

Return of Organization Exempt From Income Tax

2014

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning, 2014, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: SPECIAL KIDS INC. D Employer identification no.: 62-1718638. E Telephone number: (615) 890-1003. F Name and address of principal officer: CHRIS TRUELOVE. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. J Website: SPECIALKIDSTN.COM. K Form of organization: Corporation. L Year of formation: 1998. M State of legal domicile: TN.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Briefly describe the organization's mission or most significant activities: PROVIDE SKILLED CARE. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7. Activities & Governance. 8-12. Revenue. 13-19. Expenses. 20-22. Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: CHRIS TRUELOVE, Signature of officer, Date: 06-29-2015. CHRIS TRUELOVE, EXECUTIVE DIRECTOR, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: H A BEASLEY, Preparer's signature: H A BEASLEY, Date: 06-29-2015, Check self-employed, PTIN: P00094107. Firm's name: H A Beasley and Company PC, Firm's address: 111 MTCS Drive, Murfreesboro TN 37129, Firm's EIN, Phone no.: 615-895-5675.

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

Return of Organization Exempt From Income Tax

2014

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

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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td>H(c) Group exemption number ▶</td> </tr> </table>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	H(c) Group exemption number ▶												
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J Website: ▶ SPECIALKIDSTN.COM																
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1998 M State of legal domicile: TN															

Part I Summary				
1 Briefly describe the organization's mission or most significant activities: PROVIDE SKILLED CARE				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	91	
	6 Total number of volunteers (estimate if necessary)	6	1,000	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
			3	20
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,341,596	649,476	
	9 Program service revenue (Part VIII, line 2g)	1,122,719	1,285,563	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,268	3,197	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	329,843	373,359	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,798,426	2,311,595	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,533,862	1,721,729	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) 330,494			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	222,854	337,100	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,756,716	2,058,829		
19 Revenue less expenses. Subtract line 18 from line 12	2,041,710	252,766		
Net Assets or Fund Balances			Beginning of Current Year	End of 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.

Sign Here	CHRIS TRUELOVE Signature of officer	06-29-2015 Date
	CHRIS TRUELOVE, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name H A BEASLEY	Preparer's signature H A BEASLEY	Date 06-29-2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00094107
	Firm's name ▶ H A Beasley and Company PC	Firm's EIN ▶		Phone no.	
	Firm's address ▶ 111 MTCS Drive Murfreesboro TN 37129			615-895-5675	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE SKILLED CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the 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 (Code: _____) (Expenses \$ 1,596,415 including grants of \$ _____) (Revenue \$ 1,284,163)

PROVIDE THERAPEUTIC REHABILITATION AND PROFESSIONAL NURSING SERVICES TO CHILDREN WITH SPECIAL NEEDS.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **1,596,415**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		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		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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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 debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		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?		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		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		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		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		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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		
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		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		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JAN PARKER (615) 893-4565, 202 ARNETTE STREET, MURFREESBORO, TN 37130

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MACK BARRETT CHAIRMAN	3.00	X		X				0	0	0
(2) CAM BIVENS DIRECTOR	3.00	X						0	0	0
(3) JULIE BYRNES DIRECTOR	3.00	X						0	0	0
(4) CRAIG CONYERS DIRECTOR	3.00	X						0	0	0
(5) BEVERLY DAVIS CHAIRMAN-ELECT	3.00	X		X				0	0	0
(6) CARRIE M GOODWIN CO-FOUNDER	3.00	X		X				0	0	0
(7) ROB GOODWIN DIRECTOR	3.00	X						0	0	0
(8) KRISTA HAWKINS SECRETARY	3.00	X		X				0	0	0
(9) BRIAN JIMENEZ DIRECTOR	3.00	X						0	0	0
(10) BEN HALL MCFARLIN JR DIRECTOR	3.00	X						0	0	0
(11) SHERI MORGAN DIRECTOR	3.00	X						0	0	0
(12) EMILY PEGG TREASURER	3.00	X		X				0	0	0
(13) PAUL SMITH DIRECTOR	3.00	X						0	0	0
(14) ELIZABETH SMITH DIRECTOR	3.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LISA STILWELL DIRECTOR	3.00	X					0	0	0	
(16) GREG ARNOLD DIRECTOR	3.00	X					0	0	0	
(17) MARY ELAM POLK DIRECTOR	3.00	X					0	0	0	
(18) TRAVIS SIMON DIRECTOR	3.00	X					0	0	0	
(19) RICK THIGPEN DIRECTOR	3.00	X					0	0	0	
(20) CHARLIE YATES DIRECTOR	3.00	X					0	0	0	
(21) CHRIS TRUELOVE EXECUTIVE DIRECTOR	40.00			X	X		0	0	0	
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								0		

