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**Return of Organization Exempt From Income Tax**

**2010**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2010 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**KRISMARK CORPORATION**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**819 MASSACHUSETTS AVENUE**  
 City or town, state or country, and ZIP + 4  
**ARLINGTON, MA 02476**

**D Employer identification number**  
**04-2944267**

**E Telephone number**  
**781-646-7623**

**G Gross receipts \$** **1,259,042.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list (see instructions)

**F Name and address of principal officer** **GARY S. STEVENS**  
**1320 CENTRE STREET, NEWTON CENTRE, MA 02459**

**I Tax-exempt status**  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J Website:** **ARLINGTONINFANTTODDLERCENTER.COM**

**H(c) Group exemption number** ▶

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **NON P** **L Year of formation:** **1987** **M State of legal domicile:** **MA**

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>CHILD CARE CENTER/PRESCHOOL</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 0	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 29	
	6	Total number of volunteers (estimate if necessary)	6 0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	0.	0.
	9	Program service revenue (Part VIII, line 2g)	1,218,303.	1,258,166.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,719.	876.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,221,022.	1,259,042.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,052,559.	1,082,721.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	167,255.	203,007.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,219,814.	1,285,728.	
19	Revenue less expenses Subtract line 18 from line 12	1,208.	-26,686.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 255,542.	End of Year 227,458.
	21	Total liabilities (Part X, line 20)	100,268.	98,870.
	22	Net assets or fund balances Subtract line 21 from line 20	155,274.	128,588.

**Part II Signature Block**

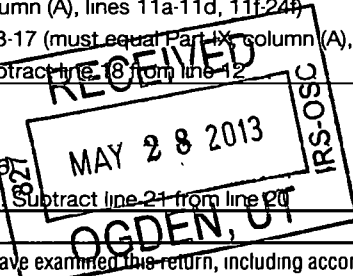
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: **GARY S. STEVENS, TREASURER** Date: **2.28.13**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **GARY S. STEVENS, CPA** Preparer's signature: *Gary S. Stevens* Date: **02/28/13** Check if self-employed:  PTIN:  
 Firm's name: **STEVENS & CICCONE ASSOCIATES, P.C.** Firm's EIN:  
 Firm's address: **1320 CENTRE STREET, SUITE 100**  
**NEWTON CENTRE, MA 02459** Phone no.: **(617)969-8700**

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

SCANNED JUN 25 2013



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT TO TEACH, NURTURE AND PREPARE CHILDREN FOR GRADE SCHOOL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 988,728. including grants of \$ ) (Revenue \$ 1,259,042.)

PROVIDE FOR THE CARE AND SUPERVISION OF CHILDREN IN THE DAYCARE CENTER/PRESCHOOL. THE ONLY ACTIVITY IS THE CARE OF CHILDREN. ALL REVENUES ARE USED TO TEACH IN THE BEST ENVIRONMENT AND PROVIDE A SAFE LEARNING EXPERIENCE.

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses 988,728.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

**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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
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	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	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			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders.		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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.		
12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13b			
c	Enter the amount of reserves on hand.		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
14b			

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
<b>3</b> 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?		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b> Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>b</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?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
<b>13</b> Does the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
<b>14</b> Does the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>b</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**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 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
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**GARY S. STEVENS - (617) 969-8700**  
**1320 CENTRE ST. SUITE 100, NEWTON CENTRE, MA 02459**





**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> <u>TUITION INCOME</u>	Business Code <b>624410</b>	<b>1,258,166.</b>	<b>1,258,166.</b>			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		<b>1,258,166.</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>876.</b>	<b>876.</b>			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>					
		<b>b</b> Less direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>					
		<b>b</b> Less direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			<b>1,259,042.</b>	<b>1,259,042.</b>	<b>0.</b>	<b>0.</b>	

