100.001		1,100	15	SL MO	. 833	δ.	Ø			9
91	APPLE MACBOOK PRO FOR	10172014	618		100.00		618	ហ	SL MQ	2.5	15	15			15
92		10172014	617		100.00		617	ħΩ	ST MO	2,5	15	5			15
93	,,,,	10232014	445		100.00		445	7	Sr MQ	1.786	20	80			۵
94	LADDER WALL	10232014	414		100.00	•	414	^	SI MÕ	1.786		7			
95	• •	10242014	305		100.00		305	7	SL MQ	1.786		រភ			s.
96	•	10282014	1,275		100.00		1,275	7	St. MQ	1.786	23	23			23
97		10292014	1,068		100.00		1,068	'n	Sr WO	2.5	27	27			27
ω 80		10312014	2,556		100.00		2,556	_	Sr MO	1.786	46	46			46
66	EPSON DS-510 SCANNER	11042014	280		100.00		280	Ŋ	Sr MQ	2.5	7	7			7
100	OCOMPUTER DESK	11042014	350		100.00		350	<u></u>	Sr MO	1.786	9	9			v
101	101FLARE CHAIR	11072014	419		100.00		419	_	Sr MQ	1.786	7	t-			7

Particular particula	* Item was disposed					۵	Depreciation Detail Listing	Ď	etail Li:	sting				2(2014
Second control contr	of during current year.	··· - · · · · · · · · · · · · · · · · ·					Prograi For your	n Ser	vices ds only					PAC	
Section Colored Colo	Name(s) as shown on return												Social	security number/EIN	
Companies Date Contact Conta	SPECIAL KIDS INC												9	2-1718638	
11,172,2014 2,94		Date	Cost	Salvage	Business	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
11/12/214 1.77 1.00	102FLARE LOVESEAT	11072014	539		100.00		+			├	10	10			10
1,11,120, 1,1,71 100 00 1,1,71 5 51, 10 1 1,1,71 5 5 5 5 5 5 5 5 5	N	11072014	298		100.00					····	Ŋ	ហ			ιn.
1,1,2,2,2,2,1,4 1,372 1,00, 0.0 1,1,272 5 5 5 5 5 5 5 5 5	N	11112014	1,371		100.00						34	34			34
1,224,5014 570 100,00 1,284 1,284 1,184	105 DELL OPTIPLEX 3020	11112014	1,372	~~~	100.00						34	34			34
12,252,14 4, 25 100,00 4, 13 1, 186 14 14 14 14 14 14 14 1	106MAYTAG BI DISHWASHER	12052014	570	*	100.00						10	10			10
12245014 2, 464 100.00 2, 443 7 17.86 7 7 7 7 7 7 7 7 7	107DELUXE BOLSTER SWING	12192014	756		100.00						14	14			14
1022014 2.546 100.00 2.546 21 NQ 1.786 45 45 100.00 2.546 2 SI NQ 1.786 110 11	108 PLATFORM SWING W/INFA	12192014	403		100.00						,	1			7
10022014 100 100 1598 11 11 11 11 11 11 11	109BUBBLE WALL PANEL	12242014	2,546		100.00						45	45			4.5
100 100	11055" LG LED TV-THERAPY	10282014	598		100.00						11	13			11
09090014 710 100.00 710 710 8.15 9.9 9.9 0912014 3.93 100.00 3.93 7.5 8.1 9.9 9.9 0912014 3.83 100.00 3.93 7.5 8.1 9.0 5.05 0912014 3.83 100.00 3.93 7.5 8.1 90 5.05 0912014 3.64 100.00 3.93 7.5 8.1 90 5.05 0912014 435 100.00 3.93 7.5 8.1 90 5.05 0912014 435 100.00 431 8.1 MQ 5.357 20 20 0912014 1.466 100.00 1.446 7.5 8.1 MQ 5.357 24 24 0912010 1.00.00 1.446 7.5 8.1 MQ 5.357 26 26 0912010 1.00.00 1.446 7.5 8.1 MQ 5.357 26 <td< td=""><td>111 PHONE SYSTEM-THERAPY</td><td>11022014</td><td>6,733</td><td></td><td>100.00</td><td></td><td></td><td></td><td></td><td></td><td>120</td><td>120</td><td></td><td></td><td>120</td></td<>	111 PHONE SYSTEM-THERAPY	11022014	6,733		100.00						120	120			120
100,004 3,831 100,00 39,9 7,814 MQ 5,337 208	112WEPLAY MOTOR SKILLS U	09092014	710		100.00						38	38			38
09152014	113 TUMBLEFORM 2 VARREL C	09112014	939	T-1-1-1	100.00		_				20	50			50