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 649,476				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		649,476			
Program Service Revenue	2a	INSURANCE PROVIDERS	Business Code 621300	1,064,038	1,064,038		
	b	PATIENT SERVICE FEES	621300	220,125	220,125		
	c	MISCELLANEOUS	621300	1,400	1,400		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,285,563			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,203	2,203		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	9,600			
			(ii) Personal				
	b	Less: rental expenses	5,984				
	c	Rental income or (loss)	3,616				
	d	Net rental income or (loss)		3,616		3,616	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	83,347			
			(ii) Other	1,350			
	b	Less: cost or other basis and sales expenses	78,285	5,418			
	c	Gain or (loss)	5,062	(4,068)			
	d	Net gain or (loss)		994		994	
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 450,630					
b	Less: direct expenses	b 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	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		2,311,595	1,287,766	0	374,353	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations 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 individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, 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):				
a	Management				
b	Legal				
c	Accounting	11,500		11,500	
d	Lobbying				
e	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 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUPPLIES	75,244	58,690	4,515	12,039
b	FAMILY SUPPORT	29,921	29,921		
c	SUBSCRIPTIONS	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	Total functional expenses. Add lines 1 through 24e	2,058,829	1,596,415	131,920	330,494
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	29,764	9	39,951
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,518,463		
	b Less: accumulated depreciation	10b 297,574	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		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	
Liabilities	17 Accounts payable and accrued expenses	6,798	17	42,979
	18 Grants payable		18	
	19 Deferred revenue	23,526	19	40,008
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third 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	30,324	26	82,987
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,020,156	27	2,588,669
	28 Temporarily restricted net assets	1,906,970	28	589,912
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,927,126	33	3,178,581	
34 Total liabilities and net assets/fund balances	2,957,450	34	3,261,568	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	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		

Depreciation and Amortization (Including Information on Listed Property)

2014

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SPECIAL KIDS INC

FORM 990 - 1

62-1718638

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions)		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)		14
15	Property subject to section 168(f)(1) election		15
16	Other depreciation (including ACRS)		16
			40,716

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014		17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		18
			3,359

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property Statement #50						505
c 7-year property Statement #51						3,896
d 10-year property						
e 15-year property Statement #52						132
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	09-2014	1,052,227	39 yrs.	MM	S/L	7,869
				MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		22
			56,477
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

Employer identification number

SPECIAL KIDS INC

62-1718638

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Rows include: 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 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.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees 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						
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 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
c 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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(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
10a 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						
c Add lines 10a and 10b	598	522	(38)	4,268	2,203	7,553
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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	72.27	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	71.15	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.07	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

SPECIAL KIDS INC

Employer identification number

62-1718638

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	8,741	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,311,595

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		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	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	10,052	
e	Add lines 2a through 2d	2e		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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,058,829

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Other revenues not included on Form 990 (Part XI, line 2d)

RENTAL EXPENSES OF 5,984 WERE NOT DEDUCTED IN THE AUDIT REVENUES TO NET THE REVENUES AND

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.

UNREALIZED LOSS ON INVESTMENTS OF 1,311 WAS INCLUDED ON PART XI RECONCILIATION OF NET

ASSETS. IT WAS INCLUDED IN THE AUDIT REVENUES.

Part XIII Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

RENTAL EXPENSES OF 5,984 WERE NOT DEDUCTED IN THE AUDIT REVENUES TO NET THE REVENUES AND 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.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SPECIAL KIDS INC

62-1718638

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		15K (event type)	GOLF CLASSIC (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	203,410	39,159	208,061	450,630
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	203,410	39,159	208,061	450,630
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		9,918		9,918
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	42,445	2,300	26,224	70,969
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					369,743

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

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

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

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

FORM 4562 - LINE 19B

Statement #50

BASIS	RP	CV	METHOD	DEDUCTION
983	5	MQ	SL	74
983	5	MQ	SL	74
1,208	5	MQ	SL	30
1,511	5	MQ	SL	38
1,269	5	MQ	SL	32
618	5	MQ	SL	15
617	5	MQ	SL	15
1,068	5	MQ	SL	27
280	5	MQ	SL	7
1,371	5	MQ	SL	34
1,372	5	MQ	SL	34
2,446	5	MQ	SL	61
1,208	5	MQ	SL	30
1,343	5	MQ	SL	34
TOTAL				<u>505</u>

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

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	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	7
305	7	MQ	SL	5
1,275	7	MQ	SL	23
2,556	7	MQ	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
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
1,225	7	MQ	SL	66

Federal Supporting Statements

2014 PG02

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

FORM 4562 - LINE 19C

Statement #51

BASIS	RP	CV	METHOD	DEDUCTION
3,000	7	MQ	SL	268
2,043	7	MQ	SL	109
8,961	7	MQ	SL	160
TOTAL				<u>3,896</u>

FORM 4562 - LINE 19E

PG01
Statement #52

BASIS	RP	CV	METHOD	DEDUCTION
1,100	15	MQ	SL	9
2,500	15	MQ	SL	104
2,280	15	MQ	SL	19
TOTAL				<u>132</u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2014

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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.