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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, trustees, and key employees	227,385.	87,038.	140,347.	
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	668,055.	584,831.	83,224.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,879.	11,879.		
9 Other employee benefits	83,975.	81,940.	2,035.	
10 Payroll taxes	91,427.	77,198.	14,229.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	28,100.	12,400.	15,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	6,977.		6,977.	
12 Advertising and promotion				
13 Office expenses	11,569.	3,765.	7,804.	
14 Information technology	8,361.	119.	8,242.	
15 Royalties				
16 Occupancy	59,428.	47,952.	11,476.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,542.	1,542.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	821.	821.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>SUPPLIES</b>	27,242.	27,242.		
b <b>EDUCATION AND FIELD TRI</b>	16,871.	16,871.		
c <b>REPAIRS AND MAINTENANCE</b>	12,547.	12,547.		
d <b>INSURANCE - SEE EMPL BE</b>	11,165.	7,929.	3,236.	
e <b>CLEANING &amp; MAINTENANCE</b>	6,155.	6,102.	53.	
f All other expenses	12,229.	8,552.	3,677.	
25 Total functional expenses Add lines 1 through 24f	1,285,728.	988,728.	297,000.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	73,757.	1	69,696.
	2	Savings and temporary cash investments	164,810.	2	140,686.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	122.	4	581.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,336.	9	10,749.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 35,970.		
	b	Less accumulated depreciation	10b 34,221.	2,570.	10c 1,749.
	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	3,947.	15	3,997.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	255,542.	16	227,458.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	372.	17	2,607.
	18	Grants payable		18	
	19	Deferred revenue	12,565.	19	10,532.
	20	Tax-exempt bond liabilities		20	
	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 persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	87,331.	25	85,731.
	26	<b>Total liabilities.</b> Add lines 17 through 25	100,268.	26	98,870.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds	155,274.	30	128,588.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
	33	<b>Total net assets or fund balances</b>	155,274.	33	128,588.
34	<b>Total liabilities and net assets/fund balances</b>	255,542.	34	227,458.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,259,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,285,728.
3	Revenue less expenses Subtract line 2 from line 1	3	-26,686.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,274.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	128,588.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		X
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2010)

**Public Charity Status and Public Support**

**2010**

**Open to Public Inspection**

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.

Name of the organization **KRISMARK CORPORATION** Employer identification number **04-2944267**

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  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)
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>		%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>		%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 33 1/3% support test - 2009.</b> 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 <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2009.</b> 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 <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
**(Form 990)**

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

**2010**

Open to Public Inspection

Name of the organization

**KRISMARK CORPORATION**

Employer identification number

**04-2944267**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 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?  Yes  No
- 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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 

(i) 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 (ASC 958) relating to these items
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		35,970.	34,221.	1,749.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,749.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (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) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>PARENT SECURITY DEPOSITS</b>	<b>50,132.</b>
(3) <b>ACCRUED EXPENSES</b>	<b>35,599.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	<b>85,731.</b>

FIN 48 (ASC 740) 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 (ASC 740)



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

**Schools**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**KRISMARK CORPORATION**

Employer identification number

**04-2944267**

**Part I**

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.

**PART OF OUR PERSONNEL POLICIES. POLICY ALSO LISTED IN THE NEWSPAPER. LISTED IN OUR PARENT HANDBOOK AS WELL. ACCREDITED THROUGH NATIONAL ACADEMY EDUCATION FOR YOUNG CHILDREN (NAEYC). SCHOOL IS NATIONALLY ACCREDITED.**

- 4 Does the organization maintain the following?
  - a Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II.  
**NO SCHOLARSHIPS OR FINANCIAL ASSISTANCE ARE AWARDED TO ANY STUDENT - LINE 46.**

- 5 Does the organization discriminate by race in any way with respect to
  - a Students' rights or privileges?
  - b Admissions policies?
  - c Employment of faculty or administrative staff?
  - d Scholarships or other financial assistance?
  - e Educational policies?
  - f Use of facilities?
  - g Athletic programs?
  - h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
  - b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b		X
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a		X
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2010





