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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 7/1/2009 and ending 6/30/2010 Please Check if applicable C Name of organization ARK INDUSTRIES & REHABILITATION CENT D Employer Identification number use IRS Address change Doing Business As 74-2323412 label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite type. Initial return 1150 NORTH 3RD STREET 307-742-6641 See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-G Gross receipts \$ ARAMIE 82072 900,849 Amended return WY Name and address of principal officer Application pending H(a) Is this a group return for affiliates? SHIRLEY PRATT 1150 NORTH 3RD STREET, LARAMIE, WY 82072 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 501(c) (3) < (insert no) 4947(a)(1) or Website: ► N/A H(c) Group exemption number X Corporation Trust Other > L Year of formation K Form of organization Association M State of legal domicile WY Part I Summary Briefly describe the organization's mission or most significant activities FINANCIAL ASSISTANCE PROVIDED TO ARK INDUSTRIES REHABILITATION CENTER, A NONPROFIT ORGANIZATION SPONSORED BY THE ALBANY COUNTY Activities & Governance ASSOCIATION FOR RETARDED CITIZENS, INC. Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) . . . 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 66,625 259,274 Contributions and grants (Part VIII, line 1h). 8 541,800 594,564 9 Program service revenue (Part VIII, line 2g) . . . 106,535 47,011 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 714,960 900,849 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 2.000 Benefits pato to or vior members (Part IX, column (A), line 4). 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundralsing expenses (Part IX, column (D), line 25) A CONTRACTOR OF THE PARTY OF TH b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 17 152,228 145,215 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 154,228 147,215 Revenue less expenses. Subtract line 18 from line 12 560,732 753.634 19 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 10,023,832 10,796,197 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 10,023,832 10,796,197 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 Signature of office Here Type or print name and title Date Check if Preparer's selfsignature Paid 8/24/2010 employed Preparer's Firm's name (or yours TIMOTHY M. HEARNE CPA, P.C ▶ 83-0284740 EIN **Use Only** if self-employed),

1369 NORTH 4TH STREET, LARAMIE, WY 82072

▶ (307) 745-8134 Х Yes

Preparer's identifying number

(see instructions)

P00044622

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
•	FINANCIAL ASSISTANCE PROVIDED TO ARK INDUSTRIES REHABILITATION CENTER, A NONPROFIT ORGANIZATION
	SPONSORED BY THE ALBANY COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ⁻) (Expenses \$ 142,545 including grants of \$) (Revenue \$ 900,856)
	FINANCIAL ACCIOTANCE DOCUMED TO ADVINDUOTDICO DELIADILITATION
	CENTER, A NONPROFIT ORGANIZATION SPONSORED BY THE ALBANY COUNTY
	ASSOCIATION FOR DETADDED CITIZENS INC
	ASSOCIATION FOR RETARDED CITIZENS, INC.
	•••••••••••••••••••••••••••••••••••••••
4h	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
46	(Code) (Expenses \$ including grants of \$) (Revenue \$)
A ~1	Other program carvices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 142,545
70	TOWN PROGRAM OUTTOO ORPOHOOD - TALIOTO

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	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	_ <u>`</u>		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			ļ
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		·	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that		ļ	
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u></u>		
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	H-3		 ^ -
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	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	18		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	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		\ ,	
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	245		J
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		 ^-
C		24c		Х
a	to defease any tax-exempt bonds?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	274		
Z Ja	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		-^-
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	200		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		 ^-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		 ^ -
٥.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			† ``
	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	_		
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		İ	
	Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			 ,,
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27		
		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20		
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	(2009)
		rom	ฮฮป	(2009)

ı aı	Statements regarding other into runings and rux compilation			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
, .	U.S. Information Returns Enter -0- if not applicable			
b	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Χ	
2a				
b		2b		
0 -	·			
3a				X
h				X
4a		30		
74		i		
		4a		Х
b	·			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
5a				Х
b		<u>5b</u>		X
С		.		
•		5C		
6a		62		х
h				<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Х	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the organization make any taxable distributions under section 4966?	9a 9b		X
ь 10	Section 501(c)(7) organizations. Enter	30		 ^
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	l		<u> </u>

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

Sect	ion A. Governing Body and Management					
		ا ا			Yes	No
1a	Enter the number of voting members of the governing body	1a	5	1		
ь	Enter the number of voting members that are independent	1b	5	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	nip with			X
_	any other officer, director, trustee, or key employee?	· ····································	hoduroot	2		 ^-
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors or trustees, or key employees to a management company of			3		x
	Did the organization make any significant changes to its organizational documents since the prior Form			4		x
4	Did the organization make any significant changes to its organizational documents since the prior Form Did the organization become aware during the year of a material diversion of the organization			5		x
5	Does the organization have members or stockholders?	115 455	els?	6		X
6	Does the organization have members, stockholders, or other persons who may elect one or	more r	nombore			 ^- -
7a	of the governing body?	IIIOI E I	nembers	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or continuous and stockholders.	ther no	reone?	7b		$\frac{\hat{x}}{x}$
8	Did the organization contemporaneously document the meetings held or written actions und			···	-	 ^
0	the year by the following	Citakci	danng			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?	•		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann				<u> </u>	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedu			9a		x
Sect	ion B. Policies (This Section B requests information about policies not required by ti					
	enue Code)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities	of sucl	n chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization			10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before	filing the			
	form?			11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 99	0.				↓
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	↓
С	Does the organization regularly and consistently monitor and enforce compliance with the p	olicy? I	f "Yes,"			
	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?	•		13	X	
14	Does the organization have a written document retention and destruction policy? .			14	X	ļ
15	Did the process for determining compensation of the following persons include a review and					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		and decision?		<u> </u>	ļ <u>.</u>
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	-
	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	_		40:	<u> </u>	
	with a taxable entity during the year?			16a	├-	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization					
	its participation in joint venture arrangements under applicable federal tax law, and taken st			4Ch	 	-
000	the organization's exempt status with respect to such arrangements?	·	• •	16b	<u> </u>	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed WY				<u>.</u>	
17 19	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 00	n_T (501/c)(3)c	onka		
18	available for public inspection. Indicate how you make these available. Check all that apply.		U-1 (UU1(U)(U)S	omy)		
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing doci	ımente	conflict of inte	rest		
13	policy, and financial statements available to the public.		, 55111150 01 1110	55.		
20	State the name, physical address, and telephone number of the person who possesses the	books	and records of	the		
	organization ► SHIRLEY PRATT					
	1150 NORTH 3RD STREET, LARAMIE, WY 82072					