20152014 754 100.00 754 7 SL MQ 5.357 40 09152014 365 100.00 365 7 SL MQ 5.357 23 09152014 365 100.00 365 7 SL MQ 5.357 24 09152014 453 100.00 451 7 SL MQ 5.357 24 24 09152014 1,610 100.00 1,610 365 7 SL MQ 5.357 24 24 09152014 1,610 100.00 1,610 7 SL MQ 5.357 26 26 09162014 1,610 100.00 1,610 7 SL MQ 5.357 7 7 7 09182014 4,226 100.00 1,610 7 SL MQ 5.357 7 26 26 09182014 4,226 100.00 1,610 7 SL MQ	1143 DELL XPS 12 LAPTOPS	09122014	3,831		100.00			******			205	205			205
99152014 425 100.00	115FOLDING CHILDREN'S PA	09152014	754		100.00			******			40	40			40
99152014 369 100.00 451 NG 5.357 20 20 99152014 451 100.00 451 7 8L MQ 5.357 24 24 99152014 1,810 100.00 490 100.00 490 7 8L MQ 5.357 26 26 99152014 1,810 100.00 1,810 7 8L MQ 5.357 16 16 99182014 1,446 100.00 4,90 1,466 7 8L MQ 5.357 16 16 1 99182014 1,466 100.00 4,466 7 8L MQ 5.357 16 16 1	116FOAMNASIUM PLAYGROUND	09152014	425		100.00						23	23			23
09152014 451 100.00 451 7 SL MQ 5.357 24 24 09152014 440 100.00 1,810 100.00 1,810 2.66 26 09172014 1,440 1,00.00 30.5 7 SL MQ 5.357 16 16 09172014 3,06 1,00.00 30.5 7 SL MQ 5.357 16 16 09182014 4,226 1,00.00 30.5 7 SL MQ 5.357 16 16 09182014 4,226 1,00.00 3,468 7 SL MQ 5.357 186 186 09182014 4,226 1,00.00 3,468 7 SL MQ 5.357 22 22 09182014 2,49 1,00.00 5,948 7 SL MQ 5.357 186 18 09242014 2,50 1,00.00 5,949 7 SL MQ 5.357 </td <td>117SMALL BENCH ADAPTIVE</td> <td>09152014</td> <td>369</td> <td></td> <td>100.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>20</td> <td>20</td> <td></td> <td></td> <td>20</td>	117SMALL BENCH ADAPTIVE	09152014	369		100.00						20	20			20
1,000 1,000 1,000 1,000 2,357 26 26 26 20 20 20 20 20	118LARGE BENCH ADAPTIVE	09152014	451		100.00						24	24			24
09162014 1,810 1,00.00 1,910 7 St. MQ 5,337 97 97 09172014 305 100.00 1,464 7 St. MQ 5,337 16 16 09182014 4,446 100.00 4,226 7 St. MQ 5,337 226 09182014 4,226 100.00 4,226 7 St. MQ 5,337 226 09182014 506 100.00 5,66 7 St. MQ 5,337 226 09182014 509 100.00 5,66 7 St. MQ 5,337 22 22 09182014 509 100.00 5,96 7 St. MQ 5,357 10 10 09182014 518 100.00 6,949 7 St. MQ 5,357 10 10 09182014 1,226 100.00 6,949 7 St. MQ 5,357 10 10 09182014 1,226 100.00 1,226 7	119XL BENCH ADAPTIVE MAL	09152014	490		100.00		490				26	56			26
0912014 305 100.00 1.446 7 51. MQ 5.357 16 16 16 09182014 4.446 100.00 1.446 7 SL MQ 5.357 226 226 09182014 4.226 100.00 4.226 7 SL MQ 5.357 226 226 09182014 506 100.00 3,466 7 SL MQ 5.357 27 27 09182014 504 100.00 504 7 SL MQ 5.357 29 29 09182014 524 100.00 6-949 7 SL MQ 5.357 16 16 09182014 9.286 100.00 6-949 7 SL MQ 5.357 176 11 09182014 1.225 100.00 6-949 7 SL MQ 5.357 51 MQ 5.357 66 66 09182014 1.225	120WEDGE MAT GSC DOWNHIL	09162014	1,810		100.00		1,810				97	76			7.6
09182014 1,446 100.00 1,446 7 SL MQ 5.357 77 77 09182014 4,226 100.00 4,226 7 SL MQ 5.357 226 226 09182014 3,468 100.00 3,468 7 SL MQ 5.357 186 186 09182014 506 100.00 549 7 SL MQ 5.357 27 27 09182014 596 100.00 597 5L MQ 5.357 16 16 09182014 5.98 100.00 6.949 7 SL MQ 5.357 16 16 09182014 3,285 100.00 3,285 7 SL MQ 5.357 16 16 09182014 1,225 100.00 3,285 7 SL MQ 5.357 66 66 09182014 1,225 100.00 3,285 7 SL MQ 5.357 66 66 09182014 1,225 100.00 5.357 66 66 66	121WELCH ALLYN SURETEMP	09172014	305		100.00		305				16	16			16
