

SPECIAL KIDS INC.
990 Federal Return

FOR TAX YEAR ENDED DECEMBER 31, 2015

H A Beasley & Company, PLLC
Certified Public Accountants
Murfreesboro, Tennessee

H A Beasley and Company PLLC

111 MTCS Drive
Murfreesboro, TN 37129
ha@habeasley.com
Phone: (615)895-5675 | Fax: (615)895-5660

July 27, 2016

Special Kids Inc
2208 E Main Street
Murfreesboro, TN 37130

Special Kids Inc:

Enclosed is the 2015 federal return for a tax-exempt organization, prepared for Special Kids Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

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

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (615)895-5675.

Sincerely,

H A Beasley
H A Beasley and Company PLLC

H A Beasley and Company PLLC

111 MTCS Drive
Murfreesboro, TN 37129
ha@habeasley.com
Phone: (615)895-5675 | Fax: (615)895-5660

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Special Kids Inc
2208 E Main Street
Murfreesboro, TN 37130

Your privacy is important to us. Please read the following privacy policy.

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

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

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

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

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

Sincerely,

H A Beasley
H A Beasley and Company PLLC

Return of Organization Exempt From Income Tax

2015

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 2015 calendar year, or tax year beginning, 2015, 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? H(b) Are all subordinates included? H(c) Group exemption number. I Tax-exempt status: 501(c)(3). 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. 3-7a Financial metrics. 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 07-27-2016. 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, Date 07-27-2016, Check self-employed if PTIN P00094107, Firm's name H A Beasley and Company PLLC, 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

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 \$ 1,916,533 including grants of \$) (Revenue \$ 1,677,525) 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 1,916,533

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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?		
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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No columns. Includes rows for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, and charitable trusts.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
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 IMMEDIATE PAST CHAIRMAN	3.00	X		X				0	0	0
(2) CAM BIVENS DIRECTOR	3.00	X						0	0	0
(3) CRAIG CONYERS SECRETARY	3.00	X						0	0	0
(4) BEVERLY DAVIS CHAIRMAN	3.00	X		X				0	0	0
(5) CARRIE M GOODWIN CO-FOUNDER	3.00	X		X				0	0	0
(6) ROB GOODWIN DIRECTOR	3.00	X						0	0	0
(7) KRISTA HAWKINS TREASURER	3.00	X		X				0	0	0
(8) BEN HALL MCFARLIN JR. DIRECTOR	3.00	X						0	0	0
(9) SHERI MORGAN DIRECTOR	3.00	X						0	0	0
(10) EMILY PEGG CHAIRMAN-ELECT	3.00	X		X				0	0	0
(11) ELIZABETH SMITH DIRECTOR	3.00	X						0	0	0
(12) GREG ARNOLD DIRECTOR	3.00	X						0	0	0
(13) MARY ELAM POLK DIRECTOR	3.00	X						0	0	0
(14) RICK THIGPEN 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) CHARLIE YATES DIRECTOR	3.00	X						0	0	0	
(16) CHARLENE JONES DIRECTOR	3.00	X						0	0	0	
(17) CHRIS TRUELOVE EXECUTIVE DIRECTOR	40.00			X	X			70,975	0	0	
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								70,975	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	3	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	4	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	5	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	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions) ..	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	698,144		
	g	Noncash contributions included in lines 1a-1f: \$		37,830		
	h	Total. Add lines 1a-1f		698,144		
Program Service Revenue	2a		Business Code			
	INSURANCE PROVIDERS		621300	1,436,239	1,436,239	
	b PATIENT SERVICE FEES		621300	241,286	241,286	
	c MISCELLANEOUS		621300	2,237	2,237	
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			1,679,762		
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,231	1,231	
	4		Income from investment of tax-exempt bond proceeds ...			
	5		Royalties			
	6a		Gross rents	(i) Real 10,060	(ii) Personal	
	b		Less: rental expenses	6,482		
	c		Rental income or (loss) ...	3,578		
	d		Net rental income or (loss)	3,578		3,578
	7a		Gross amount from sales of assets other than inventory	(i) Securities 4,201	(ii) Other	
	b		Less: cost or other basis and sales expenses	2,921	626	
	c		Gain or (loss)	1,280	(626)	
	d		Net gain or (loss)	654		654
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 487,322		
	b		Less: direct expenses	b 81,254		
	c		Net income or (loss) from fundraising events	406,068		406,068
	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				
11a		Miscellaneous Revenue	Business Code			
b						
c						
d		All other revenue				
e		Total. Add lines 11a-11d				
12		Total revenue. See instructions		2,789,437	1,680,993	0 410,300

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	70,975	55,360	4,259	11,356
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	1,707,331	1,331,719	102,439	273,173
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) ..				
9 Other employee benefits	117,898	91,960	7,074	18,864
10 Payroll taxes	133,981	104,505	8,039	21,437
11 Fees for services (non-employees):				
a Management				
b Legal.....				
c Accounting	11,740		11,740	
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.) ..	2,500		2,500	
12 Advertising and promotion	6,735			6,735
13 Office expenses	33,848	26,401	2,031	5,416
14 Information technology				
15 Royalties.....				
16 Occupancy	29,245	21,987	2,748	4,510
17 Travel	4,801	3,745	288	768
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,952			2,952
20 Interest.....	3,229		3,229	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,002	84,242	6,480	17,280
23 Insurance	42,916	33,474	2,575	6,867
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	106,717	83,239	6,403	17,075
b FAMILY SUPPORT	28,014	28,014		
c SUBSCRIPTIONS	17,969	14,016	1,078	2,875
d REPAIRS AND MAINTENANCE	30,709	23,953	1,843	4,913
e All other expenses	295,010	13,918	273,298	7,794
25 Total functional expenses. Add lines 1 through 24e .	2,754,572	1,916,533	436,024	402,015
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) Beginning of year		(B) End of year			
Assets	1	Cash - non-interest-bearing	348,866	1	274,351		
	2	Savings and temporary cash investments	462,074	2	337,534		
	3	Pledges and grants receivable, net	24,035	3	21,322		
	4	Accounts receivable, net	63,484	4	92,438		
	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	39,951	9	47,890		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,048,887			
	b	Less: accumulated depreciation	10b	394,417	2,220,889	10c	2,654,470
	11	Investments - publicly traded securities	102,269	11	19,873		
	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)	3,261,568	16	3,447,878			
Liabilities	17	Accounts payable and accrued expenses	42,979	17	79,351		
	18	Grants payable		18			
	19	Deferred revenue	40,008	19	25,064		
	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	133,859		
	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	250		
	26	Total liabilities. Add lines 17 through 25	82,987	26	238,524		
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	2,588,669	27	3,010,070		
	28	Temporarily restricted net assets	589,912	28	199,284		
	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	3,178,581	33	3,209,354		
	34	Total liabilities and net assets/fund balances	3,261,568	34	3,447,878		

