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KDARK1876 03/22/2013 11 52 AM

990

Department of the Treasury Internal Revenue Service

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)

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

2009 Open to Public

			22/24/22	/4.0	1	Mobdonom
<u> </u>	For the 200	9 calendar	year, or tax year beginning $09/01/09$, and ending $08/31$	/10		·
В	Check if applica		1 4 Mark of organization		D Empl	oyer identification number
	Address change	use IR	RIDS ARK INTERNATIONAL INC.			
〓		label o	D D A-		- 81-	-0631192
ᆜ	Name change	print o type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number
	Initial return	See	114 MACON CENTER DRIVE	Roomvadite	E Telepi	none number
$\overline{\neg}$	Termination	Specifi	· · · · · · · · · · · · · · · · · · ·			
므	remination	Instruc			G Gross rec	eipts\$ 83,987
L	Amended return	tions.	FRANKLIN NC 28734		_	
	Application pen	_{dına} F Nar	ne and address of principal officer		H(a) Is this	a group return for
	7,				affilial	
		•			H(b) Are all	affiliates Yes No
						attach a list. (see instructions)
_		- · · · · · · · · · · · · · · · · · · ·	5 501(c) (3) 4 (insert no.) 4947(a)(1) or 527		— " " NO	, attach a list (see instructions)
<u> </u>	Tax-exempt					_
<u>J</u>	Website:		kidsarkintl.org			exemption number
K_	Type of organia	ation X C	orporation Trust Association Other	L Year of formation	2003	M State of legal domicile NC
F	art I	Summa	ary			
	1 Bnet	ly describe	the organization's mission or most significant activities:			
_	l	-	DE A PLACE OF HOPE AND TRAINING FOR HOUNDRIA	N YOUTH		•
ဦ						•
па			•			
ଅ Activities & Governance	1		, (•. •	
ő	2 Che		If the organization discontinued its operations or disposed of more that	an 25% of its net	assets.	
ಹ	3 Num	ber of voti	ng members of the governing body (Part VI, line 1a)		3	
es	4 Num	ber of inde	pendent voting members of the governing body (Part VI, line 1b)		4	
\$	5 Tota	l number o	f employees (Part V, line 2a)		5	
(#3	6 Tota		f volunteers (estimate if necessary)		6	
A	7a Tota		elated business revenue from Part VIII, column (C), line 12		7a	
<i>≥</i> 0		_			·	0
	D Net	unrelated t	usiness taxable income from Form 990-T, line 34	Prio	r Year	Current Year
<u> </u>	e Con	labutions o	nd grants (Bort VIII, line 1h)		105,000	83,987
9	8 Con		nd grants (Part VIII, line 1h)	-	103,000	83,387
e	Prog		e revenue (Part VIII, line 2g)	-		
;;≥	10 Inve	stment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)			
ľ	11 Othe	er revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
A WALKEY Revenue	12 Tota	l revenue -	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		LO5,000	83,987
26	13 Gran	nts and sim	ılar amounts paid (Part IX, column (A), lines 1-3)			
ด์	14 Bend		or for members (Part IX, column (A), line 4)			
	1		compensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	4Ca Dans					
ë	16a Prot		ndraising fees (Part IX, column (A), line 11e)	···········		
×	- b Tota		g expenses (Part IX, column (D), line 25) ▶			
ш	17 Othe	er expense	s (Part IX, column (A), lines 11a–11d, 11f–24f)		l13,106	87,375
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A); line 25)	\neg \sqsubseteq :	L13,106	
	19 Rev	enue less e	expenses. Subtract line 18 from line 12 RECEIVED	. 1	-8,106	-3,388
Net Assets or	88			Seginning o	f Current Year	End of Year
8	를 20 Tota	ıl assets (P		8L	74,309	70,921
¥.	🖺 21 Tota	I liabilities	(Part X, line 26)	Ö		
Ž,	팀 22 Net		und balances Subtract line 21 from line 20	K.	74,309	70,921
	Part II		ure Block OCDEN 11T	Ť		
			alties of perjury, I declare that I have examined this teturn, including accompanying scheme		ate and to the b	not of my bandada.
			andes of perjuly, I declare that I have examined this termin, including accompanying screens and complete beclaration of preparer (other than officer) is based on a			
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	ign	-				<u> </u>
H	ere		ture of serious		Date	, ' '
		<u>R</u>	ANDALL HERRING PRE	SIDENT		
		Туре	or print rame and little			
		Danie annula	Date Date	CI	neck if	Preparer's identifying number
Pa	aid	Preparer's signature		se	lf ┌	(see instructions)
Pı	reparer's	Signaturo	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	er	nployed 🕨 💄	P01233071
	se Only	Firm's na	Jim D. Lee, CPA		EIN J	<u> </u>
٠.		ıf self-em	⊌ 500 S Florida Ave Ste 640		Рһоле	
		address, a	nd AP+4 Lakeland, FL 33801		no Ì	▶ 863-686-7330
Ma	ay the IRS d	iscuss this	return with the preparer shown above? (see instructions)			Yes No
_			erwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DA						A (~1 /
						9011
						v