Part VII

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

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

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

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

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

Charleshia harristalia

Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)	(B) (C) (D) (E)						(E)	(F)	
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DON LAMB PRESIDENT	5	×				d		\		
SHARON JENKINS VICE PRESIDENT	5	X								
KEITH DOWNEY SECRETARY	5	х								
SAM DUNNUCK TREASURER	5	x			<u></u>					
LINDA THORNTON DIRECTOR	5	x						_		
SHIRLEY PRATT EXECUTIVE DIRECTOR	5			x	_					
DARRYL COOPER EXECUTIVE DIRECTOR	5			x			X		•	
			<u> </u>							
			_	_	_					
	···						ļ			
					_					
										,
			_	_						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(A) (B) (C) (D) (E						(E)			(F)				
Name and title	Average	Po	sition		k all ti	nat app		Reportable	Reportab					
	hours per week	Indiv	instr	Officer	€ e	emp	Former	compensation from	compensati from relat	ed	а	mount other		
		Individual trustee or director	institutional	ě	(ey employee	est c	eq	the organization	organizatio (W-2/1099-N			npensa from th		
) trus	nal tr		oyee	e omp		(W-2/1099-MISC)				ganızat nd relat		
		tee	trustee		"	Highest compensated employee					org	janizati	ions	
			,			Ed								
								- · · · · · · · · · · · · · · · · · · ·			_			
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					 -	<u> </u>		<u> </u>	<u> </u>					
		-	_			T								
	<u> </u>					<u>L.</u>								
1b Total	<u></u>				•		. •							
2 Total number of individuals (including but r reportable compensation from the organization)		se lis	ted a	abov	e) w	ho re	ceiv	ed more than \$1	00,000 in					
reportable compensation from the organiza	illon -										Τ,	Yes	No	
3 Did the organization list any former officer	director or trust	ee, k	ey e	mplo	yee	, or h	ighe	st compensated						
employee on line 1a? If "Yes," complete So	chedule J for suc	:h ind	lıvıdı	ual .	•					3	-	X		
4 For any individual listed on line 1a, is the s														
the organization and related organizations individual	_	50,00	0? II	' "Ye	s," c	ompl	ete 3	Schedule J for s	uch	4	-	X		
		otion	· ·	· ~ ^		rolati	od o		• •	-	+	^-		
5 Did any person listed on line 1a receive or services rendered to the organization? If "Y										5	-			
Section B. Independent Contractors	,									_				
1 Complete this table for your five highest co	mpensated inde	pend	lent (contr	acto	rs th	at re	ceived more tha	ın \$100,000	0 of				
compensation from the organization							1							
(A) Name and business	address							(B) Description of ser	vices	Cor	npens	C) ation		
	· · · · · · · · · · · · · · · · · · ·													
							<u> </u>	<u> </u>						
							\vdash							
2 Total number of independent contractors (i	ncluding but not	limit	ed to	tho	se lis	sted a	abov	e) who received	1					
more than \$100,000 in compensation from				.,5		'								

N		74-23234	112 Page \$
(A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
259,274			
594,564	594,564		
594,564			
	47.044		
47,011	47,011		
	<u></u>		
			<u> </u>

Form 99			MEMORIAL FOUN	IDATION	 	74-23234	112 Page 9
Part	VIII	Statement of Revenue			_		
:				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats st	1a	Federated campaigns 1a	+				
Contributions, gifts, grants and other similar amounts	b	Membership dues <u>1b</u>					
s, g	С	Fundraising events <u>1c</u>					
giff	d	Related organizations 1d					
ž, <u>m</u>	е	Government grants (contributions) 1e	114,000	1			
tioi r si	f	All other contributions, gifts, grants, and			ļ		
g a l		similar amounts not included above . 1f	145,274				
d d	g	Noncash contributions included in lines 1a-1f ⁻ \$					
S E	h	Total. Add lines 1a–1f		259,274			
			Business Code				
Program Service Revenue	2a	PROGRAM RELATED RENTALS	531110	594,564	594,564		
Re	b				·		
9	c						
Σ	d					·	
SE	_						
gra	f	All other program service revenue			-		
<u>و</u>	a	Total. Add lines 2a–2f	•	594,564			
		Investment income (including dividends, interest, as		30.,00.			
	3	·		47,011	47,011		
ļ		other similar amounts)		47,011	47,011		
	4	Income from investment of tax-exempt bond proceed					-
	5	Royalties					ļ
	_	(ı) Real	(II) Personal				
	6a	Gross Rents					}
	b	Less: rental expenses			:		
	С	Rental income or (loss)	1				
	d	Net rental income or (loss)	<u> </u>	·- ·			
	7a	Gross amount from sales of (i) Secunties	(II) Other				
		assets other than inventory					
	b	Less. cost or other basis					
		and sales expenses]			
	С	Gain or (loss)	J			· · · · · · · · · · · · · · · · · · ·	
	d	Net gain or (loss)	. <u> </u>				
.	8a	Gross income from fundraising					1
Jue		events (not including \$					
Ver		of contributions reported on line 1c)					
æ		See Part IV, line 18 a					
Other Revenue	b	Less direct expenses b					
¥		Net income or (loss) from fundraising events .	. •				
J		Gross income from gaming activities					
		See Part IV, line 19					
	Ь	Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less		· · · ·			†
	1.00	returns and allowances					
	"	Less: cost of goods sold b	· · · · · · · · · · · · · · · · · · ·	1 1			
		Net income or (loss) from sales of inventory	L				
	⊢ٿ	Miscellaneous Revenue	Business Code				†
	11a						-
	} ` `						
	b		 	 			
	^C .	All other rayons					
	a	All other revenue					
	e مدا	Total. Add lines 11a–11d		000 040	644 575		
	12	Total revenue. See instructions	<u> </u>	900,849	641,575	l	Form 990 (2009)
							C UUN (000)