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	2,789,437
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,754,572
3	Revenue less expenses. Subtract line 2 from line 1	3	34,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,178,581
5	Net unrealized gains (losses) on investments	5	(4,092)
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	3,209,354

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
b	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	
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? 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
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		

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2015
Attachment
Sequence No. **179**

▶ 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 2014 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 2016. 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	78,616

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 2015	17	3,359
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"/>	

Section B - Assets Placed in Service During 2015 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 #67					6,661
c 7-year property	Statement #68					9,128
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	Statement #69		39 yrs.	MM	S/L	7,751
				MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	2,487
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	108,002
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.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
NISSAN NV3500	07072015	100.0 %	30,830	30,830	5	S/L-MQ	2,312		
SCHOOL BUS	12172015	100.0 %	7,000	7,000	5	S/L-MQ	175		
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	2,487	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles) .												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. SPECIAL KIDS INC	Employer identification number (EIN) or 62-1718638
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2208 E MAIN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MURFREESBORO, TN 37130	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **JAN PARKER, 202 ARNETTE STREET, MURFREESBORO, TN 37130**

Telephone No. ▶ **615-893-4565** FAX No. ▶ **615-893-4923**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 16, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 15 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2015

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 (Form 990 or 990-EZ).)
- 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 (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						

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions by each person exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A; 16a 33 1/3% support test - 2015; 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	606,391	896,178	2,860,807	1,239,849	1,361,045	6,964,270
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	1,005,981	1,029,715	1,122,719	1,284,163	1,677,525	6,120,103
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,612,372	1,925,893	3,983,526	2,524,012	3,038,570	13,084,373
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	29,518	41,711	179,710	32,849	32,312	316,100
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	513,107	590,991	573,409	655,453	709,641	3,042,601
c Add lines 7a and 7b	542,625	632,702	753,119	688,302	741,953	3,358,701
8 Public support. (Subtract line 7c from line 6.)						9,725,672

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	1,612,372	1,925,893	3,983,526	2,524,012	3,038,570	13,084,373
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	522	(38)	4,268	2,203	1,231	8,186
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	522	(38)	4,268	2,203	1,231	8,186
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	10,060	22,860
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,612,894	1,925,855	3,990,994	2,535,815	3,049,861	13,115,419

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 2015 (line 8, column (f) divided by line 13, column (f))	15	74.15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	72.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0.00	%

- 19a 33 1/3% support tests - 2015. 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 - 2014. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

SPECIAL KIDS INC

62-1718638

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

Complete if the organization answered "Yes" on 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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 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, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 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, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		338,590		338,590
b Buildings		2,171,189	224,723	1,946,466
c Leasehold improvements				
d Equipment		488,788	132,710	356,078
e Other		50,320	36,984	13,336
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,654,470

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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) SECURITY DEPOSITS	250	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	250	

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,792,453
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	3,016	
e	Add lines 2a through 2d	2e		3,016
3	Subtract line 2e from line 1		3	2,789,437
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	2,789,437

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,761,680
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	7,108	
e	Add lines 2a through 2d	2e		7,108
3	Subtract line 2e from line 1		3	2,754,572
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	2,754,572

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 6,482 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 626 WAS NOT INCLUDED IN THE AUDIT REVENUES. IT WAS INCLUDED IN EXPENSES ON THE AUDIT.

UNREALIZED LOSS ON INVESTMENTS OF 4,092 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 6,482 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 626 WAS NOT INCLUDED IN THE AUDIT REVENUES. IT WAS INCLUDED IN EXPENSES ON THE AUDIT.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SPECIAL KIDS INC

Employer identification number

62-1718638

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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)	BANQUET (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	237,062	118,376	62,718	418,156
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	237,062	118,376	62,718	418,156
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			9,481	9,481
	7	Food and beverages	597	539	565	1,701
	8	Entertainment		4,000		4,000
	9	Other direct expenses	38,005	4,861	6,127	48,993
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					353,981

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))	
Revenue	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: _____

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SPECIAL KIDS INC	Employer identification number 62-1718638
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	2	37,830	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock . .				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ()				
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	
---	----	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SPECIAL KIDS INC

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.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

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.

06. List of other expenses (Part IX, line 24e)

BANK CHARGES - 8,391

LEASE EXPENSE - 450

LICENSES, REGISTRATIONS AND TAXES - 4,093

OTHER - 143

UNIFORMS - 4,639

WEBSITE MAINTENANCE - 5,032

IMPAIRMENT CHARGE - 272,262

Federal Supporting Statements

2015 PG01

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

FORM 4562 - LINE 19B

Statement #67

BASIS	RP	CV	METHOD	DEDUCTION
3,263	5	MQ	SL	571
4,312	5	MQ	SL	755
5,742	5	MQ	SL	1,005
2,428	5	MQ	SL	425
960	5	MQ	SL	168
1,139	5	MQ	SL	199
1,591	5	MQ	SL	278
1,591	5	MQ	SL	278
10,060	5	MQ	SL	1,258
3,716	5	MQ	SL	465
2,294	5	MQ	SL	172
322	5	MQ	SL	8
1,028	5	MQ	SL	129
2,560	5	MQ	SL	320
5,040	5	MQ	SL	630
TOTAL				<u>6,661</u>