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

ALL OTHER

Description	Amount
PRIVATE GIFTS AND GRANTS	\$ 537,879
IN-KIND DONATIONS	111,597
Total:	\$ 649,476

SALE OF SECURITIES

Description	Amount
ALGER SPECTRA FUND	\$ 49,579
ENTERPRISE PRODUCTS PARTNERS	33,768
Total:	\$ 83,347

COST OF SECURITIES

Description	Amount
ALGER SPECTA FUND	\$ 47,685
ENTERPRISE PRODUCTS PARTNERS	30,600
Total:	\$ 78,285

DIRECT FUNDRAISING EXPENSES

Description	Amount
DEVELOPMENT EXPENSES	\$ 225,478
LESS WEBSITE DESIGN/MAINTENANCE	(4,848)
IN KIND EXPENSES	(139,743)
Total:	\$ 80,887

OFFICE EXPENSES-PROGRAM EXPENSES

Description	Amount
TELEPHONE AND INTERNET	\$ 12,606
POSTAGE	3,539
Total:	\$ 16,145

Name(s) as shown on return

SPECIAL KIDS INC

FEIN

62-1718638

OFFICE EXPENSE-MANAGEMENT AND GENERAL

Description	Amount
TELEPHONE AND INTERNET	\$ 970
POSTAGE	272
Total:	\$ 1,242

OFFICE EXPENSE-FUNDRAISING

Description	Amount
TELEPHONE AND INTERNET	\$ 2,586
POSTAGE	726
Total:	\$ 3,312

OTHER EXPENSES-PROGRAM EXPENSES

Description	Amount
BANK CHARGES	\$ 6,135
LEASE EXPENSE	4,000
Total:	\$ 10,135

OTHER EXPENSES-MANAGEMENT AND GENERAL

Description	Amount
BANK CHARGES	\$ 472
Total:	\$ 472

OTHER EXPENSES-FUNDRAISING

Description	Amount
BANK CHARGES	\$ 1,259
WEBSITE MAINTENANCE	4,848
Total:	\$ 6,107

OTHER

Description	Amount
RENTAL EXPENSES	\$ 5,984
LOSS ON DISPOSAL OF EQUIPMENT	4,068
UNREALIZED LOSS ON INVESTMENTS	(1,311)
Total:	\$ 8,741

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:	<u>\$ 10,052</u>

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	

Depreciation Detail Listing

Program Services

2014

PAGE 1

* Item was disposed of during current year.

For your records only

Social security number/EIN 62-1718638															
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING	03011998	253,225		100.00		253,225	40	SL	2.5	6,331	107,523			6,331
3	50KW EMERGENCY GENERA	04262001	16,877		100.00		16,877	5		0		16,877			
4	CLIMBING WALL	05082003	1,307		100.00		1,307	5		0		1,307			
5	TREADMILL	01232004	4,905		100.00		4,905	5		0		4,905			
6	BARRELL ROLL	06252004	1,284		100.00		1,284	5		0		1,284			
7	GAIT TRAINER	10082004	705		100.00		705	5		0		705			
8	MOBILE STORAGE	06012004	536		100.00		536	5		0		536			
9	STACK CHAIRS	06222004	285		100.00		285	5		0		285			
10	HOOFBEATS EQUIP	02072005	570		100.00		570	5		0		570			
13	PREDATORS GRANT EQUIP	07012006	8,081		100.00		8,081	5		0		8,081			3,359
14	202 ARNETTE STREET	02152007	130,987		100.00		130,987	39	SL	2.564	3,359	28,337			
15	TERMINAL SERVER	02072007	5,506		100.00		5,506	5		0		5,506			
17	OFFICE FURNITURE-CHRI	05072007	400		100.00		400	5		0		400			
19	OFFICE RENOVATION ANN	06302008	16,232		100.00		16,232	15	SL	6.667	1,082	7,033			1,082
20	SAVIN COPY MACHINE	03312008	2,725		100.00		2,725	7	SL	14.286	389	2,529			389
21	CRIB&ACCESSORIES	01242008	3,113		100.00		3,113	7	SL	14.286	445	2,892			445
22	PEAVEY ESCORT 2000 PO	09292008	500		100.00		500	7	SL	14.286	71	462			71
24	DELL SERVERS-ARNETTE	04142009	2,401		100.00		2,401	5	SL	20	241	2,401			241
25	DELL COMPUTER-RACHEL	07142009	679		100.00		679	5	SL	20	67	679			67
26	DELL COMPUTER-MEGAN	07142009	679		100.00		679	5	SL	20	67	679			67
27	DELL COMP-TONI, ANDRE,	08192009	4,266		100.00		4,266	5	SL	20	427	4,266			427
28	DELL COMPUTERS-JAMIE,	08192009	2,445		100.00		2,445	5	SL	20	244	2,445			244
29	DELL COMPUTERS	10152009	2,075		100.00		2,075	5	SL	20	207	2,075			207
31	OXYGEN CONCENTRATOR	11012009	596		100.00		596	7	SL	14.286	85	468			85
33	DONOR MGMT SYSTEM(FRO	09212009	19,446		100.00		19,446	5	SL	20	1,945	19,446			1,945
34	SOFTWARE FOR SERVER A	03012009	370		100.00		370	5	SL	20	37	370			37
35	SKIMS UPDATES	12012009	900		100.00		900	5	SL	20	90	900			90
36	GYM CABINETS	11302009	1,705		100.00		1,705	7	SL	14.286	244	1,342			244
38	DELL-2LAPTOPS,3PC'S,1	07132010	5,837		100.00		5,837	5	SL	20	1,167	5,252			1,167
39	46"TV&BLU RAY PLAYER	08012010	1,470		100.00		1,470	5	SL	20	294	1,323			294