09182014 4,226 100.00 4,226 7 SL MQ 5.357 226 226 09182014 3,468 100.00 3,468 7 SL MQ 5.357 186 186 09182014 506 100.00 566 7 SL MQ 5.357 27 27 09182014 509 100.00 549 7 SL MQ 5.357 16 16 09242014 3,285 100.00 6,949 7 SL MQ 5.357 372 09182014 3,285 100.00 3,285 7 SL MQ 5.357 176 09182014 1,225 100.00 3,285 7 SL MQ 5.357 51 51 09182014 1,225 100.00 3,285 7 SL MQ 5.357 51 51 09182014 1,225 100.00 1,225 7 SL MQ 5.357 66 66		09182014	1,446		100.00						77	7.7			77
09182014 3,468 100.00 3,468 7 SL MQ 5.357 186 186 09182014 506 100.00 506 7 SL MQ 5.357 27 27 09182014 549 100.00 294 7 SL MQ 5.357 29 29 09242014 5,285 100.00 6,949 7 SL MQ 5.357 372 372 09182014 3,285 100.00 3,285 7 SL MQ 5.357 176 176 09182014 1,225 100.00 1,225 7 SL MQ 5.357 51 51 09182014 1,225 100.00 1,225 7 SL MQ 5.357 66 66		09182014	4,226		100.00						226	226			226
03182014 566 100.00 566 7 SL MQ 5.357 27 27 27 27 29 29 29 100.00 549 7 SL MQ 5.357 29 29 29 29 29 29 29 29 29 29 29 29 29	12410 4X8X4 LANDING MATS	09182014	3,468		100.00					ιn	186	186			186
09182014 549 100.00 549 7 SL MQ 5.357 29 29 29 09182014 5.949 100.00 6.949 7 SL MQ 5.357 16 16 16 16 16 09242014 3,285 100.00 6.949 7 SL MQ 5.357 372 372 372 09182014 950 100.00 950 7 SL MQ 5.357 51 51 51 00.00 09182014 1,225 7 SL MQ 5.357 66 66	1252 4X6X4 LANDING MATS	09182014	206		100.00		206	-			27	27			27
09182014 293 100.00 293 7 SL MQ 5.357 16 16 09242014 6,949 100.00 6,949 7 SL MQ 5.357 372 372 09242014 3,285 100.00 3,285 7 SL MQ 5.357 176 176 09182014 950 100.00 950 7 SL MQ 5.357 51 51 09182014 1,225 100.00 1,225 7 SL MQ 5.357 66 66	126DELUXE BOLSTER SWING	09182014	549		100.001						29	29			200
09242014 6,949 7 SL MQ 5.357 372 372 09242014 3,285 100.00 3,285 7 SL MQ 5.357 176 176 09182014 950 100.00 950 7 SL MQ 5.357 51 1 09182014 1,225 7 SL MQ 5.357 66 66 100.00 1,225 7 SL MQ 5.357 66 66	127PLATFORM SWING W/INFA	09182014	293		100.00					- 2	16	16			16
09242014 3,285 100.00 3,285 7 SL MQ 5,357 176 176 09182014 950 100.00 950 7 SL MQ 5,357 51 51 09182014 1,225 7 SL MQ 5,357 66 66	12810 SOLID OAK SINGLE P	09242014	6,949		100.00		6,949				372	372			372
09182014 950 1,225 7 SL MQ 5.357 51 51 09182014 1,225 7 SL MQ 5.357 66 66	129BOBATH TABLE	09242014	3,285		100.00						176	176			176
09182014 1,225 1 SL MQ 5.357 66 66	130 SUSPENSION & HEIGHT A	09182014	950		100.00						51	51			. [2
	131FLYING TRAPEZE	09182014	1,225		100.00					ın	99	99			99
							•								
				**************************************	**************************************	····									

Cold Salvogo Business Salvogo Cold	Com Sample Inchineration Secretion Commonity Referred Chineration	m was disposed uring current year.				Ď	Depreciation Detail Listing Program Services For your records only	iation Detail Program Services oryour records on	etail Li	sting			Socials	ser/EIN	2014 PAGE S
100 color 179 Rask Law Married Rask Law Caperson	State Control Contro	å			Business	Section	Depreciation				Current	Accumulated		62-1718638 Bonus	AMT