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STEVENS AND CICCONE ASSOCIATES	BUSINESS RELATIONSHIP	156,653.	MAINTAINS THE BOOKS AND RECORDS FOR THE COMPANY THROUGHOUT EACH YEAR. PREPARES ALL THE SCHEDULES, RECONCILIATIONS, WORKPAPERS AND SUPPORTING DOCUMENTATION FOR THE AUDIT BY AN INDEPENDENT OUTSIDE ACCOUNTING FIRM. PREPARE AND HANDLE ALL TAX ISSUES AND FILINGS. GENERAL MGMT OF ALL NON-PROGRAM SERVICE REQUIREMENTS OF THE ENTITY TO INCLUDE OFFICE SUPPORT, CONTROLLER, CFO AND CEO RELATED ACTIVITIES.		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

**(A) NAME OF PERSON: STEVENS AND CICCONE ASSOCIATES, PC**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**BUSINESS RELATIONSHIP - ACCOUNTING, BOOKKEEPING, GENERAL & ADMINISTRATION**

**(D) DESCRIPTION OF TRANSACTION: MAINTAINS THE BOOKS AND RECORDS FOR THE**

**COMPANY THROUGHOUT EACH YEAR. PREPARES ALL THE SCHEDULES,**

**RECONCILIATIONS, WORKPAPERS AND SUPPORTING DOCUMENTATION FOR THE AUDIT BY**

**AN INDEPENDENT OUTSIDE ACCOUNTING FIRM. PREPARE AND HANDLE ALL TAX ISSUES**

**AND FILINGS. GENERAL MGMT OF ALL NON-PROGRAM SERVICE REQUIREMENTS OF THE**

**ENTITY TO INCLUDE OFFICE SUPPORT, CONTROLLER, CFO AND CEO RELATED**

**ACTIVITIES.**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**KRISMARK CORPORATION**

Employer identification number

**04-2944267**

**FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:**

**NON PROFIT**

**FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIP**

**MICHAEL J CICCONE AND GARY S STEVENS OWN A SEPARATE COMPANY AS  
SHAREHOLDERS.**

**ALSO OFFICERS OF THE NON PROFIT ORGANIZATION**

**FORM 990, PART VI, SECTION A, LINE 2: A DAUGHTER OF ONE THE OFFICERS IS A  
TEACHER AT THE CENTER.**

**FORM 990, PART VI, SECTION B, LINE 11: COPY OF FORM 990 WAS PROVIDED TO  
THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND APPROVAL BEFORE IT WAS  
FILED.**

**FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL  
STATEMENTS ARE AVAILABLE UPON REQUEST.**

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**KRISMAR CORPORATION**

**FORM 990 PAGE 10**

**04-2944267**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

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

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	821.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	821.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

Table for line 26: Property used more than 50% in a qualified business use. Columns include percentage and other details.

Table for line 27: Property used 50% or less in a qualified business use. Columns include percentage and S/L (Standard Mileage) indicators.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

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

Table for Section B: Information on Use of Vehicles. Columns (a)-(f) represent different vehicles. Rows 30-36 contain questions about miles driven and personal use.

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

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

Table for Section C: Questions for Employers. Rows 37-41 contain questions about policy statements and vehicle use. Columns Yes/No.

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

Part VI Amortization

Table for Part VI: Amortization. Columns (a)-(f) represent cost descriptions, amortization dates, amounts, code sections, periods, and annual amortization. Rows 42-44.