Part IX Statement of Functional Expenses

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

	All other organizations must complete column	(A) but are not req	uirea to complete	coiumns (B), (C), a	na (ν)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPCINGCO	general expenses	CAPCINGES
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	# . H O O D . H V II OO	2 000	2 000		
•	· · · · · · · · · · · · · · · · · · ·	2,000	2,000		-
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)	1			
	and section 403(b) employer contributions)	<u> </u>			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	40,800	40,800		
b	Legal L				
С	Accounting	4,670		4,670	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other		·		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	<u> </u>			<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85,641	85,641		
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				İ
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				!
a	MISCELLANEOUS / SCHOLARSHIP	3,748	3,748	*	
b	PROGRAM SCHOLARSHIP	10,356	10,356		
C					
d					
e	All other expenses				
25	All other expenses	147,215	142,545	4,670	
25	Total functional expenses. Add lines 1 through 24f	141,215	142,040	4 ,070	
26	Joint costs. Check here ► if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation .				
	solicitation	I		I	

Part X **Balance Sheet** (A) (B) Beginning of year End of year 41,305 Cash—non-interest-bearing 1 91,380 2 Savings and temporary cash investments . 4,277,768 2 4,533,245 3 3 4 600,000 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 7 1.000.000 7 950,000 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b **b** Less. accumulated depreciation . . . 4.679.394 10c 4,593,753 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 25,365 15 27,819 15 Other assets See Part IV, line 11 10.796.197 10,023,832 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 Grants payable 18 19 19 Deferred revenue. 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties. 24 24 25 25 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets. 10,023,832 10,741,779 Temporarily restricted net assets . 28 28 163 29 54,255 29 Organizations that do not follow SFAS 117, check here▶ 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 32 Retained earnings, endowment, accumulated income, or other funds. 33 10,023,832 33 10,796,197 Total liabilities and net assets/fund balances 10,023,832 34 10,796,197

Form **990** (2009)

Par	XI Financial Statements and Reporting			
-			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u> </u>	
		Fo	rm 99 ((2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Name of the	e organization							Employe	r identificat	ion numbe	er	-
			N CENTER MEMORIA					1. 2		323412		
Part I			narity Status (All org						<u>nstructio</u>	ns.		
ne orgai		-	ation because it is: (Forches, or association o		_		-	-	`			
2			on 170(b)(1)(A)(ii). (At			eu III sec	1011 170(D)(1)(\(\triangle\)(1	<i>)</i> .			
3			nospital service organi			coction	170/b\/1\	/ A \/(iii\				
	-	·	ition operated in conju						/ L \/4\/A\	(iii) Ent	or tha	
4 📋	hospital's nai	me, city, and sta	ate									
5	_	•	rthe benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ur	nit descr	ibed	
6 🗌	A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed i	in sectior	170(b)(1	1)(A)(v).				
7			y receives a substanti (1)(A)(vi). (Complete l		its suppoi	t from a g	jovernme	ntal unit o	or from th	e genera	al publi	ic
8			in section 170(b)(1)(complete f	Part II.)						
9 🗔	-		y receives (1) more th				om contri	butions, r	nembers	hip fees.	and a	ross
رے د	receipts from support from	activities relate gross investme	ed to its exempt function ent income and unrelated after June 30, 1975.	ons—subj ted busine	ject to cer ess taxabl	tain exce _l le income	ptions, an (less sec	d (2) no ration 511	nore thar	33 1/3	% of it	
10	An organizat	ion organized a	nd operated exclusive	ly to test	for public	safety S	ee sectio	n 509(a)(4).			
11 X	purposes of	one or more pul	nd operated exclusive blicly supported organ at describes the type o	zations d	described	ın section	509(a)(1) or section	on 509(a)	(2) See		on
	a X Type		Type II c		e III-Fund					Type III-	-Other	
e X			y that the organization			_	_	by one or	more dis	qualified	t	
لنبنا -	persons other		on managers and othe									on
f	organization	, check this box							e III supp 	oorting		X
g	following per	sons?	the organization acce								_	
			or indirectly controls,				persons	described	l in (II)		Yes	No
	•		verning body of the su		_	on7			• •	11g(i)		X
		•	person described in (i sy of a person describe	•		· · · · ·		• •		11g(ii) 11g(iii)		x
h			ation about the suppor						•	(···g(···/		
. ,	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S ?		Amount support	of
			(650 1110 112 113 113 11)	Yes	No	Yes	No	Yes	No	7		
ALBANY	COUNTY AS	83-0208994	1	х		х		х				2,000
	· · · · · · · · · · · · · · · · · · ·									ļ	 	
						-					_	
Total]				2,000

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION 1-2323412 Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (d) 2008 (a) 2005 (b) 2006 (c) 2007(e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions). . . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14. 15 15 33 4/3% support test_2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

ıva	
	and stop here. The organization qualifies as a publicly supported organization
b	33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
	box and stop here. The organization qualifies as a publicly supported organization
17a	10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how
	the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization >
b	10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%
	or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

20

Par				ion 509(a)(2))		rage C
	(Complete only if you checked t	<u>he box on line</u>	9 of Part I.)				
	tion A. Public Support	(-) 0005	(1-) 0000	(-) 0007	(4) 2000	(-) 2000	(0. T.)
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		'				
	membership fees received. (Do not include any "unusual grants")						
_	• • •					l	<u> </u>
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						
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					1	
	organization without charge						ļ
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	received from disqualified persons .			····			
b	Amounts included on lines 2 and 3 received						!
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						l
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• • • • • • • • • • • • • • • • • • • •	(a) 2000	(b) 2000	(6) 2007	(4) 2000	(6) 2003	(i) rotai
9	Amounts from line 6						
Tua	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business					<u> </u>	
	activities not included in line 10b,						
	whether or not the business is regularly						
12	carried on						
	loss from the sale of capital assets			ļ		1	
	(Explain in Part IV.)						ļ
13	Total support. (Add lines 9, 10c, 11,						
14	and 12)	Capization's fire	t second thir	d fourth or fift	h tay yaar as a	section 501/c	\(3)
17	organization, check this box and stop here	gamzation s in			•	-	,(o) ▶ [
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, c		ed by line 13, c	olumn (f))		15	
16	Public support percentage from 2008 Sched			_ · · · · · · · · · · · · · · · · · · ·	<u> </u>	16	
	tion D. Computation of Investment Inc					T T	. <u> </u>
17	Investment income percentage for 2009 (line					17	
18	Investment income percentage from 2008 Sc			 Jipo 14. and lii		18 han 33 1/3% a	and line 17 is
19a	33 1/3% support tests-2009. If the organization more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2008. If the organization of						· · · · ·
	line 18 is not more than 33 1/3%, check this box a						▶ [