Statement of Program Service Accomplishments

	42.4 151				<u> </u>		
1	Briefly	describe the o	organiza	ition's i	mission):	

	•									
\Box		-	DT 3 (17)	\sim	HODE	N ATT	MD & TATELO		TAKE COMMON	VATIMU
.1.()	PROVIDE	-	PLACE	Ur	nuer.	AND	TRAINING	FUR	HOUNDRIAN	IOUID

	(Expenses \$	_	4,220	including grants	of \$, 375) (Revenue \$.=)
4d		_						
	Other program	n services. (Desc	cribe in Sch	nedule O)				
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4c	(Code:) (Expenses	\$		including grants of \$) (Revenue \$	
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11					•			
	(Code [.]) (Expenses COST	\$	5,660	including grants of \$.) (Revenue \$	
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M	INSITRY	TEAMS			•			
	(Code:) (Expenses	\$	27,495	including grants of \$) (Revenue \$	
4a) (Revenue \$	
4	Describe the e Section 501(c)	exempt purpose a 0(3) and 501(c)(4	achievemei) organizat	nts for each of the ions and section	e organization's three large 4947(a)(1) trusts are requi by, for each program servi	red to report the amou		
	services? If "Yes." descr	ibe these change	es on Sche	dule O			•	Yes A No
	-	zation cease cor	nducting, or	make significant	changes in how it conduc	ts, any program		Yes X No
	If "Yes," descr	be these new se	ervices on S					
	-	990 or 990-EZ?			adimg mo jour mino			Yes X No
2	Did the organi	zation undertake	any signific	cant program ser	vices during the year whic	h were not listed on		

Forn	1 990 (2009) KIDS ARK INTERNATIONAL INC. 81-0631192		P	age 3
P	art 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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
•	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		1	
	of its total assets reported in Part X. line 162 If "Yes." complete Schedule D. Part VII		ŧ	

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 related 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 report an amount for investments—program related in Part X, line 13 that is 5% or more

• 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax 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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

X 12 No X 13 14a 14b

16	X
17	x
-1/_	
18	 X
19	x

Form **990** (2009)

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	İ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			37
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	l		3.
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-		x
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u> </u>
20	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
_	Schedule L, Part IV	28b		х
С				
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		ŀ	
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X
		F	. uon	(2000)

Pa	Rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	I			
	U.S Information Returns. Enter -0- if not applicable	1a			İ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable			İ
	gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by			
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b_		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			
	account)?		4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ▶				ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Bank			ĺ
_	and Financial Accounts.		_	•	4.5
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	·0	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		├ <u>^</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarded Tax Shalter Transporture?	iraing			ĺ
6-	Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•	5c		
6a	organization solicit any contributions that were not tax deductible?	5	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	- Ca		
b	gifts were not tax deductible?	113 01	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		1		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods			ĺ
_	and services provided to the payor?		7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7 f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7 <u>g</u>		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?		7h	<u>.</u>	ļ
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			1	
_	organization, have excess business holdings at any time during the year?		8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			Ī	
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•	9b	 	ļ
10	Section 501(c)(7) organizations. Enter	10a		Ī	
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-	I	
b 11	Section 501(c)(12) organizations. Enter:	100	-	•	
а	Gross income from members or shareholders	11a		I	
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	r red	1	I	
J	amounts due or received from them.)	11b		!	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	Ī	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		†	-
_ _		1	For	<u> </u>	(2009)