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services

For your records only

2014

PAGE 2

Name(s) as shown on return													Social security number/EIN		
SPECIAL KIDS INC													62-1718638		
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
40	RECEIVER DENON	08012010	550		100.00		550	5	SL	HY	20	495			110
41	CAMERA CANON REBEL	08012010	960		100.00		960	5	SL	HY	20	864			192
42	PROJECTOR MITSUBISHI	08012010	1,253		100.00		1,253	5	SL	HY	20	1,129			251
43	DELL COMPUTERS	08192010	3,646		100.00		3,646	5	SL	HY	20	3,281			729
44	LYTEC SOFTWARE 2010	10052010	4,360		100.00		4,360	5	SL	HY	20	3,924			872
45	3 COMPUTERS-HP 500B-P	05312011	1,110		100.00		1,110	5	SL	HY	20	777			222
47	VITAL SIGN MONITOR	08052011	2,778		100.00		2,778	5	SL	HY	20	2,224			556
48	ANNEX ROOF	04062012	7,600		100.00		7,600	15	SL	HY	6.667	1,267			507
49	LYTEC SERVER	04162012	1,682		100.00		1,682	5	SL	HY	20	840			336
50	2006 CARGO TRAILER 12	05072012	2,100		100.00		2,100	7	SL	HY	14.286	750			300
51	WHEEL CLAMP-CARGO(CAM	05102012	321		100.00		321	7	SL	HY	14.286	115			46
52	2002 CHEVY EXPRESS VA	05172012	5,500		100.00		5,500	5	SL	HY	20	2,750			1,100
53	IMPACT WEBSITE	06302012	14,801		100.00		14,801	5	SL	HY	20	7,400			2,960
54	2 OUTSIDE GLASS DOORS	08312012	2,808		100.00		2,808	15	SL	HY	6.667	468			187
55	3 HVAC UNITS	09252012	18,000		100.00		18,000	15	SL	HY	6.667	3,000			1,200
56	7 DELL COMPUTERS	10312012	4,732		100.00		4,732	5	SL	HY	20	2,365			946
57	DELL POWER EDGE 1900	01012012	2,799		100.00		2,799	5	SL	HY	20	1,400			560
59	2 PICNIC TABLES	12032012	1,000		100.00		1,000	7	SL	HY	14.286	357			143
60	OTTOBOCK AQUANET TOIL	12112012	599		100.00		599	5	SL	HY	20	300			120
61	WALKER	12142012	4,000		100.00		4,000	7	SL	HY	14.286	1,428			571
62	BOLSTER SWING-OT/PT	01312013	578		100.00		578	7	SL	MQ	14.286	155			83
63	4 OPTIPLEX 3010 MINTO	04012013	2,527		100.00		2,527	5	SL	MQ	20	821			505
64	CHEST FREEZER	04262013	600		100.00		600	7	SL	MQ	14.286	140			86
65	2 RIFTON TODDLER CHAI	07312013	908		100.00		908	7	SL	MQ	14.286	179			130
66	12 X 16 METAL SHED	09302013	1,000		100.00		1,000	7	SL	MQ	14.286	197			143
67	EMR SOFTWARE	11262013	13,900		100.00		13,900	5	SL	MQ	20	3,128			2,780
68	OFFICE EQUIPMENT AND	02212013	9,000		100.00		9,000	7	SL	MQ	14.286	2,411			1,286
69	RICOH COPIER	03072013	1,000		100.00		1,000	7	SL	MQ	14.286	268			143
70	GAGGLE BUGGY	05022013	1,499		100.00		1,499	7	SL	MQ	14.286	348			214
71	THERAPY BED	06142013	1,000		100.00		1,000	7	SL	MQ	14.286	232			143

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services

For your records only

2014

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Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