Federal Supporting Statements

2015 PG01

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

FORM 4562 - LINE 19C

Statement #68

BASIS	RP	CV	METHOD	DEDUCTION
2,000	7	MQ	SL	107
3,000	7	MQ	SL	54
892	7	MQ	SL	48
527	7	MQ	SL	28
1,230	7	MQ	SL	154
358	7	MQ	SL	45
452	7	MQ	SL	57
1,120	7	MQ	SL	140
1,492	7	MQ	SL	187
1,208	7	MQ	SL	151
2,360	7	MQ	SL	295
1,868	7	MQ	SL	234
5,940	7	MQ	SL	743
350	7	MQ	SL	44
265	7	MQ	SL	33
2,872	7	MQ	SL	359
1,138	7	MQ	SL	142
499	7	MQ	SL	62
2,100	7	MQ	SL	263
1,960	7	MQ	SL	245
910	7	MQ	SL	114
1,863	7	MQ	SL	233
2,157	7	MQ	SL	270
893	7	MQ	SL	112
279	7	MQ	SL	35
849	7	MQ	SL	106
1,172	7	MQ	SL	147
644	7	MQ	SL	81
998	7	MQ	SL	125
330	7	MQ	SL	41
1,108	7	MQ	SL	99
1,007	7	MQ	SL	90
2,995	7	MQ	SL	160
116,659	7	MQ	SL	2,083
660	7	MQ	SL	12
1,414	7	MQ	SL	177
381	7	MQ	SL	48
2,110	7	MQ	SL	264
405	7	MQ	SL	51
429	7	MQ	SL	54
1,002	7	MQ	SL	125
323	7	MQ	SL	40
645	7	MQ	SL	58
805	7	MQ	SL	72
626	7	MQ	SL	34
1,080	7	MQ	SL	58
4,541	7	MQ	SL	568
1,750	7	MQ	SL	219

Federal Supporting Statements

2015 PG02

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

FORM 4562 - LINE 19C

Statement #68

BASIS	RP	CV	METHOD	DEDUCTION
1,292	7	MQ	SL	115
1,002	7	MQ	SL	89
1,056	7	MQ	SL	<u>57</u>
TOTAL				<u><u>9,128</u></u>

FORM 4562 - LINE 19I

PG01
Statement #69

DATE	COST	DEDUCTION
09-2015	328	2
08-2015	1,391	13
02-2015	344,760	<u>7,736</u>
TOTAL		<u><u>7,751</u></u>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

ALL OTHER

Description	Amount
PRIVATE GIFTS AND GRANTS 617,524+4,092+4,092	\$ 625,708
IN-KIND DONATIONS	72,436
NON CASH SCHEDULE M	(37,830)
Total:	<u>\$ 660,314</u>

SALE OF SECURITIES

Description	Amount
ALTRIA	\$ 4,201
Total:	<u>\$ 4,201</u>

COST OF SECURITIES

Description	Amount
ALTRIA	\$ 2,921
Total:	<u>\$ 2,921</u>

DIRECT FUNDRAISING EXPENSES

Description	Amount
DEVELOPMENT EXPENSES	\$ 270,049
LESS WEBSITE DESIGN/MAINTENANCE	(5,032)
IN KIND EXPENSES	(183,763)
Total:	<u>\$ 81,254</u>

OFFICE EXPENSES-PROGRAM EXPENSES

Description	Amount
TELEPHONE AND INTERNET	\$ 15,123
POSTAGE	5,119
PAYROLL PROCESSING FEES	6,159
Total:	<u>\$ 26,401</u>

Name(s) as shown on return

SPECIAL KIDS INC

FEIN

62-1718638

OFFICE EXPENSE-MANAGEMENT AND GENERAL

Description	Amount
TELEPHONE AND INTERNET	\$ 1,163
POSTAGE	394
PAYROLL PROCESSING FEES	474
Total:	<u>\$ 2,031</u>

OFFICE EXPENSE-FUNDRAISING

Description	Amount
TELEPHONE AND INTERNET	\$ 3,102
POSTAGE	1,050
PAYROLL PROCESSING FEES	1,264
Total:	<u>\$ 5,416</u>

OCCUPANCY

Description	Amount
REAL ESTATE TAXES	\$ 1,057
UTILITIES	1,691
Total:	<u>\$ 2,748</u>

OTHER EXPENSES-PROGRAM EXPENSES

Description	Amount
BANK CHARGES	\$ 6,545
LEASE EXPENSE	450
LICENSES, REGISTRATIONS AND TAXES	3,193
UNIFORMS	3,618
OTHER	112
Total:	<u>\$ 13,918</u>

OTHER EXPENSES-MANAGEMENT AND GENERAL

Description	Amount
BANK CHARGES	\$ 503
LICENSES, REGISTRATIONS AND TAXES	246
UNIFORMS	278
OTHER	9
IMPAIRMENT CHARGE	272,262
Total:	<u>\$ 273,298</u>

Name(s) as shown on return

FEIN

SPECIAL KIDS INC

62-1718638

OTHER EXPENSES-FUNDRAISING

Description	Amount
BANK CHARGES	\$ 1,343
WEBSITE MAINTENANCE	5,032
LICENSES, REGISTRATIONS AND TAXES	654
UNIFORMS	743
OTHER	22
Total:	<u>\$ 7,794</u>

OTHER

Description	Amount
RENTAL EXPENSES	\$ 6,482
LOSS ON DISPOSAL OF EQUIPMENT	626
REALIZED GAIN ON INVESTMENTS	(4,092)
Total:	<u>\$ 3,016</u>

OTHER

Description	Amount
RENTAL EXPENSES	\$ 6,482
LOSS ON DISPOSAL OF EQUIPMENT	626
Total:	<u>\$ 7,108</u>

Depreciation Reconciliation for SPECIAL KIDS INC

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciation
Beginning of Year	2,374,606	2,107,805	81,975	379,549	
Placed in Service in Current Year	686,065	613,371	26,027	26,027	
Removed from Service in Current Year	11,785	11,785	633	11,159	
End of Year	3,048,886	2,709,391	107,369	394,417	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Depreciation Detail Listing