2010 DEPRECIATION AND AMORTIZATION REPORT  
 FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
1	VARIOUS EQUIPMENT	010187200	DB	5.00	17	25,000.			25,000.	25,000.		0.
2	MICROWAVE	010188200	DB	5.00	17	99.			99.	99.		0.
3	FILE CABINET	010188200	DB	5.00	17	57.			57.	57.		0.
4	CAMERA	011188200	DB	5.00	17	51.			51.	51.		0.
5	CHAIR	020691200	DB	7.00	17	54.			54.	54.		0.
6	TEACHER'S SCHOOL SUPPLIES	010797200	DB	7.00	17	458.			458.	458.		0.
7	AIR CONDITIONER	080102200	DB	5.00	17	770.		231.	539.	539.		0.
8	COMPUTER	012104200	DB	5.00	17	685.		343.	342.	342.		0.
9	CANOPY	063005200	DB	7.00	17	1,646.			1,646.	1,279.		147.
10	FIXTURE	070505200	DB	7.00	17	245.			245.	191.		22.
11	LAP TOP	123107200	DB	5.00	17	970.			970.	638.		133.
12	PLAYGROUND	081208200	DB	7.00	17	5,935.		2,968.	2,967.	1,151.		519.
	STRUCTURE W/SOLAR											
	* 990 PAGE 10 TOTAL											
	PROGRAM SERVICES					35,970.		3,542.	32,428.	29,859.	0.	821.
	* GRAND TOTAL 990					35,970.		3,542.	32,428.	29,859.	0.	821.
	PAGE 10 DEPR											

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**AUDITED FINANCIAL STATEMENTS**

**For The Years Ended  
December 31, 2011 and 2010**

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**AUDITED FINANCIAL STATEMENTS**

**For The Years Ended December 31, 2011 and 2010**

**TABLE OF CONTENTS**

<b>Independent Accountants' Audit Report of Certified Public Accountants</b>	<b>1</b>
 <b>Financial Statements:</b>	
<b>Statement of Financial Position</b>	<b>2</b>
<b>Statement of Revenue, Expenses and Change in Net Assets (As Restated)</b>	<b>3</b>
<b>Statement of Cash Flows</b>	<b>4</b>
<b>Notes to Financial Statements (As Restated)</b>	<b>5-7</b>
 <b>Supplementary Information:</b>	
<b>Independent Accountants' Report of Certified Public Accountants on the Supplementary Information (As Restated)</b>	<b>8</b>
<b>Schedule of Program Service Expenses</b>	<b>9</b>
<b>Schedule of General and Overhead Expenses</b>	<b>10</b>

DENNIS M. RAIMO, CPA

*Certified Public Accountant*

Zero Governors Ave , Suite 38  
Medford, MA 02155-3035  
Telephone (781) 396-6464  
FAX (781) 396-0234  
Email draimo@qrco.com

**The Directors  
Krismark Corporation D/B/A  
Arlington Infant Toddler Center  
(A Non-Profit Organization)  
Arlington, Massachusetts**

**INDEPENDENT ACCOUNTANTS' AUDIT REPORT**

I have audited the accompanying balance sheets of Krismark Corporation D/B/A Arlington Infant Toddler Center (A Non-Profit Organization) as of December 31, 2011 and 2010 and the related statements of revenues, expenses, and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the company's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Krismark Corporation D/B/A Arlington Infant Toddler Center (A Non-Profit Organization) as of December 31, 2011 and 2010 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As of February 28, 2013, and subsequent to the financial statement date, the program service expenses and general and administrative expenses have been restated to more accurately reflect the nature of expenditures (see footnote 4). There was no change to total expenses due to this restatement.

August 1, 2012

A handwritten signature in black ink, appearing to read "Dennis M. Raimo CPA", is written over a horizontal line.