Form 990 (2009) KIDS ARK INTERNATIONAL INC. 81-0631192 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X form? 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b 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 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

LAKELAND

20

policy, and financial statements available to the public.

organization: **BARBARA CRONE**

State the name, physical address, and telephone number of the person who possesses the books and records of the

P.O. BOX 7361

FL 33807

DAA

Form 990 (2009)

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

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. 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

Check this box if the organization did not compensate any current officer, directly (A) (B) (C) Name and Title Average Position (check all that apply)								(D)	(E)	(F)
Name and Title	Average hours per week	P or director		Officer	k all i	Mighest compensated employee	Pomer 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
KANDIE C. HERRING TRUSTEE	20.00	x						0	0	
PAUL FEUCHT TRUSTEE		x						0	0	
RANDALL K. HERRIN	IG 30.00			x				0	0	
				<u> </u>						
			_							
						-				

Form	990 (2009) KIDS ARK	INTERNA!	ric	NA	T	IN	C.		81-063	1192	Page
Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	mplo	yees	s, an	d Highest Compensated	Employees (continued)	
	(A) Name and Title	(B) Average	Posi	tion (C) k all t	that a	pply)		(E) Reportable	(F) Estimated
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
							ļ				
			_	_							
		1			_	_	<u> </u>				
		-	_				<u> </u>				
		1									
		1									
	•										
	·	1					<u> </u>	_			
	•	1	-		-		\vdash				
	· .	1] 			<u> </u>	<u> </u>				
	Total .		<u> </u>	<u> </u>			<u> </u>	<u> </u>			
2	Total number of individuals (in reportable compensation from				thos	se lis	ted a	abov	e) who received more than	\$100,000 in	·
3 4 5	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line the organization and related condividual Did any person listed on line services rendered to the organization and the organization listed on line services rendered to the organization listed on line services rendered to the organization listed on line services rendered to the organization listed on line services rendered to the organization listed on line services rendered to the organization listed on line services rendered to the organization listed on line services rendered to the organization list any formation listed on line listed on line listed on line listed	ormer officer, dir " complete Sche ne 1a, is the sum organizations gre 1a receive or acc inization? If "Yes	ecto dule of re ater	r or to for the formal state of the formal sta	r suc able \$15 pens	com com 60,00	dividi npen: 10? If n froi	ual satio "Ye: m an	on and other compensation s," complete Schedule J fo ny unrelated organization fo	from or such	3 X 4 X 5 X
1	Complete this table for your f	ive highest comp	ensa	ated	inde	pend	dent	cont	ractors that received more	than \$100,000 of	
	compensation from the organ	(A) d business address							Descri	(B) otion of services	(C) Compensation
		· · · · · · · · · · · · · · · · · · ·				_					
2	Total number of independent	•		-			ted to	tho	se listed above) who recei	ved	
DAA	more than \$100,000 in comp	ensation from the	e org	aniz	atior	<u> </u>					0 Form 990 (20)