Program Services
For your records only

Name(s) as shown on return												Social security number/EIN			
SPECIAL KIDS INC												62-1718638			
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING	03011998	253,225		100.00		253,225	40	SL	MM	2.5	113,854			6,331
3	50KW EMERGENCY GENERATOR	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			
7	GAIT TRAINER	10082004	705		100.00		705	5			0	705			
11	PREDATORS GRANT EQUIPMENT	07012006	8,081		100.00		8,081	5			0	8,081			
12	202 ARNETTE STREET	02152007	130,987		100.00		130,987	39	SL	MM	2.564	31,696			3,359
13	TERMINAL SERVER	02072007	5,506		100.00		5,506	5			0	5,506			
14	OFFICE FURNITURE-CHRI	05072007	400		100.00		400	5			0	400			
15	OFFICE RENOVATION ANN	06302008	16,232		100.00		16,232	15	SL	HY	6.667	8,115			1,082
16	SAVIN COPY MACHINE	03312008	2,725		100.00		2,725	7	SL	HY	14.286	2,725			196
17	CRIB&ACCESSORIES	01242008	3,113		100.00		3,113	7	SL	HY	14.286	3,113			221
18	PEAVEY ESCORT 2000 PO	09292008	500		100.00		500	7	SL	HY	14.286	500			38
20	DELL SERVERS-ARNETTE	04142009	2,401		100.00		2,401	5			0	2,401			
21	DELL COMPUTER-RACHEL	07142009	679		100.00		679	5			0	679			
22	DELL COMPUTER-MEGAN	07142009	679		100.00		679	5			0	679			
23	DELL COMP-TONI,ANDRE,	08192009	4,266		100.00		4,266	5			0	4,266			
25	DELL COMPUTERS	10152009	2,075		100.00		2,075	5			0	2,075			
26	OXYGEN CONCENTRATOR	11012009	596		100.00		596	7	SL	HY	14.286	553			85
27	DONOR MGMT SYSTEM(FR	09212009	19,446		100.00		19,446	5			0	19,446			
28	SOFTWARE FOR SERVER	A03012009	370		100.00		370	5			0	370			
29	SKIMS UPDATES	12012009	900		100.00		900	5			0	900			
31	DELL-2LAPTOPS,3PCS,1	07132010	5,837		100.00		5,837	5	SL	HY	20	5,837			585
32	46"TV&BLU RAY PLAYER	08012010	1,470		100.00		1,470	5	SL	HY	20	1,470			147
33	RECEIVER DENON	08012010	550		100.00		550	5	SL	HY	20	550			55
34	CAMERA CANON REBEL	08012010	960		100.00		960	5	SL	HY	20	960			96
35	PROJECTOR MITSUBISHI	08012010	1,253		100.00		1,253	5	SL	HY	20	1,253			124
36	5 DELL COMPUTERS	08192010	3,646		100.00		3,646	5	SL	HY	20	3,646			365
38	3 COMPUTERS-HP 500B-P	05312011	1,110		100.00		1,110	5	SL	HY	20	999			222
39	VITAL SIGN MONITOR	08052011	2,778		100.00		2,778	5	SL	HY	20	2,778			554

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
For your records only

2015
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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	ANNEX ROOF	04062012	7,600		100.00		7,600	15	SL HY	6.667	507	1,774			507
41	LYTEC SERVER	04162012	1,682		100.00		1,682	5	SL HY	20	336	1,176			336
42	2006 CARGO TRAILER 12	05072012	2,100		100.00		2,100	7	SL HY	14.286	300	1,050			300
43	WHEEL CLAMP-CARGO(CAM)	05102012	321		100.00		321	7	SL HY	14.286	46	161			46
44	2002 CHEVY EXPRESS VA	05172012	5,500		100.00		5,500	5	SL HY	20	1,100	3,850			1,100
45	IMPACT WEBSITE	06302012	14,801		100.00		14,801	5	SL HY	20	2,960	10,360			2,960
46	2 OUTSIDE GLASS DOORS	08312012	2,808		100.00		2,808	15	SL HY	6.667	187	655			187
47	3 HVAC UNITS	09252012	18,000		100.00		18,000	15	SL HY	6.667	1,200	4,200			1,200
48	7 DELL COMPUTERS	10312012	4,732		100.00		4,732	5	SL HY	20	946	3,311			946
49	DELL POWER EDGE 1900	01012012	2,799		100.00		2,799	5	SL HY	20	560	1,960			560
50	2 PICNIC TABLES	12032012	1,000		100.00		1,000	7	SL HY	14.286	143	500			143
51	OTTOBOCK AQUANET TOWEL	12112012	599		100.00		599	5	SL HY	20	120	420			120
52	WALKER	12142012	4,000		100.00		4,000	7	SL HY	14.286	571	1,999			571
53	BOLSTER SWING-OT/PT	01312013	578		100.00		578	7	SL MQ	14.286	83	238			83
54	4 OPTIPLEX 3010 MINTO	04012013	2,527		100.00		2,527	5	SL MQ	20	505	1,326			505
56	2 RIFTON TODDLER CHAI	07312013	908		100.00		908	7	SL MQ	14.286	130	309			130
57	12 X 16 METAL SHED	09302013	1,000		100.00		1,000	7	SL MQ	14.286	143	340			143
58	EMR SOFTWARE	11262013	13,900		100.00		13,900	5	SL MQ	20	2,780	5,908			2,780
59	OFFICE EQUIPMENT AND	02212013	9,000		100.00		9,000	7	SL MQ	14.286	1,286	3,697			1,286
60	RICOH COPIER	03072013	1,000		100.00		1,000	7	SL MQ	14.286	143	411			143
61	GAGGLE BUGGY	05022013	1,499		100.00		1,499	7	SL MQ	14.286	214	562			214
62	THERAPY BED	06142013	1,000		100.00		1,000	7	SL MQ	14.286	143	375			143
63	GAGGLE BUGGY (BYE-BYE)	04182014	1,978		100.00		1,978	7	SL MQ	14.286	283	460			283
64	OFFICE FURNITURE-ANNE	05292014	5,140		100.00		5,140	7	SL MQ	14.286	734	1,193			734
65	LAPTOP DELL INSPIRON	08072014	983		100.00		983	5	SL MQ	20	197	271			197
66	LAPTOP DELL XPS 12 FO	08072014	983		100.00		983	5	SL MQ	20	197	271			197
67	3 ROW GOLF CART	09032014	3,500		100.00		3,500	7	SL MQ	14.286	500	688			500
68	LAPTOP DELL INSPIRON	10012014	1,208		100.00		1,208	5	SL MQ	20	242	272			242
69	41 LESRO NEWPORT MODE	10012014	9,815		100.00		9,815	7	SL MQ	14.286	1,402	1,577			1,402
70	15 LESRO NEWPORT MODE	10012014	3,591		100.00		3,591	7	SL MQ	14.286	513	577			513

Depreciation Detail Listing

2015

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* Item was disposed of during current year.