RESTATED February 28, 2013 (Note 4)

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**STATEMENT OF FINANCIAL POSITION**

**For The Years Ended December 31,**

ASSETS

	<u>2011</u>	<u>2010</u>
Current Assets		
Cash	\$ 222,963	\$ 210,382
Accounts Receivable	329	581
Prepaid Expenses	<u>15,765</u>	<u>10,749</u>
Total Current Assets	<u>239,057</u>	<u>221,712</u>
Fixed Assets (Note 1):		
Equipment and Fixtures	8,796	35,970
Less: Accumulated Depreciation	<u>( 7,692)</u>	<u>( 34,221)</u>
	<u>1,104</u>	<u>1,749</u>
Other Assets:		
Security Deposits	<u>4,122</u>	<u>3,997</u>
Total Other Assets	<u>4,122</u>	<u>3,997</u>
Total Assets	<u>\$ 244,283</u>	<u>\$ 227,458</u>

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts Payable	\$ 4,291	\$ 2,607
Deferred Income	9,969	10,532
Parent Security Deposits	50,409	50,132
Accrued Expenses and Other Current Liabilities	<u>35,611</u>	<u>35,599</u>
Total Current Liabilities	100,280	98,870
Net Assets	<u>144,003</u>	<u>128,588</u>
Total Liabilities and Net Assets	<u>\$ 244,283</u>	<u>\$ 227,458</u>

**The accompanying notes are an integral part of the financial statements.  
See Independent Accountant's Audit Report.**

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS**

**For The Years Ended December 31,**

	<u>2011</u>	<u>%</u>	<u>2010</u>	<u>%</u>
Tuition Income	\$ 1,327,219	100.0%	\$ 1,259,042	100.0%
Program Service Expenses	<u>1,003,834</u>	<u>75.6</u>	<u>988,728</u>	<u>78.5</u>
Gross Profit	323,385	<u>24.4</u>	270,314	<u>21.5</u>
General and Overhead Expenses	<u>307,970</u>	<u>23.2</u>	<u>297,000</u>	<u>23.6</u>
Increase/(Decrease) in Net Assets	15,415	<u>1.2%</u>	( 26,686)	( <u>2.1%</u> )
Net Assets, Beginning	<u>128,588</u>		<u>155,274</u>	
Net Assets, Ending	<u>\$ 144,003</u>		<u>\$ 128,588</u>	

**The accompanying notes are an integral part of the financial statements.  
See Independent Accountant's Audit Report.**

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**STATEMENT OF CASH FLOWS**

**For the Years Ended December 31, 2011 and 2010**

	<u>2011</u>	<u>2010</u>
Cash Flows from Operating Activities:		
Excess of Revenues Over Expenses/(Expenses Over Revenues)	\$ 15,415	(\$ 26,686)
Noncash Items Included in Net Revenues:		
Depreciation	645	821
Changes In Operating Assets and Liabilities		
(Increase)/Decrease in Accounts Receivable	252	( 459)
(Increase) in Prepaid Expenses	( 5,016)	( 413)
(Increase) in Security Deposit	( 125)	( 50)
Increase in Accounts Payable	1,684	2,235
(Decrease) in Withheld Taxes	-	( 7,589)
(Decrease) in Deferred Income	( 563)	( 2,033)
Increase in Parent Security Deposits	277	830
Increase in Accrued Expenses and Other Current Liabilities	<u>12</u>	<u>5,159</u>
Net Cash Provided/(Used) By Operating Activities	<u>12,581</u>	<u>( 28,185)</u>
Net Increase/(Decrease) in Cash and Cash Equivalents	12,581	( 28,185)
Cash and Cash Equivalents at Beginning of Year	<u>210,382</u>	<u>238,567</u>
Cash and Cash Equivalents at End of Year	<u>\$ 222,963</u>	<u>\$ 210,382</u>
Interest Paid	<u>\$ -</u>	<u>\$ -</u>

**The accompanying notes are an integral part of the financial statements.  
See Independent Accountant's Audit Report.**

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**NOTES TO AUDITED FINANCIAL STATEMENTS**

**For The Years Ended December 31, 2011 and 2010**

**Note 1 - Summary of Significant Accounting Policies**

**Organization**

The company was incorporated as a non-profit organization concerned primarily with the running and operating of a child day-care center and to provide for the care and supervision of children. All revenue is earned in Massachusetts.