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

Schedule A (Form	990 or 990-EZ) 2009	ARK INDUSTRIES	& REHABILITA	TION CENTER I	MEMORIAL FOUNDA	TION 2323412 Pa	ge 4
Part IV	Supplemental	Information, Com	plete this part	to provide the e	explanations require	d by Part II, line 10;	
					dditional information		
	Tartii, iiiic 17a	or tro, and raith	1, 11110 12. 1 100	ide any other a	dational information	i. dee instructions	
			• • • • • • • • • • • • • • • • • • • •				
		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		
						• • • • • • • • • • • • • • • • • • • •	
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			• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •							
					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION 74-2323412 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate 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? Yes 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 Part II Conservation Easements, Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Tax Year Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. . (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1. .

Assets included in Form 990, Part X

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDA74-2323412

Schedu	ıle D (Form 990) 2009	ollections of				Othe	or Similar Ass	sate (c		age 2
3	Using the organization's acquisition, ac		•		•					<u>eu) </u>
	use of its collection items (check all tha				•					
а	Public exhibition		d 📙	Loan o	or exchange p	rograr	ns			
b	Scholarly research		е 🔛	Other						
С	Preservation for future generation	าร								
4	Provide a description of the organizatio Part XIV.	n's collections	and expla	in how th	hey further the	orgai	nization's exem	pt purp	ose in	
5	During the year, did the organization so assets to be sold to raise funds rather t							Ye	.s	No
Part		gements. Co	omplete i	f the org	anızation an					
1a	Is the organization an agent, trustee, cu					or oth	er assets not			
	included on Form 990, Part X?							☐ Y€	s	No
b	If "Yes," explain the arrangement in Pai	t XIV and com	plete the	following	table					
							A	mount		
C	Beginning balance					1c				
d	Additions during the year			•		1d				
е	Distributions during the year		•			1e				
f	Ending balance			•		1f				
2a	Did the organization include an amount		Part X, lir	ne 21? .				Ye	s X	No
b	If "Yes," explain the arrangement in Pai					00	00 D-+11/4 l	- 40		
Part	· · · · · · · · · · · · · · · · · · ·							_	ur years	haal.
40	 	a) Current year	(b) Pno	ryear	(c) Two years ba	ack (d) Three years back	(e) F0	ur years	Dack
1a b	Beginning of year balance	54,255						+		
C	Net investment earnings, gains,	54,255								$\overline{}$
·	and losses	163								
d	Grants or scholarships .									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses]
g	End of year balance	54,418								
2	Provide the estimated percentage of th		ance held	as:						
а	Board designated or quasi-endowment									
b	Permanent endowment Term endowment 1%	99%								
c 3a	Term endowment 1% Are there endowment funds not in the p	nossession of t	he organi	zation th	at are held an	d adm	ningetored for th	_		
Ja	organization by:	00556551011 01 1	ine organi.	zauon un	at are field an	u aun	iiiiisterea ioi tii	Ī	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations					٠.		3a(ii)		X
b	If "Yes" to 3a(II), are the related organiz		s required	on Sche	edule R? .			3b		
4	Describe in Part XIV the intended uses	of the organiz	ation's en	dowmen	t funds.	···				
Part	VI Investments—Land, Buildin	gs, and Equ	ipment.	See For	m 990, Part	X, line	e 10			
	Description of investment	(a) Cost or ot (investm			st or other s (other)	٠,,	ccumulated reciation	(d) Bo	ok value	•
1a	Land				650,991				650	0,991
b	Buildings				6,027,506		2,084,744		3,94	2,762
C	Leasehold improvements									
d	Equipment									
<u>e</u>	Other	mund named Co	000 5		Jumps (D) time :	10/-1 1			4.50	2752
lota	I. Add lines 1a through 1e. (Column (d) r	nusi equal Fol	ın 990, Pa	III X, COL	umm (B), line '	10(C))	. •		4,59	3 <u>,753</u>

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATIC74-2323412

Schedule D (F	form 990) 2009			Page 3
Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial d	lerivatives			· · · · · · · · · · · · · · · · · · ·
Closely-he	ld equity interests			
Other				
	• • • • • • • • • • • • • • • • • • • •			
				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relat	ed. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	

	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990,			(h) Daalaaalaa
		(a) Description		(b) Book value
				- 1-1-1-1
		····		
				·
•				
	(1) 15 000 D (1)	(0) ((5)		***
Part X	lumn (b) must equal Form 990, Part X, Other Liabilities. See Form 99		<u> </u>	
1.	(a) Description of liability	(b) Amount		
Federal in	come taxes			
				!
			_	
	-		 	
			\dashv	
Total (Column	(b) must equal Form 990, Part X, col (B) line 25)	•		
2. FIN 48 I	Footnote. In Part XIV, provide the text		zation's financial statements that	reports the
	on's liability for uncertain tax positions			

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATI 74-2323412

Sched	ule D (Form 990) 2009				Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial	Sta [*]	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		900,849
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		147,215
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3_		753,634
4	Net unrealized gains (losses) on investments		4	ļ	17,097
5	Donated services and use of facilities		5		·
6	Investment expenses		6		
7	Prior period adjustments		7	<u> </u>	
8	Other (Describe in Part XIV.)		8	<u> </u>	
9	Total adjustments (net) Add lines 4 through 8		9_	L	17,097
10	Excess or (deficit) for the year per audited financial statements Combine		10	,	770,731
Par	XII Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	····
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	-		
а	Net unrealized gains on investments	2a	_		
b	Donated services and use of facilities	2b	_		
С	Recoveries of prior year grants	2c	_		
d	Other (Describe in Part XIV.)	_2d	_ _		
е	Add lines 2a through 2d		-	2e	
3	Subtract line 2e from line 1		<u> </u>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	1	
b	Other (Describe in Part XIV)	4b	<u> </u>		
C			_	<u>4c </u>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Par	Reconciliation of Expenses per Audited Financial State	ments With Expens	es p	<u>er Return</u>	
1	Total expenses and losses per audited financial statements		_	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1	1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	_		
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	, , , , , , , , , , , , , , , , , , , ,	L	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIV)	4b			
С			· L	4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lir	<u>ne 18)</u>		5	
Par	t XIV Supplemental Information				
C0m	plete this part to provide the descriptions required for Part II, lines 3, 5, and	I O: Part III lines 1a and	1 A · D	art IV lines	1h
	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, an				
	part to provide any additional information.	a ratt XIII, IIIIC3 24 and	1 70 /	ruso compic	
uns	Dark to provide any additional information.				
Dort	VI inc. 4. The andowment fund is for the support and continuation of the Cr	eative Arte			
Pan	V Line 4 The endowment fund is for the support and continuation of the Cro	eauve Airs			
0					
Cen	er.				
D4	VIII. and On Not considered some on increatments				
Pan	XII Line 2a Net unrealized gains on investments				
		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •			