Program Services

For your records only

Name(s) as shown on return

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
71	5 LESRO NEWPORT OVER	10012014	1,511		100.00		1,511	5	SL MQ	20	302	340			302
72	4 MAYLINE FLIP & NEST	10012014	2,276		100.00		2,276	7	SL MQ	14.286	325	366			325
73	APC BATTERY BACKUPS F	10062014	1,269		100.00		1,269	5	SL MQ	20	254	286			254
74	4 TIERED LITERATURE R	10062014	332		100.00		332	7	SL MQ	14.286	47	53			47
75	PORTABLE SINK FOR CHU	10072014	5,520		100.00		5,520	7	SL MQ	14.286	789	888			789
76	EXPANDABLE BALL PIT	10082014	1,060		100.00		1,060	7	SL MQ	14.286	151	170			151
77	SPACE WALK	10082014	319		100.00		319	7	SL MQ	14.286	46	52			46
78	SCOOTERBOARD RAMP	10082014	364		100.00		364	7	SL MQ	14.286	52	59			52
79	4 PACK CUBE CHAIRS	10082014	219		100.00		219	7	SL MQ	14.286	31	35			31
80	3 BLACK VERTICAL FILE	10112014	1,409		100.00		1,409	7	SL MQ	14.286	201	226			201
81	SHED FOR SHERI'S SUPP	10162014	1,100		100.00		1,100	15	SL MQ	6.667	73	82			73
82	APPLE MACBOOK PRO FOR	10172014	618		100.00		618	5	SL MQ	20	124	139			124
83	APPLE MACBOOK PRO FOR	10172014	617		100.00		617	5	SL MQ	20	123	138			123
84	RAINBOW ACROBAT SWING	10232014	445		100.00		445	7	SL MQ	14.286	64	72			64
85	LADDER WALL	10232014	414		100.00		414	7	SL MQ	14.286	59	66			59
86	FOLDING 4X8 2 PANEL -	10242014	305		100.00		305	7	SL MQ	14.286	44	49			44
87	WEPLAY WATER MOTOR LI	10282014	1,275		100.00		1,275	7	SL MQ	14.286	182	205			182
88	3 IPAD 2'S - THERAPY	10292014	1,068		100.00		1,068	5	SL MQ	20	214	241			214
89	21 SIDDON BLACK CHAIR	10312014	2,556		100.00		2,556	7	SL MQ	14.286	365	411			365
90	EPSON DS-510 SCANNER	11042014	280		100.00		280	5	SL MQ	20	56	63			56
91	COMPUTER DESK	11042014	350		100.00		350	7	SL MQ	14.286	50	56			50
92	FLARE CHAIR	11072014	419		100.00		419	7	SL MQ	14.286	60	67			60
93	FLARE LOVESEAT	11072014	539		100.00		539	7	SL MQ	14.286	77	87			77
94	2 SQUARE END TABLES	11072014	298		100.00		298	7	SL MQ	14.286	43	48			43
95	2 DELL OPTIPLEX 3020	11112014	1,371		100.00		1,371	5	SL MQ	20	274	308			274
96	2 DELL OPTIPLEX 3020	11112014	1,372		100.00		1,372	5	SL MQ	20	274	308			274
97	MAYTAG BI DISHWASHER	12052014	570		100.00		570	7	SL MQ	14.286	81	91			81
98	DELUXE BOLSTER SWING	12192014	756		100.00		756	7	SL MQ	14.286	108	122			108
99	PLATFORM SWING W/INFA	12192014	403		100.00		403	7	SL MQ	14.286	58	65			58
100	BUBBLE WALL PANEL	12242014	2,546		100.00		2,546	7	SL MQ	14.286	364	409			364

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
For your records only

Name(s) as shown on return											Social security number/EIN				
SPECIAL KIDS INC											62-1718638				
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
101	55" LG LED TV-THERAPY	10282014	598		100.00		598	7	SL	MQ	85	96			85
102	PHONE SYSTEM-THERAPY	11022014	6,733		100.00		6,733	7	SL	MQ	962	1,082			962
103	WEPLAY MOTOR SKILLS U	09092014	710		100.00		710	7	SL	MQ	101	139			101
104	TUMBLEFORM 2 VARREL C	09112014	939		100.00		939	7	SL	MQ	134	184			134
105	3 DELL XPS 12 LAPTOPS	09122014	3,831		100.00		3,831	7	SL	MQ	547	752			547
106	FOLDING CHILDREN'S PA	09152014	754		100.00		754	7	SL	MQ	108	148			108
107	FOAMNASIUM PLAYGROUND	09152014	425		100.00		425	7	SL	MQ	61	84			61
108	SMALL BENCH ADAPTIVE	09152014	369		100.00		369	7	SL	MQ	53	73			53
109	LARGE BENCH ADAPTIVE	09152014	451		100.00		451	7	SL	MQ	64	88			64
110	XL BENCH ADAPTIVE MAL	09152014	490		100.00		490	7	SL	MQ	70	96			70
111	WEDGE MAT GSC DOWNHI	09162014	1,810		100.00		1,810	7	SL	MQ	259	356			259
112	WELCH ALLYN SURETEMP	09172014	305		100.00		305	7	SL	MQ	44	60			44
113	2 FLAT SCREEN TV'S	09182014	1,446		100.00		1,446	7	SL	MQ	207	284			207
114	9 5X10X4 LANDING MATS	09182014	4,226		100.00		4,226	7	SL	MQ	604	830			604
115	10 4X8X4 LANDING MATS	09182014	3,468		100.00		3,468	7	SL	MQ	495	681			495
116	2 4X6X4 LANDING MATS	09182014	506		100.00		506	7	SL	MQ	72	99			72
117	DELUXE BOLSTER SWING	09182014	549		100.00		549	7	SL	MQ	78	107			78
118	PLATFORM SWING W/INFA	09182014	293		100.00		293	7	SL	MQ	42	58			42
119	10 SOLID OAK SINGLE P	09242014	6,949		100.00		6,949	7	SL	MQ	993	1,365			993
120	BOBATH TABLE	09242014	3,285		100.00		3,285	7	SL	MQ	469	645			469
121	SUSPENSION & HEIGHT A	09182014	950		100.00		950	7	SL	MQ	136	187			136
122	FLYING TRAPEZE	09182014	1,225		100.00		1,225	7	SL	MQ	175	241			175
123	2 DELL COMPUTER/TABLE	11112014	2,446		100.00		2,446	5	SL	MQ	489	550			489
124	OTTO BOCK BASE	04032014	3,000		100.00		3,000	7	SL	MQ	429	697			429
125	SHED FOR ANNEX	05162014	2,500		100.00		2,500	15	SL	MQ	167	271			167
126	OFFICE FURNITURE	09032014	2,043		100.00		2,043	7	SL	MQ	292	401			292
127	2 STORAGE UNITS	10282014	2,280		100.00		2,280	15	SL	MQ	152	171			152
128	DELL INSPIRON 17 COMP	11112014	1,208		100.00		1,208	5	SL	MQ	242	272			242
129	COMPUTER FOR NURSING	12052014	1,343		100.00		1,343	5	SL	MQ	269	303			269
130	ACCESS CONTROL SYSTEM	0302014	8,961		100.00		8,961	7	SL	MQ	1,280	1,440			1,280