The company is a tax exempt organization under Section 501(C)(3) of the Internal Revenue Code.

**Income Recognition**

The company records income as it is earned. Income from tuition payments that relate to the subsequent year are classified as deferred income in the Current Liabilities section of the Statement of Financial Position. This income is recorded in the year that the day care services are actually provided.

**Fixed Assets**

Fixed assets consist of Equipment and Furniture. Assets have been depreciated over five and seven years under the Modified Accelerated Cost Recovery System ("MACRS"). Obsolete and fully depreciated fixed assets that are no longer in service are written off in the year that obsolescence is determined.

**Taxes on Income**

Since the company is a non-profit organization, there are no federal or state income taxes. The entity does have to pay filing fees which are included in dues, fees and subscriptions on the Statement of Revenues, Expenses and Changes in Net Assets.

The Company is not a taxpaying entity for federal income tax purposes, and thus no income tax expense has been provided for in these financial statements.

**Use of Estimates**

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Fair Value Measurement**

The Organization adopted the provisions of financial Accounting Standards Board Statement of Financial Accounting Standards No. 157, "Fair Value Measurements" (SFAS 157). SFAS 157 defines fair value, establishes a framework for measuring fair value under accounting principles generally accepted in the United States of America, and expands disclosures about fair value measurements. SFAS 157 established a fair value framework that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value framework under SFAS 157 are as follows:

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**NOTES TO AUDITED FINANCIAL STATEMENTS (CONT.)**

**For The Years Ended December 31, 2011 and 2010**

**Note 1 - Summary of Significant Accounting Policies (Cont.)**

**Fair Value Measurement**

**Level 1 - inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.**

**Level 2 - inputs other than quoted prices in active markets that are observable for the asset either directly or indirectly, including inputs in markets that are not considered to be active.**

**Level 3 - pricing inputs that are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value require management judgment or estimation.**

A qualifying asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement. Adopting SFAS 157 did not result in any change in the measurement of the carrying value of the company's qualifying assets and liabilities as they have historically been recorded at market value.

**Note 2 - Lease Commitment**

The lease was renewed on January 1, 2012 for a two year term at an annual base rent of \$47,952 and expires on December 31, 2013. The lease includes electricity, heating oil, and water. The Lessee is responsible for it's pro rata share of snow removal and heating oil over certain base parameters as established by the landlord.

**Note 3 - Retirement Plan**

The company established a Simple IRA plan for its employees. The company match for 2011 and 2010 was up to three percent (3%) of participating employees' compensation. The company made a Simple IRA matching contribution of \$11,479 and \$11,879, respectively, for the calendar years 2011 and 2010. All retirement plan liabilities of the company are fully funded annually.

The company converted its retirement plan from a Simple IRA plan to a safe harbor 401(k) plan effective January 1, 2012.

**Note 4 - Event Subsequent to the Date of the Accountants' Audit Report**

Subsequent to the audit report dated August 1, 2012 for the audited financial statements for the years ended December 31, 2011 and 2010, in order to improve accuracy, the salaries of the chief executive and financial officers of the entity have been restated to more clearly indicate the overhead and general administrative costs incurred by their wholly owned related organization. Consequently, salaries of these officers were re-classified as represented in the supplementary schedule of general and overhead expenses. There was no change in the net expense cost to the entity or the assets of Krismark Corporation due to this restatement. A regulatory agency in the Commonwealth of Massachusetts, where the non-profit corporation is located, has requested this restatement in order to indicate more clearly the nature of expenses being incurred by Krismark Corporation.