62-1718638

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
72	GAGGLE BUGGY (BYE-BYE	04182014	1,978		100.00		1,978	7	SL	MQ	177	177			177
73	OFFICE FURNITURE-ANNE	05292014	5,140		100.00		5,140	7	SL	MQ	459	459			459
74	LAPTOP DELL INSPIRON	08072014	983		100.00		983	5	SL	MQ	74	74			74
75	LAPTOP DELL XPS 12 FO	08072014	983		100.00		983	5	SL	MQ	74	74			74
76	3 ROW GOLF CART	09032014	3,500		100.00		3,500	7	SL	MQ	188	188			188
77	LAPTOP DELL INSPIRON	10012014	1,208		100.00		1,208	5	SL	MQ	30	30			30
78	41 LESRO NEWPORT MODE	10012014	9,815		100.00		9,815	7	SL	MQ	175	175			175
79	15 LESRO NEWPORT MODE	10012014	3,591		100.00		3,591	7	SL	MQ	64	64			64
80	5 LESRO NEWPORT OVERS	10012014	1,511		100.00		1,511	5	SL	MQ	38	38			38
81	4 MAYLINE FLIP & NEST	10012014	2,276		100.00		2,276	7	SL	MQ	41	41			41
82	APC BATTERY BACKUPS F	10062014	1,269		100.00		1,269	5	SL	MQ	32	32			32
83	4 TIERED LITERATURE R	10062014	332		100.00		332	7	SL	MQ	6	6			6
84	PORTABLE SINK FOR CHU	10072014	5,520		100.00		5,520	7	SL	MQ	99	99			99
85	EXPANDABLE BALL PIT	10082014	1,060		100.00		1,060	7	SL	MQ	19	19			19
86	SPACE WALK	10082014	319		100.00		319	7	SL	MQ	6	6			6
87	SCOOTERBOARD RAMP	10082014	364		100.00		364	7	SL	MQ	7	7			7
88	4 PACK CUBE CHAIRS	10082014	219		100.00		219	7	SL	MQ	4	4			4
89	3 BLACK VERTICAL FILE	10112014	1,409		100.00		1,409	7	SL	MQ	25	25			25
90	SHED FOR SHERI'S SUPP	10162014	1,100		100.00		1,100	15	SL	MQ	9	9			9
91	APPLE MACBOOK PRO FOR	10172014	618		100.00		618	5	SL	MQ	15	15			15
92	APPLE MACBOOK PRO FOR	10172014	617		100.00		617	5	SL	MQ	15	15			15
93	RAINBOW ACROBAT SWING	10232014	445		100.00		445	7	SL	MQ	8	8			8
94	LADDER WALL	10232014	414		100.00		414	7	SL	MQ	7	7			7
95	FOLDING 4X8 2 PANEL -	10242014	305		100.00		305	7	SL	MQ	5	5			5
96	WEPLAY WATER MOTOR LI	10282014	1,275		100.00		1,275	7	SL	MQ	23	23			23
97	3 IPAD 2'S - THERAPY	10292014	1,068		100.00		1,068	5	SL	MQ	27	27			27
98	21 SIDON BLACK CHAIR	10312014	2,556		100.00		2,556	7	SL	MQ	46	46			46
99	EPSON DS-510 SCANNER	11042014	280		100.00		280	5	SL	MQ	7	7			7
100	COMPUTER DESK	11042014	350		100.00		350	7	SL	MQ	6	6			6
101	FLARE CHAIR	11072014	419		100.00		419	7	SL	MQ	7	7			7

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services

For your records only

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Name(s) as shown on return

SPECIAL KIDS INC

Social security number/EIN

62-1718638

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
102	FLARE LOVESEAT	11072014	539		100.00		539	7	SL	1.786	10	10			10
103	SQUARE END TABLES	11072014	298		100.00		298	7	SL	1.786	5	5			5
104	DELL OPTIPLEX 3020	11112014	1,371		100.00		1,371	5	SL	2.5	34	34			34
105	DELL OPTIPLEX 3020	11112014	1,372		100.00		1,372	5	SL	2.5	34	34			34
106	MAYTAG BI DISHWASHER	12052014	570		100.00		570	7	SL	1.786	10	10			10
107	DELUXE BOLSTER SWING	12192014	756		100.00		756	7	SL	1.786	14	14			14
108	PLATFORM SWING W/INFA	12192014	403		100.00		403	7	SL	1.786	7	7			7
109	BUBBLE WALL PANEL	12242014	2,546		100.00		2,546	7	SL	1.786	45	45			45
110	55" LG LED TV-THERAPY	10282014	598		100.00		598	7	SL	1.786	11	11			11
111	PHONE SYSTEM-THERAPY	11022014	6,733		100.00		6,733	7	SL	1.786	120	120			120
112	WHEELAY MOTOR SKILLS U	09092014	710		100.00		710	7	SL	5.357	38	38			38
113	TUMBLEFORM 2 VARREL C	09112014	939		100.00		939	7	SL	5.357	50	50			50
114	DELL XPS 12 LAPTOPS	09122014	3,831		100.00		3,831	7	SL	5.357	205	205			205
115	FOLDING CHILDREN'S PA	09152014	754		100.00		754	7	SL	5.357	40	40			40
116	FOAMNASIUM PLAYGROUND	09152014	425		100.00		425	7	SL	5.357	23	23			23
117	SMALL BENCH ADAPTIVE	09152014	369		100.00		369	7	SL	5.357	20	20			20
118	LARGE BENCH ADAPTIVE	09152014	451		100.00		451	7	SL	5.357	24	24			24
119	XL BENCH ADAPTIVE MAL	09152014	490		100.00		490	7	SL	5.357	26	26			26
120	WEDGE MAT GSC DOWNHIL	09162014	1,810		100.00		1,810	7	SL	5.357	97	97			97
121	WELCH ALLYN SURETEMP	09172014	305		100.00		305	7	SL	5.357	16	16			16
122	FLAT SCREEN TV'S	09182014	1,446		100.00		1,446	7	SL	5.357	77	77			77
123	5X10X4 LANDING MATS	09182014	4,226		100.00		4,226	7	SL	5.357	226	226			226
124	10 4X8X4 LANDING MATS	09182014	3,468		100.00		3,468	7	SL	5.357	186	186			186
125	2 4X6X4 LANDING MATS	09182014	506		100.00		506	7	SL	5.357	27	27			27
126	DELUXE BOLSTER SWING	09182014	549		100.00		549	7	SL	5.357	29	29			29
127	PLATFORM SWING W/INFA	09182014	293		100.00		293	7	SL	5.357	16	16			16
128	10 SOLID OAK SINGLE P	09242014	6,949		100.00		6,949	7	SL	5.357	372	372			372
129	BOBATH TABLE	09242014	3,285		100.00		3,285	7	SL	5.357	176	176			176
130	SUSPENSION & HEIGHT A	09182014	950		100.00		950	7	SL	5.357	51	51			51
131	FLYING TRAPEZE	09182014	1,225		100.00		1,225	7	SL	5.357	66	66			66