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
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
131	2212 EAST MAIN STREET	08292013	329,989		100.00		329,989	39	SL MM	2.564	8,461	19,742			8,461
132	THERAPY CENTER	09202014	1,052,227		100.00		1,052,227	39	SL MM	2.564	26,980	34,849			26,980
133	NISSAN NV3500 VAN (PA	07072015	30,830		100.00		30,830	5	SL MQ	7.5	2,312	2,312			2,312
134	AMTRYKE EXTENDER	08312015	2,000		100.00		2,000	7	SL MQ	5.357	107	107			107
135	POWER WHEEL CHAIR	11012015	3,000		100.00		3,000	7	SL MQ	1.786	54	54			54
136	SCHOOL BUS	12172015	7,000		100.00		7,000	5	SL MQ	2.5	175	175			175
137	MONUMENT SIGN-NURSING	032282015	3,263		100.00		3,263	5	SL MQ	17.5	571	571			571
138	VENETIAN GOLD GRANITE	08012015	892		100.00		892	7	SL MQ	5.357	48	48			48
139	BEDFORD MAPLE CARAMEL	08022015	527		100.00		527	7	SL MQ	5.357	28	28			28
140	WALL BOX-EMERGENCY EX	09182015	328		100.00		328	39	SL MM	.748	2	2			2
141	SMOKE DETECTORS FOR	08042015	1,391		100.00		1,391	39	SL MM	.962	13	13			13
142	LANDING MATS 5X10X4	01062015	1,230		100.00		1,230	7	SL MQ	12.5	154	154			154
143	FOLDING MAT 2 PANEL 4	01122015	358		100.00		358	7	SL MQ	12.5	45	45			45
144	MINI FRIDG-NURSING CE	01152015	452		100.00		452	7	SL MQ	12.5	57	57			57
145	SCHOOL SPECIALTY SPAC	01162015	1,120		100.00		1,120	7	SL MQ	12.5	140	140			140
146	SUPERACTIVE LED FIBER	01162015	1,492		100.00		1,492	7	SL MQ	12.5	187	187			187
147	SOMATRON BODY PILLOW	01162015	1,208		100.00		1,208	7	SL MQ	12.5	151	151			151
148	SOMATRON TUBBY BALL P	01162015	2,360		100.00		2,360	7	SL MQ	12.5	295	295			295
149	HEALTHMETER 2650KL PR	01162015	1,868		100.00		1,868	7	SL MQ	12.5	234	234			234
150	L&B APPLIANCE	01312015	5,940		100.00		5,940	7	SL MQ	12.5	743	743			743
151	TOWEL DISPENSER-TOUCH	01032015	350		100.00		350	7	SL MQ	12.5	44	44			44
152	PURELL TFX HAND SANIT	01032015	265		100.00		265	7	SL MQ	12.5	33	33			33
153	DELL INSPIRON 17 5000	01052015	4,312		100.00		4,312	5	SL MQ	17.5	755	755			755
154	DELL OPTIPLEX 3020-NU	01052015	5,742		100.00		5,742	5	SL MQ	17.5	1,005	1,005			1,005
155	DELL XPS 12 LAPTOP	01052015	2,428		100.00		2,428	5	SL MQ	17.5	425	425			425
156	DELL 17" MONITOR	01052015	960		100.00		960	5	SL MQ	17.5	168	168			168
157	LESRO NEWPORT MODERN	01072015	2,872		100.00		2,872	7	SL MQ	12.5	359	359			359
158	MAYLINE COHERE FLIP&N	01072015	1,138		100.00		1,138	7	SL MQ	12.5	142	142			142
159	BULLETTIN BOARDS-NURSI	01122015	499		100.00		499	7	SL MQ	12.5	62	62			62
160	SIDDON CHAIR-NURSING	01172015	2,100		100.00		2,100	7	SL MQ	12.5	263	263			263

Depreciation Detail Listing

2015

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* Item was disposed of during current year.