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**NOTES TO AUDITED FINANCIAL STATEMENTS (CONT.)**

**For The Years Ended December 31, 2011 and 2010**

**Note 4 - Event Subsequent to the Date of the Accountants' Audit Report (Cont.)**

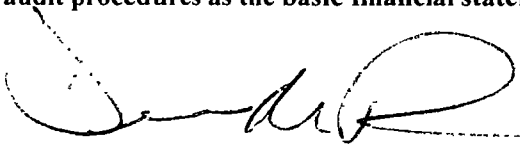
These expenses were restated to indicate the following:

	<u>Pre-Restatement</u>		<u>Post-Restatement</u>	
	<u>2011</u>	<u>2010</u>	<u>2011</u>	<u>2010</u>
Salaries and wages, executive officers	\$ 298,000	\$ 297,000	\$ 154,114	\$ 140,347
General and overhead expenses	<u>9,970</u>	<u>-</u>	<u>153,856</u>	<u>156,653</u>
Total	<u>\$ 307,970</u>	<u>\$ 297,000</u>	<u>\$ 307,970</u>	<u>\$ 297,000</u>

**AUDIT REPORT OF CERTIFIED PUBLIC ACCOUNTANTS ON THE  
SUPPLEMENTARY INFORMATION**

**Board of Directors  
Krismark Corporation  
D/B/A Arlington Infant Toddler Center  
Arlington, MA 02476**

**My report on the audit of the basic financial statements of Krismark Corporation for the years ended December 31, 2011 and 2010 appears on page 1. That audit was made for the purpose of expressing assurance that there are no material modifications that should be made to the financial statements in order for them to be in conformity with generally accepted accounting principles. The information included on the accompanying page is presented for supplementary analysis purposes and has been subjected to the same audit procedures as the basic financial statements.**

 CPA

**February 28, 2013**

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**PROGRAM SERVICE EXPENSES**

For the Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Accounting	\$ -	\$ 12,400
Advertising for teachers	315	305
Bank charges and returned checks	994	-
Cleaning of facilities	6,554	6,102
Compensation of administrator	90,096	87,038
Conferences and meetings	2,125	1,542
Depreciation	645	821
Dues, fees, and donations	1,542	1,557
Education and field trips	15,823	16,871
Equipment lease - facilities	796	1,497
Insurance - general	7,617	7,929
Program service expenses	9,535	3,765
School supplies and food	26,828	27,242
Other employee benefits - health insurance	93,904	81,940
Other teacher salaries and wages	594,817	584,831
Payroll taxes - program service	78,414	77,198
Pension plan expense - teachers	11,479	11,879
Rent - facilities	47,952	47,952
Repairs and maintenace - facilities	5,279	12,547
Snow removal - facilities	6,967	3,070
Telephone expenses - facilities	2,033	2,123
Website	<u>119</u>	<u>119</u>
	<u>\$ 1,003,834</u>	<u>\$ 988,728</u>

See Independent Accountant's Audit Report on the Supplementary Information

**KRISMARK CORPORATION D/B/A  
ARLINGTON INFANT TODDLER CENTER  
(A NON-PROFIT ORGANIZATION)**

**GENERAL AND OVERHEAD EXPENSES**

**For the Years Ended December 31, 2011 and 2010**

	<u>2011</u>	<u>2010</u>
Accounting	\$ 25,670	\$ 15,700
Casual labor	3,550	6,977
Compensation of officers	154,114	140,347
Computer, consulting, and related costs and supplies	9,751	7,917
Depreciation	1,017	1,348
Insurance - General	2,648	3,236
Internet Fees	250	325
Office expenses and supplies	7,079	7,384
Other salaries and wages	74,594	83,224
Payroll processing fees	403	473
Payroll taxes	13,000	14,229
Pension plan	1,397	2,035
Rent	10,874	10,610
Security	102	176
Storage	1,024	613
Taxes - other	884	605
Telephone	833	935
Utilities	<u>780</u>	<u>866</u>
	<u>\$ 307,970</u>	<u>\$ 297,000</u>

**See Independent Accountant's Audit Report on the Supplementary Information**