Pa	rt V	iii Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated can	npaigns	1a						
Program Service Revenue Contributions, gifts, grants	b	Membership d		1b						
ğ,	c	Fundraising ev		1c						
ar a	d	Related organ		1d						
s, g	-	Government grants		1e						
ioi	f	All other contribution	•	· · ·						
the the	•	and similar amounts		1f		83,987				
atri d'o	_	Noncock contribution	ns included in lines 1a-		\$	-03,50,				
ang	9	Total. Add line		-11 -	Ψ		83,987			
	- 11	rotal. Add line	5 Id-II			Duez Cada	83,387			
nue	2-					Busn. Code				
Sevi	2a	•				 				
E	b			•	•	 			:	
Ž	C .							, .		
n Se	d							,		
ıran	e									
Š.	T	. •	am service reve	nue		L		· · · · · · · · · · · · · · · · · · ·		
_		Total. Add line				•				
	3		come (including	divider	nds, intere	est, and				
	_	other similar a	•			•				-
	4		nvestment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties		1	- :: -	<u> </u>				
			(i) Real		(II) F	ersonal				
		Gross Rents								
	Ь	Less rental exps								
	С	Rental inc or (loss)		i						
	d 7a	Net rental inco			I	. ▶	· · · · · · · · · · · · · · · · · · ·		······································	, , , , , , , , , , , , , , , , , , ,
	, a	sales of assets	(i) Secunties	S	(11)	Other				
		other than inventory								
	Ь	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)			1			,		
	d	Net gain or (lo		ſ		•		,		······································
nue	8a		om fundraising eve	ents						
e		(not including \$								
Š			reported on line 1c).						
PF		See Part IV, line	•	a						
Other Reve	b	Less: direct ex		b						
•	С		(loss) from fund		events	•		/ 11-1-111		
	9a		om gaming activitie	es						
		See Part IV, line		a						
		Less. direct ex	•	b						
	ı		(loss) from gam		tivities				····· ,, , , , , , , , ,	
	10a		f inventory, less							
		returns and all	lowances .	а						
	b	Less cost of o	goods sold	b						
	С		(loss) from sale		ventory	<u> </u>				
	<u> </u>	Misc	ellaneous Revenue	e		Busn. Code				
	11a		•					·		
	b									
	C	• •								
	ď	All other rever		-						
	е	Total. Add line	es 11a–11d		-	▶				
	12	Total Revenu	e. See instruction	ns		•	83,987	0	0	0

Form 990 (2009)

Part IX Statement of Functional Expenses

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

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

		(A) /	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
•	•				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
U	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)				-
J	and section 403(b) employer contributions)		İ		
9	Other employee benefits				1
10	Payroll taxes				1
11	Fees for services (non-employees):				1
'' a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,323	7,323		
13	Office expenses	1,916	1,916		
14	Information technology		•		
15	Royalties				
16	Occupancy	1,068	1,068		
17	Travel	14,284	14,284		
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	3,731	3,731		
23	Insurance			-	
	•••				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.				
а	MINISTRY TEAMS	27,495	27,495		
b	LABOR	17,161	17,161		<u> </u>
C	HOUSING COST MISSIONARY	5,660			<u> </u>
d	OTHER	4,891	4,891	·· - · · · ·	
e	EQUIPMENT RENTAL	2,015			<u> </u>
f	All other expenses	1,831	1,831		
25	Total functional expenses. Add lines 1 through 24	87,375	87,375		
26	Joint costs. Check here J 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		I	ı	1

			(A)		(B)
_,			Beginning of year		End of year
1	Cash—non-interest bearing	.	1,291	1	1,634
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, trustees, key				
	employees, and highest compensated employees. Complete Part II of				
	Schedule L			5	
6	Receivables from other disqualified persons (as defined under section				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
	Part II of Schedule L	Į.		6	
7 8	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10	a Land, buildings, and equipment: cost or				II II IIII IIII III III III III III II
1	other basis Complete Part VI of Schedule D 10a	86,857			
l t	Less. accumulated depreciation 10b	17,570	73,018	10c	69,28
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11		·	12	
13	Investments—program-related. See Part IV, line 11	· [13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	. [15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	Ī	74,309	16	70,92
17	Accounts payable and accrued expenses		<u> </u>	17	
18	Grants payable	ľ		18	
19	Deferred revenue	·		19	
20	Tax-exempt bond liabilities			20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D	[21	
21 22		Ī	· · · · · · · · · · · · · · · · · · ·		70
	employees, highest compensated employees, and disqualified				
	persons. Complete Part II of Schedule L			22	
23		· · ·		23	
24		[24	
25	Other liabilities. Complete Part X of Schedule D	·		25	
26	Total liabilities. Add lines 17 through 25	Ī		26	
+	Organizations that follow SFAS 117, check here ▶ X and				······································
	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets	ĺ	74,309	27	70,921
28	• • • •	[,	28	
29	•	[29	
i	Organizations that do not follow SFAS 117, check here ▶				
:	and complete lines 30 through 34.				
30	•	İ	i	30	
31		F		31	
32		j		32	
27 28 29 30 31 32 33		·	74,309	33	70,921
34			74,309		70,921

Form **990** (2009)

<u>om</u>	990 (2009) KIDS ARK INTERNATIONAL INC. 81-0631192		Pag	ge 12
Pa	rt 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		_X_
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		
	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			
	Separate basis Consolidated basis Both consolidated and separate basis			
3а	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		
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		

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIDS ARK INTERNATIONAL INC.