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services

2014

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For your records only

Name(s) as shown on return:

SPECIAL KIDS INC

Social security number/EIN

62-1718638

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1322	DELL COMPUTER/TABLE	11112014	2,446		100.00		2,446	5	SL MQ	2.5	61	61			61
1330	TOTTO BOCK BASE	04032014	3,000		100.00		3,000	7	SL MQ	8.929	268	268			268
1345	ASHED FOR ANNEX	05162014	2,500		100.00		2,500	15	SL MQ	4.167	104	104			104
1350	OFFICE FURNITURE	09032014	2,043		100.00		2,043	7	SL MQ	5.357	109	109			109
1362	STORAGE UNITS	10282014	2,280		100.00		2,280	15	SL MQ	.833	19	19			19
1370	DELL INSPIRON 17 COMP	11112014	1,208		100.00		1,208	5	SL MQ	2.5	30	30			30
1380	COMPUTER FOR NURSING	12052014	1,343		100.00		1,343	5	SL MQ	2.5	34	34			34
1390	ACCESS CONTROL SYSTEM	10302014	8,961		100.00		8,961	7	SL MQ	1.786	160	160			160
1402	212 EAST MAIN STREET	08292013	329,989		100.00		329,989	39	SL MM	2.564	8,461	11,281			8,461
1410	THERAPY CENTER	09202014	1,052,227		100.00		1,052,227	39	SL MM	.748	7,869	7,869			7,871
	Asset(s) Sold														
11	8 SIDED LOFT	06202005	3,444		100.00		3,444	5		0		3,444			
12	ACS CART	08222005	1,957		100.00		1,957	5		0		1,957			
16	TELEPHONE SYSTEM-COMD	02272007	3,551		100.00		3,551	5		0		3,551			
18	SECURITY LIGHTS	03312008	2,068		100.00		2,068	7	SL HY	14.28	148	1,771			148
30	REFRIGERATOR-KENMORE	11012009	845		100.00		845	7	SL HY	14.28	60	604			60
32	ELECTRIC DRYER	12032009	657		100.00		657	7	SL HY	14.28	47	470			47
37	TEAM ASK WEBSITE	06102010	9,800		100.00		9,800	5	SL HY	20	980	7,840			980
46	BALLS PIT	06152011	1,332		100.00		1,332	7	SL HY	14.28	95	665			95
58	3 PIECE TOILET CHAIR	10242012	1,000		100.00		1,000	7	SL HY	14.28	71	285			71
Totals			2,132,460				2,132,460				56,477	318,161			56,479

Land Amount
Net Depreciable Cost

2,132,460

ST. ADJ:

(2)

* Item was disposed
of during current year.

Depreciation Detail Listing

Management & General

For your records only

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Name(s) as shown on return															
SPECIAL KIDS INC															
Social security number/EIN															
62-1718638															
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
2	LAND	01011997	35,404	35,404	100.00		0	0		0					
23	LAND 202 ARNETTE STRE	02152007	84,000	84,000	100.00		0	0		0					
Totals															
Land Amount 119,404															
Net Depreciable Cost 119,404															