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATI(74-2323412

Schedule D (Form 9	90) 2009 Page	5
	Supplemental Information (continued)	_
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		•
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		<u>.</u> .

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

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

• Attach to Form 990.

open to Pu Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION	74-2323412
Form 990 Part VI Section B Line 11A FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR	
	• • • • • • • • • • • • • • • • • • • •

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

_	Cash	<u>Noncas</u>
Federated Campaigns		1
Membership dues		2
Fundraising events		3
Related organizations		4
Government grants (contributions)	114,000	5
All other contributions, gifts, grants, and similar amounts not included above: PUBLIC CONTRIBUTIONS	145,274	
	 	
Other contributions total	145,274	6

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	•	(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
			services	and general	
1 Depreciation	1	85,641	85,641		
2 Depletion	2				
3 Amortization	3				
4 Total	4	85,641	85,641		

Part X, Line 4 (990) - Accounts Receivable

	Accounts re	eceivable	Allowance for doubtful accounts		
	Beginning	End	Beginning	End	
1 ACCOUNTS RECEIVABLE 1		600,000			
2	!				
3	}				
4	,				
5	i				
6					
7	'				
8	}				
9					
10 1	0				
11 Total accounts receivable 1	1	600,000			

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION

Notes
- Other
(066)
Line 7
Part X.

								_	 _	 _	_		_	
		Borrower's name	ARK INDUSTRIES REHABILITATIO											
1,000,000		Original												
1,000,000	Net balance	due beginning of vear												
950,000	-	Balance due end of vear	950,000											
10	Allowance for doubtful	accounts end of year												
		Purpose of loan	OPERATION DUE TO GRANT REDU											

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

							:		6.678.497	1.999.103	2.084.744		4.679,394	4,593,753
				Leasehold			Check if	Check if		Beginning				
				Improve-		_	Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	·Ending
	Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
-	LAND	×			_				650,991				650,991	650,991
7	BUILDINGS & EQUIPMENT		×						6,027,506	1,999,103	2,084,744		4,028,403	3,942,762
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48														
19														
20														

Part X, Line 15 (990) - Other Assets 25,365 27,819 Description CASH SURRENDER VALUE-LIFE INSURANCE Beginning End 27,819 25,365

ASSET DEPRECIATION SHORT REPORT ARK MEMORIAL FOUNDATION Jun. 30, 2010

Sorted ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range 200 - 210 Include All assets