2,446 100 co 1,246 co 100 co 2,446 co 100 co 2,446 co 100 co 2,446 co 100 co 2,500 co 100 co	2,446 100 00 3,446 5 81, mode 4,425 26, mode 4,425 7,246 2,446 2,446 100, mode 2,446 1,426 2,426 1,426 100, mode 2,420 12 100, mode 1,426 12 100, mode 1,420 1,426 100, mode 1,426 12 100, mode 1,426 1,426 100, mode 1,420 1,426	Date		Cost	 percentage	179	Basis	Life	Method		depr.	Depreciation	expense	depreciation	Current
3,000 1,000 0 1,000	1,000 100 00 1,000 1	11112014		2,446	100.00		2,446				61				61
2,200 130 0.00 2,040 15 51 70 110 0.00 120 0.00 2,040 15 51 70 110 0.00 120 0.00 <td> 1,000</td> <td>04032014</td> <td></td> <td>3,000</td> <td>100.00</td> <td></td> <td>3,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>268</td>	1,000	04032014		3,000	100.00		3,000								268
2.043 100.00 2.280 15 51.90 109 <th< td=""><td>2.742 100.00 2.248 15 51 71 100 100 100.00 1.208 15 100 100 100.00 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 12 1.208</td><td>05162014</td><td></td><td>2,500</td><td>100.00</td><td></td><td></td><td>15</td><td></td><td></td><td></td><td></td><td></td><td></td><td>104</td></th<>	2.742 100.00 2.248 15 51 71 100 100 100.00 1.208 15 100 100 100.00 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 15 100 1.208 12 1.208	05162014		2,500	100.00			15							104
2.280 100.00 2.280 15 90 2.5 13 19 19 1.329 100.00 1.349 5 55. 90 2.5 34 36 30 <td< td=""><td>1.280 100.00 2.280 12.280 13.9 12.9</td><td>09032014</td><td></td><td>2,043</td><td> 100.00</td><td></td><td>2,043</td><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td>109</td></td<>	1.280 100.00 2.280 12.280 13.9 12.9	09032014		2,043	 100.00		2,043	7							109
1,204 100,00 1,204 5 51, MO 2.5 34 34 10 10 10 1,204 5 51, MO 2.5 34 34 10 10 1,204 5 51, MO 2.5 34 10 10 10 1,205 51, MO 2.5 46 1,205 1,205 10 1,005	1,000 1,200 1,200 2,5 30 30 30 30 30 30 30 3	10282014		2,280	 100.00		2,280	15							6
1,343 100.00 1,343 5 51, MO 2.5 34 140 150	1,444 100 00 1,344 5 55 78 78 150 150 130	11112014		1,208	 100.00		1,208				30				3 08
1,052,242 1,000.00 1,052,227 1,052,20	1,052,257 100,00 1,052,989 17 10 1,050,00 1,052,989 19 10 1,052,257 100,00 1,052,989 19 10 1,052,989 19 10 1,052,989 19 10 1,052,989 19 10 1,052,989 1,052,00	12052014		1,343	100.00		1,343				3.4				, w
1.032.237 100.00 1.032.237 39 SL MM 2.564 6.461 11.281 8.646 1.10.281 1.10.	1.052,227 100.00 1.052,227 39 81. NM 7.469 7.663 7.663 7.663 8.461 7.791 1.052,227 100.00 1.032,227 19 1.744 7.863 7.663 7.763 7.791 7.791 1.557 1.00.00 1.287 5 1.00.20 2.068 7 8.44 5 1.723 1.744 1.771 1.1557 1.771 1.1557 1.771 1.1557 1.771 1.1557 1.1557 1.771 1.1557 1.1557 1.771 1.1557	10302014		8,961	100.00		8,961								160
1,052,227	1,052,227 100.00 1,052,227 19 5L NM 7,165	08292013		329,989	100.00						α,				8.461