Employer identification number

81-0631192 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in rganization in col support (i) organized in the col (i) of your above or IRC section governing document? support? US? (see instructions)) Yes No Yes No Yes No

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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.) Part II

	(Complete only if you cite	CKET THE DOX C	<u>, , , , , , , , , , , , , , , , , , , </u>	OUIFAILI.)					
Sec	tion A. Public Support								
Ca	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.")	139,063	173,156	102,215	105,100	83,987	603,521		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	139,063	173,156	102,215	105,100	83,987	603,521		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						603,521		
	tion B. Total Support								
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	139,063	173,156	102,215	105,100	83,987	603,521		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						·····		
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0			
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						603,521		
12	Gross receipts from related activities, etc.			•		. [12]			
13	First five years. If the Form 990 is for the	•	second, third, fou	rth, or fifth tax year	as a section 501(c)(3)	. \Box		
~	organization, check this box and stop her		 				▶		
	tion C. Computation of Public Su	**		- (0)		141			
14	Public support percentage for 2009 (line 6	• •	•	(ז)) ר		14	100.00%		
15 16a	Public support percentage from 2008 School 33 1/3 % support test—2009. If the organ		•	I2 and line 14 is 33			<u></u> %		
IOa				13, and line 14 is 3.	5 1/3 % OI IIIOIE, C	neck this box	▶ 🕱		
h	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—200	, ,	• •	•	. or 16b. and line 1	14 is 10% or	٠ ـ ـ		
	more, and if the organization meets the "fa	=							
	organization meets the "facts-and-circums						▶ □		
b	10%-facts-and-circumstances test—200		-	· · · · · · · · · · · · · · · · · · ·					
	more, and if the organization meets the "fa	-							
	organization meets the "facts-and-circums	tances" test. The o	rganization qualifie	es as a publicly sup	ported organization	n	. ▶□		
18	Private foundation. If the organization did	i not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	instructions	▶ 📙		

P	ac	10	3

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.)

	(Complete only if you che	ecked the box	on line 9 of Pa	ап I.)				
	tion A. Public Support	4 > 0005	41.000		4 13 2022			
Cai	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
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 organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
C	Add lines 7a and 7b							
8 —	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		(b) 2006			· · · · · · · · · · · · · · · · · · ·		
Cal	lendar year (or fiscal year beginning in) ▶	(e) 200	9	(f) Total				
9	Amounts from line 6							
10a	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 activities not included in line 10b, whether or not the business is regularly carried on							·
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)	L	1	<u> </u>	L	L		
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							
	tion C. Computation of Public Su							
15	Public support percentage for 2009 (line 8	• • •	-	nn (f)) .			15	
16	Public support percentage from 2008 Sch						16	
	tion D. Computation of Investme							
17	Investment income percentage for 2009 (I		•	3, column (f))			17	<u>%</u>
18	Investment income percentage from 2008						18_	%_
19a	33 1/3 % support tests—2009. If the orga							, C
	17 is not more than 33 1/3 %, check this b					•	•	▶ ⊔
Ь	33 1/3 % support tests—2008. If the orga							► □
	line 18 is not more than 33 1/3 %, check t	nis box and stop h	iere. i ne organiza	ition qualifies as a	publicly supported	i organization	ı	· 【H

-Schedule A (Form 990 or 990-EZ) 2009 KIDS ARK INTERNATIONAL INC.