						Incl	udes Section 179	
Date Acq		Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#	t: 200 - BUILDINGS	 						
01/01/69	BUILDING-970 N 5TH	SL/15 00	13,567 00	0 00	13,567 00	13,567 00	0 00	13,567 00
01/01/75	BUILDING-518 REYNOLDS	SL/20 00	42,000 00	0 00	42,000 00	42,000 00	0 00	42,000 00
01/01/75	BUILDING-1150 N 3RD	SL/20 00	80,000 00	0 00	80,000 00	80,000 00	0 00	80,000 00
01/01/76	IMPROVEMENTS-518 REYNOLDS	SL/20 00	8,864 00	0 00	8,864 00	8,864 00	0 00	8,864 00
01/01/76	IMPROVEMENTS-518 REYNOLDS	SL/20 00	2,007 00	0 00	2,007 00	2,007 00	0 00	2,007 00
01/01/77	WORKSHOP REMODELING	SL/ 5 00	129 00	0 00	129 00	129 00	0 00	129 00
01/01/78	WORKSHOP REMODELING	SL/10 00	2,386 00	0 00	2,386 00	2,386 00	0 00	2,386 00
02/01/80	GROUP HOME IMPROVEMENTS	SL/15 00	353 00	0 00	353 00	353 00	0 00	353 00
03/01/80	WORKSHOP OFFICE	SL/20 00	3,896 00	0 00	3,896 00	3,896 00	0 00	3,896 00
01/01/81	SHOP REMODELING	SL/20 00	24,637 00	0 00	24,637 00	24,637 00	0 00	24,637 00
10/01/81	IMPROVEMENTS-CONCRETE	SL/15 00	500 00	0 00	500 00	500 00	0 00	500 00
06/01/82	GARAGE DOORS	SL/15 00	941 00	0 00	941 00	941 00	0 00	941 00
08/01/82	WORKSHOP REMODELING	SL/15 00	1,500 00	0 00	1,500 00	1,500 00	0 00	1,500 00
11/01/82	GROUP HOME IMPROVEMENTS	SL/15 00	9,929 00	0 00	9,929 00	9,929 00	0 00	9,929 00
05/01/83	ANNEX	SL/15 00	67,504 00	0 00	67,504 00	67,504 00	0 00	67,504 00
06/01/83	ANNEX	SL/15 00	11,859 00	0 00	11,859 00	11,859 00	0 00	11,859 00
08/01/83	NORTH 5TH IMPROVEMENTS	SL/15 00	1,869 00	0 00	1,869 00	1,869 00	0 00	1,869 00
06/01/84	WORKSHOP REMODELING	SL/15 00	1,984 00	0 00	1,984 00	1,984 00	0 00	1,984 00
07/01/85	ADDITION-1140 N 3RD	SL/20 00	300,069 00	0 00	300,069 00	300,069 00	0 00	300,069 00
01/01/87	REMODELING-1150 N 3RD	SL/20 00	250,867 00	0 00	250,867 00	250,867 00	0 00	250,867 00
09/01/88	FURNACE	SL/40 00	1,000 00	0 00	1,000 00	521 00	25 00	546 00
03/13/89	STORAGE SHED	SL/15 00	2,400 00	0 00	2,400 00	2,400 00	0 00	2,400 00
07/14/89	SKYLINE TRAILER	SL/15 00	2,000 00	0 00	2,000 00	2,000 00	0 00	2,000 00
02/15/90	IMPROVEMENTS-REYNOLDS	SL/15 00	11,163 00	0 00	11,163 00	11,163 00	0 00	11,163 00
06/29/90	HANCOCK	SL/40 00	32,636 00	0 00	32,636 00	15,504 00	816 00	16,320 00
06/29/90	SKYLINE TRAILER	SL/15 00	5,000 00	0 00	5,000 00	5,000 00	0 00	5,000 00
07/15/90	CHICKSAW TRAILER	SL/15 00	3,702 00	0 00	3,702 00	3,702 00	0 00	3,702 00
09/13/90	1457-9 N 6TH BUILDING	SL/40 00	36,029 00	0 00	36,029 00	16,967 00	901 00	17,868 00
09/27/90	1463-5 N 6TH BUILDING	SL/40 00	51,804 00	0 00	51,804 00	24,283 00	1,295 00	25,578 00
09/27/90	1156 N 3RD BUILDING	SL/40 00	50,012 00	0 00	50,012 00	23,440 00	1,250 00	24,690 00
03/15/91	DUPLEXES-REMODELING	SL/40 00	7,308 00	0 00	7,308 00	3,353 00	183 00	3,536 00
05/15/91	CARPET-DUPLEXES	SL/10 00	3,033 00	0 00	3,033 00	3,033 00	0 00	3,033 00
05/15/91	GROUP HOME REMODELING	SL/40 00	5,070 00	0 00	5,070 00	2,306 00	127 00	2,433 00
06/10/91	DUPLEXES-REMODELING	SL/40 00	4,881 00	0 00	4,881 00	2,206 00	122 00	2,328 00
06/15/91	REMODELING	SL/40 00	115,376 00	0 00	115,376 00	52,155 00	2,884 00	55,039 00
07/12/91	OLD HARTMAN BUILDING	SL/40 00	5,000 00	0 00	5,000 00	2,250 00	125 00	2,375 00
08/15/91	1457 N 3RD REMODELING	SL/40 00	11,169 00	0 00	11,169 00	5,000 00	279 00	5,279 00
08/15/91	HQ PARKING LOT	SL/40 00	33,081 00	0 00	33,081 00	14,817 00	827 00	15,644 00
06/30/92	RECYCLING BUILDING	SL/40 00	251,516 00	0 00	251,516 00	106,896 00	6,288 00	113,184 00
07/31/92	HQ EXPANSION	SL/40 00	1,800 00	0 00	1,800 00	761 00	45 00	806 00
08/15/92	RECYCLING EXPANSION	SL/40 00	69,181 00	0 00	69,181 00	29,263 00	1,730 00	30,993 00
09/15/92	PARKING LOT FENCE	SL/40 00	49,976 00	0 00	49,976 00	21,027 00	1,249 00	22,276 00
10/13/92	1715 REYNOLDS BUILDING	SL/40 00	70,434 00	0 00	70,434 00	29,496 00	1,761 00	31,257 00
01/12/93	DECK-518 REYNOLDS	SL/40 00	1,448 00	0 00	1,448 00	595 00	36 00	631 00
01/15/93	RESIDENTIAL REMODELING	SL/40 00	3,558 00	0 00	3,558 00	1,468 00	89 00	1,557 00
01/15/93	SENIOR DAY CARE	SL/40 00	18,608 00	0 00	18,608 00	7,674 00	465 00	8,139 00
01/15/93	INDOOR ARENA	SL/40 00	127,451 00	0 00	127,451 00	52,570 00	3,186 00	55,756 00
01/15/93	HQ REMODELING	SL/40 00	38,344 00	0 00	38,344 00	15,821 00	959 00	16,780 00
01/15/93	HQ WAIVER REMODELING	SL/40 00	49,327 00	0 00	49,327 00	20,346 00	1,233 00	21,579 00
06/29/93	1715 REYNOLDS-SPRINKLERS	SL/40 00	7,000 00	0 00	7,000 00	2,800 00	175 00	2,975 00
06/29/93	SPRINKLER-RESIDENTAIL	SL/40 00	5,300 00	0 00	5,300 00	2,126 00	133 00	2,259 00
	HQ REMODELING	SL/40 00	453 69	0 00	453 69	155 00	11 00	166 00
06/30/95	DAIRY GOLD BUILDING	SL/40 00	138,028 16	0 00	138,028 16	32,784 00	3,451 00	36,235 00
01/06/00	ARK TRAINING CENTER	SL/39 00	395,871 77	0 00	395,871 77	82,054 00	10,151 00	92,205 00
06/26/01	APARTMENT COMPLEX	SL/27 50	535,000 00	0 00	535,000 00	116,730 00	19,455 00	136,185 00
06/30/03		SL/27 50	160,000 00	0 00	160,000 00	34,908 00	5,818 00	40,726 00
07/01/03	APARTMENT COMPLEX	3LIZI 30	100,000 00	0.00	100,000 00	54,300 00	5,510 00	70,720 00