Next Year's Depreciation

2014

Name		FEIN					
SPECIAL KIDS INC		62-1718638					
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	BUILDING	03011998	253,225	SL	40	6,331
MGT	1	LAND	01011997		NDA	0	
PRG	1	50KW EMERGENCY GENERATOR	04262001	16,877	SL	5	
PRG	1	CLIMBING WALL	05082003	1,307	SL	5	
PRG	1	TREADMILL	01232004	4,905	SL	5	
PRG	1	BARRELL ROLL	06252004	1,284	SL	5	
PRG	1	GAIT TRAINER	10082004	705	SL	5	
PRG	1	MOBILE STORAGE	06012004	536	SL	5	
PRG	1	STACK CHAIRS	06222004	285	SL	5	
PRG	1	HOOFBEATS EQUIP	02072005	570	SL	5	
PRG	1	PREDATORS GRANT EQUIPMEN	07012006	8,081	SL	5	
PRG	1	202 ARNETTE STREET	02152007	130,987	M	39	3,359
PRG	1	TERMINAL SERVER	02072007	5,506	M	5	
PRG	1	OFFICE FURNITURE-CHRIS	05072007	400	M	5	
PRG	1	OFFICE RENOVATION ANNEX (06302008	16,232	SL	15	1,082
PRG	1	SAVIN COPY MACHINE	03312008	2,725	SL	7	196
PRG	1	CRIB&ACCESSORIES	01242008	3,113	SL	7	221
PRG	1	PEAVEY ESCORT 2000 PORTA	09292008	500	SL	7	38
MGT	1	LAND 202 ARNETTE STREET	02152007		NDA	0	
PRG	1	DELL SERVERS-ARNETTE ST	04142009	2,401	SL	5	
PRG	1	DELL COMPUTER-RACHEL	07142009	679	SL	5	
PRG	1	DELL COMPUTER-MEGAN	07142009	679	SL	5	
PRG	1	DELL COMP-TONI, ANDRE, JUL	08192009	4,266	SL	5	
PRG	1	DELL COMPUTERS-JAMIE, ALE	08192009	2,445	SL	5	
PRG	1	DELL COMPUTERS	10152009	2,075	SL	5	
PRG	1	OXYGEN CONCENTRATOR	11012009	596	SL	7	85
PRG	1	DONOR MGMT SYSTEM(FROM A	09212009	19,446	SL	5	
PRG	1	SOFTWARE FOR SERVER AT A	03012009	370	SL	5	
PRG	1	SKIMS UPDATES	12012009	900	SL	5	
PRG	1	GYM CABINETS	11302009	1,705	SL	7	244
PRG	1	DELL-2LAPTOPS, 3PC'S, 14MO	07132010	5,837	SL	5	585
PRG	1	46"TV&BLU RAY PLAYER	08012010	1,470	SL	5	147
PRG	1	RECEIVER DENON	08012010	550	SL	5	55
PRG	1	CAMERA CANON REBEL	08012010	960	SL	5	96
PRG	1	PROJECTOR MITSUBISHI	08012010	1,253	SL	5	124
PRG	1	5 DELL COMPUTERS	08192010	3,646	SL	5	365
PRG	1	LYTEC SOFTWARE 2010	10052010	4,360	SL	5	436
PRG	1	3 COMPUTERS-HP 500B-P E5	05312011	1,110	SL	5	222
PRG	1	VITAL SIGN MONITOR	08052011	2,778	SL	5	554
PRG	1	ANNEX ROOF	04062012	7,600	SL	15	507
PRG	1	LYTEC SERVER	04162012	1,682	SL	5	336
PRG	1	2006 CARGO TRAILER 12X5	05072012	2,100	SL	7	300
PRG	1	WHEEL CLAMP-CARGO (CAMPAB	05102012	321	SL	7	46
PRG	1	2002 CHEVY EXPRESS VAN	05172012	5,500	SL	5	1,100
PRG	1	IMPACT WEBSITE	06302012	14,801	SL	5	2,960
PRG	1	2 OUTSIDE GLASS DOORS-ST	08312012	2,808	SL	15	187
PRG	1	3 HVAC UNITS	09252012	18,000	SL	15	1,200
PRG	1	7 DELL COMPUTERS	10312012	4,732	SL	5	946
PRG	1	DELL POWER EDGE 1900 SER	01012012	2,799	SL	5	560
PRG	1	2 PICNIC TABLES	12032012	1,000	SL	7	143
PRG	1	OTTOBOCK AQUANET TOILET	12112012	599	SL	5	120