Program Services

For your records only

Name(s) as shown on return

Social security number/EIN

SPECIAL KIDS INC

62-1718638

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
161	TRASH CAN-10 GAL SEMI	01242015	1,960		100.00		1,960	7	SL MQ	12.5	245	245			245
162	FRIGIDAIR REFRIGERATO	01282015	910		100.00		910	7	SL MQ	12.5	114	114			114
163	42 ROYAL SEATING 14"C	02012015	1,863		100.00		1,863	7	SL MQ	12.5	233	233			233
164	12 ARTCOBELL 7P90 SWI	02012015	2,157		100.00		2,157	7	SL MQ	12.5	270	270			270
165	5 TABLES 30X72 CLASSR	02012015	893		100.00		893	7	SL MQ	12.5	112	112			112
166	2 TABLES 30X48 CLASSR	02012015	279		100.00		279	7	SL MQ	12.5	35	35			35
167	SINGLE PEDESTAL DESK-	02062015	849		100.00		849	7	SL MQ	12.5	106	106			106
168	EXAM TABLE-FOLD UP WA	02112015	1,172		100.00		1,172	7	SL MQ	12.5	147	147			147
169	UPTON EXPRESSO KITCHEN	02132015	644		100.00		644	7	SL MQ	12.5	81	81			81
170	PRESCHOOL SOFA&CHAIR	02172015	998		100.00		998	7	SL MQ	12.5	125	125			125
171	LADY BUG HOLLOW	02232015	330		100.00		330	7	SL MQ	12.5	41	41			41
172	15" LAPTOP-FAMILY SER	03092015	1,139		100.00		1,139	5	SL MQ	17.5	199	199			199
173	VITAL SIGN MONITOR-NU	03312015	1,591		100.00		1,591	5	SL MQ	17.5	278	278			278
174	VITAL SIGN MONITOR ST	03312015	1,591		100.00		1,591	5	SL MQ	17.5	278	278			278
175	60" VIZIO TV	04302015	1,108		100.00		1,108	7	SL MQ	8.929	99	99			99
176	CANVAS PRINTS-THERAPY	04302015	1,007		100.00		1,007	7	SL MQ	8.929	90	90			90
177	14 DELL OPTIPLEX 3020	06052015	10,060		100.00		10,060	5	SL MQ	12.5	1,258	1,258			1,258
178	3 DELL INSPIRON 15 LA	06052015	3,716		100.00		3,716	5	SL MQ	12.5	465	465			465
179	POWEREDGE T320 SERVER	07052015	2,294		100.00		2,294	5	SL MQ	7.5	172	172			172
180	AUTO SCRUB MACHINE-TH	08102015	2,995		100.00		2,995	7	SL MQ	5.357	160	160			160
181	APC100 BACKUP	11012015	322		100.00		322	5	SL MQ	2.5	8	8			8
182	PLAYGROUND-OUTSIDE	12012015	116,659		100.00		116,659	7	SL MQ	1.786	2,083	2,083			2,083
183	CRAB ORCHARD STONE-SK	11302015	660		100.00		660	7	SL MQ	1.786	12	12			12
184	SOLAR PROJECTOR KIT B	01132015	1,414		100.00		1,414	7	SL MQ	12.5	177	177			177
185	UV SOLUTIONS	01132015	381		100.00		381	7	SL MQ	12.5	48	48			48
186	SOUND TO LIGHT PANEL	01132015	2,110		100.00		2,110	7	SL MQ	12.5	264	264			264
187	PORTABLE 27" BUBBLE T	01132015	405		100.00		405	7	SL MQ	12.5	51	51			51
188	MAXI BUBBLE TUBE	01132015	429		100.00		429	7	SL MQ	12.5	54	54			54
189	PRASE BOARD-THERAPY	01282015	1,002		100.00		1,002	7	SL MQ	12.5	125	125			125
190	KLEINAU WALL COLLAGE-	02262015	323		100.00		323	7	SL MQ	12.5	40	40			40

* Item was disposed of during current year.

Depreciation Detail Listing

2015
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Management & General
For your records only

Name(s) as shown on return																	
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			00		0							
19	LAND 202 ARNETTE STRE	02152007	84,000	84,000	100.00			00		0							
198	LAND 2220 E MAIN ST	06152015	71,790	71,790	100.00			00		0							
205	LAND 2208 E MAIN ST	09302013	147,396	147,396	100.00			00		0							
Totals																	
												338,590	338,590				

Land Amount
Net Depreciable Cost

338,590

ST ADJ:

Next Year's Depreciation

2015

Name SPECIAL KIDS INC							FEIN 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	07262001	16,877	SL	5		
PRG	1	CLIMBING WALL	05082003	1,307	SL	5		
PRG	1	TREADMILL	01232004	4,905	SL	5		
PRG	1	GAIT TRAINER	10082004	705	SL	5		
PRG	1	PREDATORS GRANT EQUIPMENT	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		
PRG	1	CRIB&ACCESSORIES	01242008	3,113	SL	7		
PRG	1	PEAVEY ESCORT 2000 PORTA	09292008	500	SL	7		
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	10152009	2,075	SL	5		
PRG	1	OXYGEN CONCENTRATOR	11012009	596	SL	7	43	
PRG	1	DONOR MGMT SYSTEM(FROM	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	DELL-2LAPTOPS,3PC'S,14MO	07132010	5,837	SL	5		
PRG	1	46"TV&BLU RAY PLAYER	08012010	1,470	SL	5		
PRG	1	RECEIVER DENON	08012010	550	SL	5		
PRG	1	CAMERA CANON REBEL	08012010	960	SL	5		
PRG	1	PROJECTOR MITSUBISHI	08012010	1,253	SL	5		
PRG	1	5 DELL COMPUTERS	08192010	3,646	SL	5		
PRG	1	3 COMPUTERS-HP 500B-P E5	05312011	1,110	SL	5	111	
PRG	1	VITAL SIGN MONITOR	08052011	2,778	SL	5		
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(CAMP	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	
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	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	

Next Year's Depreciation

2015

Name SPECIAL KIDS INC						FEIN 62-1718638		
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction	
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	1022014	6,733	SL	7	962	
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	