ASSET DEPRECIATION SHORT REPORT ARK MEMORIAL FOUNDATION Jun. 30, 2010

Sorted ASSET A/C#

Range 200 - 210 Include All assets

Method 1-FEDERAL-Std Conv Applied Includes Section 179 Date Acq Description Meth/Life Cost Section 179 **Depr Basis** Beg A/Depr **Curr Depr** End A/Depr ASSET A/C#: 200 - BUILDINGS 08/04/03 APARTMENT COMPLEX SL/27 50 40,000 00 0.00 40,000 00 8,608 00 1 455 00 10,063 00 06/01/06 530 BEAUFORT STREET #96 SI /27 50 128,218 44 0.00 128,218 44 14,375 00 4,662 00 19,037 00 06/30/07 **CREATIVE ARTS CENTER** LAND/39 00 605,000 00 0.00 605,000 00 0.00 0.00 0 00 06/30/08 **CREATIVE ARTS CENTER** LAND/39 00 1,662,723 19 0.00 1,662,723 19 0.00 0.00 0.00 06/30/08 TITLE/DEED-530 BEAUFORT **LAND/700** 642 62 0.00 642 62 0 00 0.00 0.00 5,565,405 87 5,565,405 87 71,186 00 1.666,604 00 Grand totals 200 - BUILDINGS (61 assets) 0.00 1.595.418 00 ASSET A/C# 205 - VEHICLES 1998 PLYMOUTH VOYAGER (WHITE) SL/ 5 00 0.00 21 100 00 19 930 00 1 170 00 21 100 00 07/01/00 21 100 00 07/01/00 1998 PLYMOUTH GRAND VOYAGER SL/5 00 21,100 00 0.00 21 100 00 21 100 00 0.00 21 100 00 11,100 00 07/01/00 1997 PLYMOLITH BREEZE SL/ 5 00 11.100 00 0.00 11.100 00 11,100 00 0.00 1999 DODGE GRAND CARAVAN (WHITE) SL/ 5 00 0.00 17.500 00 17.500 00 0.00 17,500 00 07/01/00 17.500 00 11.500 00 11.500 00 0.00 11.500 00 07/01/00 1999 PLYMOUTH BREEZE (WHITE) SL/ 5 00 11,500 00 0.00 11.500 00 11.500 00 0.00 11.500 00 07/01/00 1999 PLYMOUTH BREEZE (WHITE) SI / 5 00 11.500 00 0.00 11.500 00 11.500 00 0.00 11,500 00 07/01/00 1999 DODGE STRATUS (WHITE) SL/5 00 11.500 00 0.00 16,000 00 16,000 00 07/01/00 1999 DODGE GRAND CARAVAN (WHITE) SL/ 5 00 0.00 16,000 00 16,000 00 0.00 17,500 00 17.500.00 17.500 00 0.00 07/01/00 1999 DODGE GRAND CARAVAN (BLUE) SI / 5 00 17,500 00 0.00 15,000 00 15 000 00 14.275 00 725 00 03/01/03 2002 DODGE CARAVAN-GOLD SI / 5 00 15.000 00 0.00 15,000 00 SI / 5 00 15.000 00 15.000 00 0.00 2002 DODGE CARAVAN SPORT-BLUE 15 000 00 0.00 03/01/03 SI / 5 00 0.00 15,000,00 15,000 00 0 00 15,000 00 2002 DODGE GRAND CARAVAN-GOLD 15 000 00 03/01/03 2002 DODGE GRAND CARAVAN-BLUE SL/5 00 15 000 00 0.00 15 000 00 15 000 00 0.00 15,000 00 03/01/03 0.00 15 000 00 15 000 00 0 00 15,000 00 03/01/03 2002 DODGE GRAND CARAVAN-BLUE \$175.00 15 000 00 0 00 15,000 00 2002 DODGE GRAND CARAVAN-RED SI / 5 00 15 000 00 0.00 15 000 00 15 000 00 03/01/03 0 00 15,000 00 0.00 15,000 00 15,000 00 03/01/03 2002 DODGE GRAND CARAVAN-WHITE SL/ 5 00 15,000 00 15,000 00 15,000 00 0.00 15,000 00 SL/ 5 00 15,000 00 0.00 03/01/03 2002 DODGE GRAND CARAVAN-GOLD SL/ 5 00 12,500 00 0.00 12,500 00 12,500 00 0.00 12,500 00 2002 DODGE INTREPID-GOLD 03/01/03 12,500 00 12,500 00 0.00 12,500 00 2002 DODGE INTREPID-SILVER SL/ 5 00 12.500 00 0.00 03/01/03 10,500 00 10,500 00 0 00 10.500 00 2002 DODGE STRATUS-GREEN SL/ 5 00 10.500 00 0 00 03/01/03 10,500 00 0 00 10,500 00 10,500 00 0 00 10.500 00 2002 DODGE STRATUS-WHITE SL/ 5 00 03/01/03 10,500 00 0 00 10,500 00 10,500 00 0 00 10.500 00 2002 DODGE STRATUS-GREEN SL/ 5 00 03/01/03 2002 DODGE STRATUS-GOLD SL/ 5 00 10,500 00 0.00 10,500 00 10.500 00 0 00 10.500 00 03/01/03 SL/ 5 00 10,500 00 0.00 10,500 00 10.500 00 0 00 10,500 00 03/01/03 2002 DODGE STRATUS-GOLD 10,500 00 0.00 10,500 00 10.500 00 0 00 10,500 00 03/01/03 2002 DODGE STRATUS-SILVER SL/ 5 00 10,500 00 03/01/03 2002 DODGE STRATUS-MAROON SL/ 5 00 10,500 00 0.00 10,500 00 10.500 00 0.00 10,500 00 2002 DODGE STRATUS-BLUE SL/ 5 00 10,500 00 0.00 10,500 00 10,500 00 0.00 03/01/03 2002 DODGE STRATUS-SILVER SL/ 5 00 10,500 00 0.00 10.500 00 10,500 00 0 00 10,500 00 03/01/03 10,500 00 03/01/03 2002 DODGE STRATUS-SILVER SL/ 5 00 10,500 00 0.00 10.500 00 10,500 00 0 00 10,500 00 03/01/03 2002 DODGE STRATUS-GOLD SL/ 5 00 10,500 00 0.00 10,500 00 10,500 00 0.00 4,650 00 2008 DODGE GRAND CARAVAN-WHITE SL/ 5 00 15,500 00 0.00 15,500 00 1.550 00 3,100 00 05/27/09 5,190 00 2008 CHRYSLER SEBRING-SILVER SL/ 5 00 17,300 00 0.00 17,300 00 1.730 00 3.460 00 05/27/09 2006 DODGE VAN-SILVER SL/ 5 00 30,000 00 0.00 30,000 00 3,000 00 6,000 00 9,000 00 06/16/09 418,140 00 462,100 00 0.00 462,100 00 403.685 00 14,455 00 Grand totals 205 - VEHICLES (33 assets)