81-0631192

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990) \

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Schedule D (Form 990) 2009

Inspection Name of the organization Employer identification number KIDS ARK INTERNATIONAL INC. 81-0631192 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV 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 Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? Yes No 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. b 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 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	dule D (Form 990) 2009 KIDS ARK I	NTERNATIONAL	INC.	81-06	31192	Page 2			
	rt 期 Organizations Maintaining (
3	Using the organization's acquisition, accession collection items (check all that apply):					,			
а	Public exhibition	d Loan or	exchange program	ns					
b	Scholarly research	e Other							
С	Preservation for future generations	٠ ــــ							
4	Provide a description of the organization's colle	ections and explain how th	ey further the orga	nization's exempt pu	impose in				
	Part XIV.	·			•				
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of art, hi se maintained as part of th	storical treasures, le organization's co	or other similar ollection?		Yes No			
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part								
	IV, line 9, or reported an amo								
та	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or oth	ner assets not					
	included on Form 990, Part X?			•		☐ Yes ☐ No			
D	If "Yes," explain the arrangement in Part XIV ar	a complete the following	table			Amount			
	Danisana kalana					Amount			
	Beginning balance			•	1c				
<u>a</u>	Additions during the year		•	•	1d				
e	Distributions during the year	•	•		1e				
7-	Ending balance				_ 1f				
	Did the organization include an amount on For	11 990, Part X, line 21?	•			∐ Yes ∐ No			
	b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.								
	Lindowinent i dilds. Comple	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back			
12	Beginning of year balance	(a) Canoni you	(5) 1 1101) 021	(b) The years back	(d) Three years back	(c) i oui years back			
	Contributions								
	Net investment earnings, gains,								
·	and losses								
d	Grants or scholarships					**************************************			
	Other expenditures for facilities								
Ū	and programs								
f	Administrative expenses								
a	End of year balance					***************************************			
2	Provide the estimated percentage of the year e	nd balance held as		·	f	<u> </u>			
a	Board designated or quasi-endowment ▶	%							
b									
C	Term endowment ▶ %								
	Are there endowment funds not in the possessi	ion of the organization tha	t are held and adm	unistered for the					
	organization by	· · · · · · · · · · · · · · · · · · ·				Yes No			
	(i) unrelated organizations					3a(i)			
	(ii) related organizations			•		3a(ii)			
ь	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sche	dule R?	• •		3b			
4	Describe in Part XIV the intended uses of the o		•						
Pa	rt VI Investments—Land, Buildin			0, Part X, line 1	0.				
	Description of investment	(a) Cost or other basis	(b) Cost or oth	<u> </u>	cumulated	(d) Book value			
		(investment)	basis (other)) depr	reciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	_								

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	orm 990) 2009 KIDS ARK INTERNATIONAL		81-0631192	Page 3
Part VII	Investments—Other Securities. See Form 990			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ie
Financial dem	vatives			
Closely-held e	equity interests			
Other				
				
	·			
	· -			
				
				
				
	n (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII	Investments—Program Related. See Form 99			
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market valu	ie
				
·				-
		-		
	n (b) must equal Form 990, Part X, col (B) line 13)			·····
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description		(b) Bo	ok value
		<u> </u>		
	·			
				
		=-0		
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities. See Form 990, Part X, line 25	5.		
1	(a) Description of liability	(b) Amount		
Federal incom	ne taxes		1	
			1	
			7	
			1	
]	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)		7	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2009 KIDS ARK INTERNATIONAL INC. 81-063119	2	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
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:		-
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
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	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	'n
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		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	·
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
nis p	part to provide any additional information		
			- -
	 		
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 Schedule D (F 	om 990) 2	2009	KID	S A	RK _	INT	ERN	AT]	ONA	Ц:	INC	•			81-	-06	31.	L 92	?			F	<u>Page 5</u>
- Schedule D (F	Supple	ement	al Inf	orma	ation	(con	tinue	d)															
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SCHEDULE,O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

Name of the organization **Employer identification number** KIDS ARK INTERNATIONAL INC 81-0631192

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Federal Statements

KDARK1876 KIDS ARK INTERNATIONAL INC.

81-0631192 FYE: 8/31/2010

	Fund Raising	s	\$
	Management & General		0
		O.	O)
f - All Other Expenses	Program Service	1,831	1,831
All Othe	₽ 07	တ	w
art IX, Line 24f	Total xpenses	1,831	1,831
Form 990, P.		s	φ
	Description	MEDICAL	Total