Next Year's Depreciation

2015

Name SPECIAL KIDS INC						FEIN 62-1718638	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
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
PRG	1	NISSAN NV3500 VAN (PASSE	07072015	30,830	SL	5	5,400
PRG	1	AMTRYKE EXTENDER	08312015	2,000	SL	7	286
PRG	1	POWER WHEEL CHAIR	11012015	3,000	SL	7	429
PRG	1	SCHOOL BUS	12172015	7,000	SL	5	1,400
PRG	1	MONUMENT SIGN-NURSING CE	02282015	3,263	SL	5	653
PRG	1	VENETIAN GOLD GRANITE DE	08012015	892	SL	7	127
PRG	1	BEDFORD MAPLE CARAMEL AR	08022015	527	SL	7	75
PRG	1	WALL BOX-EMERGENCY EXIT	09182015	328	SL	39	8
PRG	1	SMOKE DETECTORS FOR SECU	08042015	1,391	SL	39	36
PRG	1	LANDING MATS 5X10X4	01062015	1,230	SL	7	176
PRG	1	FOLDING MAT 2 PANEL 4X8	01122015	358	SL	7	51
PRG	1	MINI FRIDG-NURSING CENTE	01152015	452	SL	7	65
PRG	1	SCHOOL SPECIALTY SPACE R	01162015	1,120	SL	7	160
PRG	1	SUPERACTIVE LED FIBER OP	01162015	1,492	SL	7	213
PRG	1	SOMATRON BODY PILLOW	01162015	1,208	SL	7	173
PRG	1	SOMATRON TUBBY BALL POOL	01162015	2,360	SL	7	337
PRG	1	HEALTHMETER 2650KL PROPL	01162015	1,868	SL	7	267
PRG	1	L&B APPLIANCE	01312015	5,940	SL	7	849
PRG	1	TOWEL DISPENSER-TOUCHLES	01032015	350	SL	7	50
PRG	1	PURELL TFX HAND SANITIZE	01032015	265	SL	7	38
PRG	1	DELL INSPIRON 17 5000 LA	01052015	4,312	SL	5	862
PRG	1	DELL OPTIPLEX 3020-NURSI	01052015	5,742	SL	5	1,148
PRG	1	DELL XPS 12 LAPTOP	01052015	2,428	SL	5	486
PRG	1	DELL 17" MONITOR	01052015	960	SL	5	192
PRG	1	LESRO NEWPORT MODERN CHA	01072015	2,872	SL	7	410
PRG	1	MAYLINE COHERE FLIP&NES	01072015	1,138	SL	7	163
PRG	1	BULLETIN BOARDS-NURSING	01122015	499	SL	7	71
PRG	1	SIDDON CHAIR-NURSING CEN	01172015	2,100	SL	7	300
PRG	1	TRASH CAN-10 GAL SEMI RO	01242015	1,960	SL	7	280

Next Year's Depreciation

2015

Name SPECIAL KIDS INC				FEIN 62-1718638			
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	FRIGIDAIR REFRIGERATOR 2	01282015	910	SL	7	130
PRG	1	42 ROYAL SEATING 14"CHAI	02012015	1,863	SL	7	266
PRG	1	12 ARTCOBELL 7P90 SWIV P	02012015	2,157	SL	7	308
PRG	1	5 TABLES 30X72 CLASSRM S	02012015	893	SL	7	128
PRG	1	2 TABLES 30X48 CLASSRM S	02012015	279	SL	7	40
PRG	1	SINGLE PEDESTAL DESK-SOL	02062015	849	SL	7	121
PRG	1	EXAM TABLE-FOLD UP WALL	02112015	1,172	SL	7	167
PRG	1	UPTON EXPRESSO KITCHEN	02132015	644	SL	7	92
PRG	1	PRESCHOOL SOFA&CHAIR SET	02172015	998	SL	7	143
PRG	1	LADY BUG HOLLOW	02232015	330	SL	7	47
PRG	1	15" LAPTOP-FAMILY SERVIC	03092015	1,139	SL	5	228
PRG	1	VITAL SIGN MONITOR-NURSI	03312015	1,591	SL	5	318
PRG	1	VITAL SIGN MONITOR STAND	03312015	1,591	SL	5	318
PRG	1	60" VIZIO TV	04302015	1,108	SL	7	158
PRG	1	CANVAS PRINTS-THERAPY CE	04302015	1,007	SL	7	144
PRG	1	14 DELL OPTIPLEX 3020 CO	06052015	10,060	SL	5	2,012
PRG	1	3 DELL INSPIRON 15 LAPTO	06052015	3,716	SL	5	743
PRG	1	POWEREDGE T320 SERVER	07052015	2,294	SL	5	459
PRG	1	AUTO SCRUB MACHINE-THERA	08102015	2,995	SL	7	428
PRG	1	APC100 BACKUP	11012015	322	SL	5	64
PRG	1	PLAYGROUND-OUTSIDE	12012015	116,659	SL	7	16,666
PRG	1	CRAB ORCHARD STONE-SK ME	011302015	660	SL	7	94
PRG	1	SOLAR PROJECTOR KIT B	01132015	1,414	SL	7	202
PRG	1	UV SOLUTIONS	01132015	381	SL	7	54
PRG	1	SOUND TO LIGHT PANEL	01132015	2,110	SL	7	301
PRG	1	PORTABLE 27" BUBBLE TUBE	01132015	405	SL	7	58
PRG	1	MAXI BUBBLE TUBE	01132015	429	SL	7	61
PRG	1	PRAISE BOARD-THERAPY CEN	01282015	1,002	SL	7	143
PRG	1	KLEINAU WALL COLLAGE-THE	02262015	323	SL	7	46
PRG	1	TABLET CHARGING CART	04132015	645	SL	7	92
PRG	1	LENVOA YOGA LAPTOP-CAMPA	04152015	1,028	SL	5	206
PRG	1	8 IPAD MINIS-CAMPABILITY	04152015	2,560	SL	5	512
PRG	1	12 IPAD AIR 16GB-CAMPABI	04152015	5,040	SL	5	1,008
PRG	1	WALL DECALS-NURSING BLDG	06182015	805	SL	7	115
PRG	1	BLACK LOVESEAT	07102015	626	SL	7	89
PRG	1	BLACK ONE SEAT SECTION F	07102015	1,080	SL	7	154
MGT	1	LAND 2220 E MAIN ST	06152015		NDA	0	
PRG	1	NURSING CENTER REMODEL	02282015	344,760	SL	39	8,840
PRG	1	CABING, HDMI, WALL BRACK	01202015	4,541	SL	7	649
PRG	1	WHEELCHAIR LIFT FOR THOM	02092015	1,750	SL	7	250
PRG	1	NAME PLATES-NURSING CENT	06172015	1,292	SL	7	185
PRG	1	SIGN FOR PRAISE BOARD	06262015	1,002	SL	7	143
PRG	1	SK DIMENSIONAL LOGO-NURS	07022015	1,056	SL	7	151
MGT	1	LAND 2208 E MAIN ST	09302013		NDA	0	
PRG	1	CONSTRUCTION IN PROCESS	12312015		NDA	0	
		TOTAL					129,846