3,444 100.00 3,444 5 1,957 100.00 3,557 5 0 1,957 2,068 100.00 2,689 7 91. HY 14.28 188 1,771 845 100.00 845 7 7 81. HY 14.28 47 470 9,800 100.00 9,800 5 51. HY 14.28 47 470 1,332 100.00 1,332 7 91. HY 14.28 95 7840 1,000 1,000 1,000 7 81. HY 14.28 95 785 1,000 1,000 1,000 7 81. HY 14.28 77 285 1,000 1,000 1,000 7 82. HY 14.28 77 285 2,000 1,000 1,000 7 82. HY 14.28 77 285 3,132,460 2,132,460 2,132,460 2,132,460 2,132,460 2,132,460	1, 444 100.00 3, 444 5 0 0 1, 957 1 100.00 3, 557 5 0 0 1, 957 1 100.00 3, 557 5 1 100.00 3, 557 5 1 100.00 3, 557 5 1 100.00 3, 557 5 1 100.00 3, 557 5 1 100.00 3, 557 5 1 100.00 3, 557 7 5L HY 14.28 47 470 318, 12 285 1 100.00 1, 132 7 5L HY 14.28 47 470 318, 12 285 1 100.00 1, 132 7 5L HY 14.28 77 285 2 65 5 1 100.00 1, 132 7 5L HY 14.28 77 285 2 65 5 1 100.00 1, 100.00	09202014		1,052,227	100.00						7,869				7,871
1.944 100.00 1.957 6 0 1.957 100.00 2.068 7 SL HY 14.28 60 3.551 100.00 2.068 7 SL HY 14.28 60 604 657 100.00 657 7 SL HY 14.28 60 604 677 100.00 9.800 7.840 14.28 65 665 100.00 1.332 7 SL HY 14.28 95 665 100.00 1.332 80 100	1.957 100.00 1.952 5 0 0 3.444 5 0 0 3.444 5 0 0 3.454 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6								 .			-		
1.957 100.00 1.957 5 0 1.957 2 100.00 2.068 7 51. HY 14.28 148 1.571 2 100.00 2.068 7 51. HY 14.28 60 604 604 604 607 607 607 607 607 607 607 607 607 607	1.957 100.00 1.957 5 0 0 1.957 5 1 100.00 1.958 1 100.00 1.958 1 100.00 1.958 1 100.00 1.958 1 100.00 1.958 1 100.00 1.958 1 100.00 1.	0020200		3,444	 100.00		3,444	ω.		0		3,444			
3.551 100.00 3.515 0 3.551 2,068 100.00 2.068 7 SL HY 14.28 1,771 657 100.00 657 7 SL HY 14.28 470 9,800 100.00 9,800 5 SL HY 14.28 7,840 1,000 1,000 1,322 7 SL HY 14.28 72 665 1,000 1,000 1,000 7 SL HY 14.28 71 265 1,000 1,000 1,000 7 SL HY 14.28 71 265 1,000 1,000 1,000 7 SL HY 14.28 71 265 2,132,460 2,132,460 2,132,460 65477 7 3,8151	3.551 100.00 3.511 6 0 3.521 2.068 100.00 8.56 7 84 14.28 60 604 657 100.00 8.57 7 81 14.28 60 7.840 9.800 100.00 9,800 5 85 14.28 7.840 96 1.322 100.00 1,327 81 14 20 960 7.840 1.000 1,000 1,327 85 14 14.28 71 205 1.000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 2.132,460 2,132,460 2,132,460 36,477 318,161 87 86,477 318,161	0822200		1,957	 100.00		1,957	rJ.		0		1,957			
2.068 100.00 2.068 7 SL HY 14.28 148 1,771 100.00 845 7 SL HY 14.28 604 604 604 607 00.00 687 7 SL HY 14.28 605 100.00 100.00 1,332 7 SL HY 14.28 95 665 100.00 1.000 7 SL HY 14.28 95 95 95 95 95 95 95 95 95 95 95 95 95	2.066 100.00 2.068 7 SE HY 14.28 64 64 64 64 65 64 64 65 64 65 64 65 64 65 64 65 64 65 65 64 65 65 64 65 65 65 65 65 65 65 65 65 65 65 65 65	0227200	~	3,551	 100.00		3,551	ın		0		3,551			
845 100.00 845 7 8L HY 14.28 60 604 9,800 100.00 9,800 5 8L HY 14.28 47 470 1,332 100.00 1,332 7 8L HY 14.28 77 865 1,000 1.000 7 8L HY 14.28 77 865 1,000 1.000 7 8L HY 14.28 77 285 1,000 1.000 7 8L HY 14.28 77 285 285 285 285 38 38 38 38 38 38 38 38 38 38 38 38 38	845 100.00 645 7 SL HY 14.28 60 604 1.322 100.00 7 SL HY 14.28 47 470 1.322 100.00 1.00.0 7 SL HY 14.28 71 285 1.000 100.00 1.00.0 7 SL HY 14.28 72 855 1.000 100.00 1.00.0 7 SL HY 14.28 72 855 2.132.460 100.00 100.	03312008		2,068	100.00		2,068								148
9.800 100.00 9.800 5 5L HY 20 980 7,840 100.00 1.00.00 1.00.00 7 5L HY 14.28 95 665 11.000 1.00.00 1.00.00 7 5L HY 14.28 77 285 665 655 655 655 655 655 655 655 655 6	657 100.00 657 14.28 47 470	11012009		845	100.00		845			,		w			9