	• •	_						
ASSET A/C	#: 210 - LAND							
01/01/69	LAND-NORTH 5TH	LAND/40 00	2,500 00	0 00	2,500 00	0 00	0 00	0 00
01/01/75	LAND-1150 N 3RD	LAND/40 00	14,750 00	0 00	14,750 00	0 00	0 00	0 00
01/01/75	LAND-508 REYNOLDS	LAND/40 00	7,750 00	0 00	7,750 00	0 00	0 00	0 00
05/19/83	LAND-1156 N 3RD	LAND/40 00	7,500 00	0 00	7,500 00	0 00	0 00	0 00
09/13/90	LAND-DUPLEX 1457-9 N 6TH	LAND/40 00	4,000 00	0 00	4,000 00	0 00	0 00	0 00
09/27/90	LAND-1156 N 3RD	LAND/40 00	50,000 00	0 00	50,000 00	0 00	0 00	0 00
09/27/90	LAND-DUPLEX 1463-5 n 6TH	LAND/40 00	5,700 00	0 00	5,700 00	0 00	0 00	0 00
07/12/91	LAND-HARTMAN	LAND/40 00	218,241 00	0 00	218,241 00	0 00	0 00	0 00
07/17/91	LAND-RIVERSIDE	LAND/40 00	13,000 00	0 00	13,000 00	0 00	0 00	0 00
10/13/92	LAND-1715 REYNOLDS	LAND/40 00	7,800 32	0 00	7,800 32	0 00	0 00	0 00
01/06/00	LAND-DAIRY GOLD	LAND/40 00	28,000 00	0 00	28,000 00	0 00	0 00	0 00
05/15/02	LAND-1360 NORTH 3RD	LAND/ 7 00	170,000 00	0 00	170,000 00	0 00	0 00	0 00
06/01/06	LAND-530 BEAUFORT ST #96	LAND/ 7 00	21,750 00	0 00	21,750 00	0 00	0 00	0 00

ASSET DEPRECIATION SHORT REPORT ARK MEMORIAL FOUNDATION Jun. 30, 2010

Sorted ASSET A/C#

Range 200 - 210

Method 1-FEDERAL-Std Conv Applied

Include All assets

						Incl	udes Section 17	• ——
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C	#: 210 - LAND							
06/30/08	LAND-CREATIVE ARTS	LAND/39 00	100,000 00	0 00	100,000 00	0 00	0 00	0 00
Grand totals	210 - LAND (14 assets)		650,991 32	0 00	650,991 32	0 00	0 00	0 00
Grand t	totals for all accounts: (108 assets)		6,678,497 19	0 00	6,678,497 19	1,999,103 00	85,641 00	2,084,744 00

Codes that may appear next to the date acquired Include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	6,678,497 19	0 00	0 00	6,678,497 19	1,999,103 00	85,641 00	2,084,744 00	4,593,753 19
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	6,678,497 19	0 00	0 00	6,678,497 19	1,999,103 00	85,641 00	2,084,744 00	4,593,753 19

Total Additional First Year Depreciation Taken at 30% Rate: 0 00 Total Additional First Year Depreciation Taken at 50% Rate: 0.00 Total Additional First Year Depreciation Taken: 0.00

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Attachment

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Sequence No 67

Name(s) shown on return	Business or act	tivity to which th	is form relates		Identifying nur	nber	
ARK INDUSTRIES & REHABILITATION CENT		la O a a4' a 47	· <u>·</u>		74-2323412		
Part I Election To Expense Certain							
Note: If you have any listed property, constructions for a Maximum amount. See the instructions for						1 1	250,000
2 Total cost of section 179 property placed in				· · ·		2	230,000
3 Threshold cost of section 179 property before the section 179 property before the section 179 property before the section 179 property before the section 179 property before the section 179 property before the section 179 property before the section 179 property placed in 179 property before the section 179 property placed in 179 property before the section 179 property before 179 prop			•	•		3	800,000
4 Reduction in limitation Subtract line 3 from			•			4	000,000
5 Dollar limitation for tax year. Subtract line							
			ei -u Ii iiian	ieu iiiiig		5	250,000
separately, see instructions			t (business use	· ontu	(c) Elected co		230,000
6 (a) Description of property		(b) Cos	it (business use	r Offig)	(c) Elected Co)SI	
						\dashv	
7 Listed property. Enter the amount from line	0.20			. 7		-	
8 Total elected cost of section 179 property.		column (c) line	 e 6 and 7			T 8	
9 Tentative deduction. Enter the smaller of				•		9	
10 Carryover of disallowed deduction from line				•		10	
11 Business income limitation Enter the small				line 5 (see in	structions)	11	
12 Section 179 expense deduction Add lines					3tructions)	12	
13 Carryover of disallowed deduction to 2010	·					 '	
Note: Do not use Part II or Part III below for lis				- 110			
Part II Special Depreciation Allowa	nce and Other	Depreciation	(Do not inc	lude listed p	roperty) (See	instru	ictions)
14 Special depreciation allowance for qualifie					1000.13.1 (000	T	
						14	
15 Property subject to section 168(f)(1) election						15	
						16	85,641
Part III MACRS Depreciation (Do no	t include listed	property) (Se	e instruction	s.)	<u>····</u>	1	
Tare III III (Cita Depresident (Depresident		Section A					
17 MACRS deductions for assets placed in se	ervice in tax vear		ore 2009			17	
18 If you are electing to group any assets place							
					▶□		
Section B - Assets Placed					reciation Syste		
Occion B - Added 1 laded	(b) Month and		(d) Recovery		(f)	T	(g)
(a) Classification of property	year placed	depreciation	period	Convention	Method	Depre	eciation deduction
(a) Stassification of property	in service	(business/investment)	1 '				
19 a 3-year property						\uparrow	
b 5-year property	1			-			-
c 7-year property	7				ĺ		
d 10-year property							
e 15-year property	7						
f 20-year property	7						
g 25-year property	7	-	25 yrs		S/L		
h Residential rental			27 5 yrs	MM	S/L		
property			27.5 yrs.	MM	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property		·		MM	S/L		
Section C - Assets Placed in	Service During	2009 Tax Year	Using the Al	ternative De		em	
20 a Class life					S/L	T	
b 12-year	7		12 yrs.		S/L	1	
c 40-year	† 		40 yrs	MM	S/L		
Part IV Summary (See instructions)	- <u>-</u>					-	
21 Listed property. Enter amount from line 28	3		• •			21	
22 Total. Add amounts from line 12, lines 14		19 and 20 in co	olumn (g), and	line 21.			
Enter here and on the appropriate lines of					ons	22	85,641
23 For assets shown above and placed in ser							·
of the basis attributable to section 263A co		<u> </u>	<u> </u>	. 23	<u> </u>		