Next Year's Depreciation

2014

Name		FEIN					
SPECIAL KIDS INC		62-1718638					
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	WALKER	12142012	4,000	SL	7	571
PRG	1	BOLSTER SWING-OT/PT	01312013	578	SL	7	83
PRG	1	4 OPTIPLEX 3010 MINTOWER	04012013	2,527	SL	5	505
PRG	1	CHEST FREEZER	04262013	600	SL	7	86
PRG	1	2 RIFTON TODDLER CHAIRS	07312013	908	SL	7	130
PRG	1	12 X 16 METAL SHED	09302013	1,000	SL	7	143
PRG	1	EMR SOFTWARE	11262013	13,900	SL	5	2,780
PRG	1	OFFICE EQUIPMENT AND FUR	02212013	9,000	SL	7	1,286
PRG	1	RICOH COPIER	03072013	1,000	SL	7	143
PRG	1	GAGGLE BUGGY	05022013	1,499	SL	7	214
PRG	1	THERAPY BED	06142013	1,000	SL	7	143
PRG	1	GAGGLE BUGGY (BYE-BYE BU	04182014	1,978	SL	7	283
PRG	1	OFFICE FURNITURE-ANNEX	05292014	5,140	SL	7	734
PRG	1	LAPTOP DELL INSPIRON 17	08072014	983	SL	5	197
PRG	1	LAPTOP DELL XPS 12 FOR N	08072014	983	SL	5	197
PRG	1	3 ROW GOLF CART	09032014	3,500	SL	7	500
PRG	1	LAPTOP DELL INSPIRON 17	10012014	1,208	SL	5	242
PRG	1	41 LESRO NEWPORT MODERN	10012014	9,815	SL	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	SL	5	254
PRG	1	4 TIERED LITERATURE RACK	10062014	332	SL	7	47
PRG	1	PORTABLE SINK FOR CHURCH	10072014	5,520	SL	7	789
PRG	1	EXPANDABLE BALL PIT	10082014	1,060	SL	7	151
PRG	1	SPACE WALK	10082014	319	SL	7	46
PRG	1	SCOOTERBOARD RAMP	10082014	364	SL	7	52
PRG	1	4 PACK CUBE CHAIRS	10082014	219	SL	7	31
PRG	1	3 BLACK VERTICAL FILE CA	10112014	1,409	SL	7	201
PRG	1	SHED FOR SHERI'S SUPPLIE	10162014	1,100	SL	15	73
PRG	1	APPLE MACBOOK PRO FOR DE	10172014	618	SL	5	124
PRG	1	APPLE MACBOOK PRO FOR DE	10172014	617	SL	5	123
PRG	1	RAINBOW ACROBAT SWING	10232014	445	SL	7	64
PRG	1	LADDER WALL	10232014	414	SL	7	59
PRG	1	FOLDING 4X8 2 PANEL - RO	10242014	305	SL	7	44
PRG	1	WEPLAY WATER MOTOR LILY	10282014	1,275	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	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	10282014	598	SL	7	85
PRG	1	PHONE SYSTEM-THERAPY CEN	11022014	6,733	SL	7	962

Next Year's Depreciation

2014

Name SPECIAL KIDS INC FEIN 62-1718638

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	WEPLAY MOTOR SKILLS UNIV	09092014	710	SL	7	101
PRG	1	TUMBLEFORM 2 VARREL CRAW	09112014	939	SL	7	134
PRG	1	3 DELL XPS 12 LAPTOPS	09122014	3,831	SL	7	547
PRG	1	FOLDING CHILDREN'S PARAL	09152014	754	SL	7	108
PRG	1	FOAMNASIUM PLAYGROUND	09152014	425	SL	7	61
PRG	1	SMALL BENCH ADAPTIVE MAL	09152014	369	SL	7	53
PRG	1	LARGE BENCH ADAPTIVE MAL	09152014	451	SL	7	64
PRG	1	XL BENCH ADAPTIVE MALL K	09152014	490	SL	7	70
PRG	1	WEDGE MAT GSC DOWNHILL M	09162014	1,810	SL	7	259
PRG	1	WELCH ALLYN SURETEMP PLU	09172014	305	SL	7	44
PRG	1	2 FLAT SCREEN TV'S	09182014	1,446	SL	7	207
PRG	1	9 5X10X4 LANDING MATS	09182014	4,226	SL	7	604
PRG	1	10 4X8X4 LANDING MATS	09182014	3,468	SL	7	495
PRG	1	2 4X6X4 LANDING MATS	09182014	506	SL	7	72
PRG	1	DELUXE BOLSTER SWING	09182014	549	SL	7	78
PRG	1	PLATFORM SWING W/INFANT	09182014	293	SL	7	42
PRG	1	10 SOLID OAK SINGLE PEDE	09242014	6,949	SL	7	993
PRG	1	BOBATH TABLE	09242014	3,285	SL	7	469
PRG	1	SUSPENSION & HEIGHT ADJU	09182014	950	SL	7	136
PRG	1	FLYING TRAPEZE	09182014	1,225	SL	7	175
PRG	1	2 DELL COMPUTER/TABLETS	11112014	2,446	SL	5	489
PRG	1	OTTO BOCK BASE	04032014	3,000	SL	7	429
PRG	1	SHED FOR ANNEX	05162014	2,500	SL	15	167
PRG	1	OFFICE FURNITURE	09032014	2,043	SL	7	292
PRG	1	2 STORAGE UNITS	10282014	2,280	SL	15	152
PRG	1	DELL INSPIRON 17 COMPUT-	11112014	1,208	SL	5	242
PRG	1	COMPUTER FOR NURSING	12052014	1,343	SL	5	269
PRG	1	ACCESS CONTROL SYSTEM	10302014	8,961	SL	7	1,280
PRG	1	2212 EAST MAIN STREET	08292013	329,989	SL	39	8,461
PRG	1	THERAPY CENTER	09202014	1,052,227	SL	39	26,980
		TOTAL					82,108