1,332 100.00 9,800 5 SL HY 20 950 7,840 665 100.00 1,332 7 SL HY 14.28 72 295 665 1.00.00 1.00.00 7 SL HY 14.28 72 295 72	9,800 100.00 1332 7 8L HY 20 956 665 100.00 1.00.00 1.332 7 8L HY 14.28 95 665 100.00 1.00.00 1.00.00 7 8L HY 14.28 71 285 665 100.00 1.00.00 2.332,460 2.132,460 2.132,460 2.132,460 2.132,460 2.132,460 3.13	12032009		657	100.00		657								4
1,000 1,332 7 St. HY 14.28 95 665 100.00 1.000 7 St. HY 14.28 77 285 100.00 1.000 7 St. HY 14.28 77 285 100.00 1.000 7 St. HY 14.28 77 318.161 8.6477 318.161	1,000 100.00 1,332 7 St HY 14.28 95 665 100.00 1.000 7 St HY 14.28 71 285 100.00 1.000 7 St HY 14.28 95 65.44 100.00 1.0	06102010		9,800	100.00						980	7,			000
1,000 100.00 7 SL HY 14.28 71 285 2,132,460 2,132,460 56,477 3,8,151	1,000 100.00 1,000 7 5L HY 14.26 71 285	06152011		1,332	100.00		1,332			·					6
2,132,460	2,132,460 St. 477 318,161 St. 451	1024201	~~~	1,000	100.00		1,000								·
2,132,460	2,132,460 56,477 318,161 56,4									D-1 SHARAPATETE (
2,132,460	56,477 318,161 SG,477 SG,477 SG,48 ST ADJ:				 					without the Start Section Sect					
	ST ADJ:		\vdash	2,132,460			2,132,460				56,477	318,161		**************************************	56 47

(2)

Character Char	Cost Suhvage Business Section Deprivation T/9 Session Deprivation Page Pa	* Item was disposed of during current year.					ă	epreciati	ion D	Depreciation Detail Listing	ting			***************************************	₹ a	2014 PAGE 1
Date Corr Single percentation Properties	Date Coast Salvage Business Socioles Depreciation Ule Mathod Rate Control Propertication Coast Salvage Socioles Propertication Coast Salvage Socioles Propertication Coast Coast Salvage Socioles Coast Coas							roryc	on leco	ras only				Social	security number/EIN	
Other Column Saying Particle Parti	Date Cost Salvage Patricial participation Salvage procession Patricial participation			-		\vdash									2-1718638	
00011890 135,464 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	02152007		Date				Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT
119,404 119,404					· · · · · · · · · · · · · · · · · · ·	100.00			0 0		0 0				•	
	119,404 119,404			119,404 1	19,404					700						

20	4	A
ZU	1	4

Next Year's Depreciation

Name **FEIN** SPECIAL KIDS INC 62-1718638 Multi-Form Form Description Basis Method Life Deduction PRG 1 BUILDING 03011998 253,225 SL40 6,331 MGT 1 LAND 01011997 NDA 0 PRG 1 50KW EMERGENCY GENERATOR 04262001 16,877 SL 5 1 PRG CLIMBING WALL 05082003 1,307 5 SLPRG 1 TREADMILL 01232004 4,905 SL5 PRG 1 BARRELL ROLL 06252004 1,284 SL 5 PRG 1 GAIT TRAINER 5 10082004 705 SLPRG 1 MOBILE STORAGE 06012004 536 SL5 PRG 1 STACK CHAIRS SL 5 06222004 285 1 PRG HOOFBEATS EQUIP 02072005 570 SL 5 PRG 1 PREDATORS GRANT EQUIPMEN SL 5 07012006 8,081 PRG 1 202 ARNETTE STREET 02152007 130,987 Μ 39 3,359 PRG 1 TERMINAL SERVER 02072007 5,506 M 5 PRG 1 OFFICE FURNITURE-CHRIS 5 05072007 400 М 1 PRG OFFICE RENOVATION ANNEX (06302008 16,232 SL15 1,082 PRG 1 SAVIN COPY MACHINE 03312008 2,725 SL7 196 PRG 1 CRIB&ACCESSORIES 3,113 01242008 SL7 221 PRG 1 PEAVEY ESCORT 2000 PORTA 09292008 500 7 SL38 MGT 1 LAND 202 ARNETTE STREET 02152007 NDA 0 PRG 1 DELL SERVERS-ARNETTE ST 04142009 2,401 SL5 PRG 1 DELL COMPUTER-RACHEL 5 07142009 679 SLPRG 1 DELL COMPUTER-MEGAN 5 07142009 679 SLPRG 1 DELL COMP-TONI, ANDRE, JUL 08192009 4,266 SL 5 PRG 1 DELL COMPUTERS-JAMIE, ALE 5 08192009 2,445 SL PRG 1 DELL COMPUTERS 5 10152009 2,075 SL OXYGEN CONCENTRATOR PRG 1 7 11012009 596 SL 85 PRG 1 DONOR MGMT SYSTEM (FROM A 09212009 19,446 SL5 PRG 1 SOFTWARE FOR SERVER AT A 5 03012009 370 SLPRG 1 SKIMS UPDATES 12012009 900 SL5 PRG 1 GYM CABINETS 11302009 ŞL 7 1,705 244 DELL-2LAPTOPS, 3PC'S, 14MO PRG 1 07132010 5,837 SL 5 585 PRG 1 46"TV&BLU RAY PLAYER 08012010 1,470 SL5 147 PRG 1 RECEIVER DENON 08012010 550 SL 5 55 PRG 1 CAMERA CANON REBEL 5 08012010 960 SL96 PRG 1 PROJECTOR MITSUBISHI 08012010 1,253 SL 5 124 PRG 1 5 DELL COMPUTERS 5 08192010 3,646 SL 365 PRG 1. LYTEC SOFTWARE 2010 5 10052010 4,360 ŞL 436 1 PRG 5 3 COMPUTERS-HP 500B-P E5 05312011 1,110 SL222 PRG 1 VITAL SIGN MONITOR 2,778 5 08052011 SL 554 PRG 1 ANNEX ROOF 04062012 7,600 SL15 507 PRG 1 LYTEC SERVER 04162012 1,682 SL5 336 PRG 1 2006 CARGO TRAILER 12X5 2,100 05072012 SL 7 300 PRG 1 WHEEL CLAMP-CARGO (CAMPAB 7 05102012 321 SL46 PRG 1 2002 CHEVY EXPRESS VAN 05172012 5,500 5 SL1,100 PRG 1 IMPACT WEBSITE SL5 06302012 14,801 2,960 1 PRG 2,808 2 OUTSIDE GLASS DOORS-ST 08312012 SL15 187 PRG 1 3 HVAC UNITS 09252012 18,000 SL 15 1,200 7 DELL COMPUTERS PRG 1 10312012 4,732 5 SL946 PRG 1 DELL POWER EDGE 1900 SER 01012012 2,799 SL5 560 1 PRG 2 PICNIC TABLES 12032012 1,000 7 SL 143 PRG 1 OTTOBOCK AQUANET TOILET | 12112012 599 SL 5 120

20	4	A
ZU		4

Next Year's Depreciation

N							
Name SPECIAL KIDS INC				FEIN	_		
		T			1		52-1718638
Form PRG	Multi-Form	Description WALKER	Date	Basis	Method	Life	Deduction
PRG	1	1	12142012		SL	7	571
PRG	ĺ	BOLSTER SWING-OT/PT 4 OPTIPLEX 3010 MINTOWER	01312013	{	SL	7	83
PRG	1			, ,	SL	5 7	505
		CHEST FREEZER	04262013		SL		86
PRG	1	2 RIFTON TODDLER CHAIRS	07312013		SL	7	130
PRG	1	12 X 16 METAL SHED	09302013		SL	7	143
PRG	1	EMR SOFTWARE	11262013		SL	5 7	2,780
PRG	1	OFFICE EQUIPMENT AND FUR			SL		1,286
PRG	1	RICOH COPIER	03072013		SL	7	143
PRG	1	GAGGLE BUGGY	05022013		SL	7	214
PRG	1	THERAPY BED	06142013	-	SL	7	143
PRG	1	GAGGLE BUGGY (BYE-BYE BU			SL	7	283
PRG	1	OFFICE FURNITURE-ANNEX	05292014		SL	7	734
PRG	1	LAPTOP DELL INSPIRON 17	08072014		$\operatorname{\mathtt{SL}}$	5	197
PRG	1	LAPTOP DELL XPS 12 FOR N	08072014		SĿ	5 7	197
PRG	1	3 ROW GOLF CART	09032014	,	\mathtt{SL}		500
PRG	1	LAPTOP DELL INSPIRON 17	10012014	1,208	SL	5	242
PRG	1	41 LESRO NEWPORT MODERN	10012014	9,815	SĿ	7	1,402
PRG	1	15 LESRO NEWPORT MODERN	10012014	3,591	SL	7	513
PRG	1	5 LESRO NEWPORT OVERSIZE	10012014	1,511	SL	5	302
PRG	1	4 MAYLINE FLIP & NEST TR	10012014	2,276	SL	7	325
PRG	1	APC BATTERY BACKUPS FOR	10062014	1,269	\mathtt{SL}	5	254
PRG	1	4 TIERED LITERATURE RACK	10062014	332	\mathtt{SL}	7	47
PRG	1	PORTABLE SINK FOR CHURCH	10072014	5,520	SL	7	789
PRG	1	EXPANDABLE BALL PIT	10082014	1,060	\mathtt{SL}	7	151
PRG	1	SPACE WALK	10082014	319	\mathtt{SL}	7	46
PRG	1	SCOOTERBOARD RAMP	10082014	364	\mathtt{SL}	7	52
PRG	1	4 PACK CUBE CHAIRS	10082014	219	\mathtt{SL}	7	31
PRG	1	3 BLACK VERTICAL FILE CA	10112014	1,409	\mathtt{SL}	7	201
PRG	1	SHED FOR SHERI'S SUPPLIE	10162014	1,100	\mathtt{SL}	15	73
PRG	1	APPLE MACBOOK PRO FOR DE	10172014	618	\mathtt{SL}	5	124
PRG	1	APPLE MACBOOK PRO FOR DE	10172014	617	\mathtt{SL}	5	123
PRG	1	RAINBOW ACROBAT SWING	10232014	445	SL	7	64
PRG	1	LADDER WALL	10232014	414	\mathtt{SL}	7	59
PRG	1	FOLDING 4X8 2 PANEL - RO	10242014	305	\mathtt{SL}	7	44
PRG	1	WEPLAY WATER MOTOR LILY	10282014	1,275	\mathtt{SL}	7	182
PRG	1	3 IPAD 2'S - THERAPY CEN	10292014	1,068	SL	5	214
PRG	1	21 SIDDON BLACK CHAIRS	10312014	2,556	SL	7	365
PRG	1	EPSON DS-510 SCANNER	11042014	280	\mathtt{SL}	5	56
PRG	1	COMPUTER DESK	11042014	350	SL	7	50
PRG	1.	FLARE CHAIR	11072014	419	SL	7	60
PRG	1	FLARE LOVESEAT	11072014	539	SL	7	77
PRG	1	2 SQUARE END TABLES	11072014	298	SL	7	43
PRG	1	2 DELL OPTIPLEX 3020 COM	11112014	1,371	SL	5	274
PRG	1	2 DELL OPTIPLEX 3020 COM	11112014	1,372	SL	5	274
PRG	1	MAYTAG BI DISHWASHER	12052014	570	SL	7	81
PRG	1	DELUXE BOLSTER SWING	12192014	756	SL	7	108
PRG	1	PLATFORM SWING W/INFANT	12192014	403	SL	7	58
PRG	1	BUBBLE WALL PANEL	12242014	2,546	SL	7	364
PRG	1	55" LG LED TV-THERAPY CE		598	SL	7	85
PRG	1	PHONE SYSTEM-THERAPY CEN		6,733	SL	7	962

	-	_
\sim	4	4
-711	7	7
ZU	- 1	-

Next Year's Depreciation

Name **FEIN** SPECIAL KIDS INC 62-1718638 Multi-Form Form Description Date Basis Method Life Deduction PRG 1 WEPLAY MOTOR SKILLS UNIV 09092014 710 SL7 101 PRG 1 TUMBLEFORM 2 VARREL CRAW 09112014 SL 7 939 134 PRG 1 3 DELL XPS 12 LAPTOPS 09122014 3,831 SL 7 547 PRG 1 FOLDING CHILDREN'S PARAL 7 09152014 754 SL108 PRG 1 FOAMNASIUM PLAYGROUND 09152014 425 7 SL61 PRG 1 SMALL BENCH ADAPTIVE MAL 09152014 369 SL7 53 PRG 1 LARGE BENCH ADAPTIVE MAL 09152014 451 ŞL 7 64 PRG 1 XL BENCH ADAPTIVE MALL K 09152014 490 SL7 70 PRG 1 WEDGE MAT GSC DOWNHILL M 7 1,810 SL09162014 259 PRG 1 WELCH ALLYN SURETEMP PLU 09172014 SL7 305 44 PRG 1 2 FLAT SCREEN TV'S 7 09182014 1,446 SL207 PRG 1 9 5X10X4 LANDING MATS 4,226 7 09182014 SL604 PRG 1 10 4X8X4 LANDING MATS 7 09182014 3,468 SL495 PRG 1 2 4X6X4 LANDING MATS 7 09182014 506 SL72 PRG 7 1 DELUXE BOLSTER SWING 09182014 549 SL78 PRG 1 PLATFORM SWING W/INFANT 7 09182014 293 SL42 PRG 10 SOLID OAK SINGLE PEDE 1 6,949 SL 7 993 09242014 PRG 1 BOBATH TABLE 7 09242014 3,285 SL 469 PRG 1 SUSPENSION & HEIGHT ADJU 7 09182014 950 SL136 PRG 7 1 FLYING TRAPEZE 09182014 1,225 SL 175 PRG 1 2 DELL COMPUTER/TABLETS 5 11112014 2,446 SL 489 PRG 1 OTTO BOCK BASE 04032014 3,000 SL7 429 PRG 1 SHED FOR ANNEX 05162014 2,500 SL15 167 PRG 1 OFFICE FURNITURE 09032014 2,043 SL7 292 PRG 2 STORAGE UNITS 1 10282014 2,280 SL15 152 PRG 1 DELL INSPIRON 17 COMPUT-1,208 SL11112014 5 242 PRG 1 COMPUTER FOR NURSING 12052014 1.343 SL5 269 PRG 1 ACCESS CONTROL SYSTEM 10302014 8,961 SL 7 1,280 PRG 1 2212 EAST MAIN STREET 08292013 SL39 329,989 8,461 PRG 1 THERAPY CENTER 09202014 1,052,227 SL 39 26,980 TOTAL 82,108