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Form **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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/1/2010 , and ending 6/30/2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: ARK INDUSTRIES & REHABILITATION CENTER ME

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 1150 NORTH 3RD STREET

Room/suite:

City or town, state or country, and ZIP + 4: LARAMIE WY 82072

D Employer identification number: 74-2323412

E Telephone number: 307-742-6641

G Gross receipts $: 720,723

F Name and address of principal officer: SHIRLEY PRATT 1150 NORTH 3RD STREET, LARAMIE, WY 82072

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984

M State of legal domicile: WY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FINANCIAL ASSISTANCE PROVIDED TO ARK INDUSTRIES REHABILITATION CENTER, A NONPROFIT ORGANIZATION SPONSORED BY THE ALBANY COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.		
2	Check this box ▶ ☐ 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	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	259,274	97,659
9	Program service revenue (Part VIII, line 2g)	594,564	594,564
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,011	28,500
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	900,849	720,723
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000	382,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		10,037
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	145,215	143,656
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	147,215	535,693
19	Revenue less expenses. Subtract line 18 from line 12	753,634	185,030

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	10,796,197	11,017,164
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	10,796,197	11,017,164

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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: Shirley Pratt

Date: 8/8/11

Type or print name and title: SHIRLEY PRATT, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Print/Type preparer's name: TIMOTHY M. HEARNE	Preparer's signature: Timothy M. Hearne, CPA	Date: 8/5/2011	Check ☐ if self-employed; PTIN: P00044622
Firm's name ▶ TIMOTHY M. HEARNE CPA, P.C.			Firm's EIN ▶ 83-0284740
Firm's address ▶ 1369 NORTH 4TH STREET, LARAMIE, WY 82072			Phone no (307) 745-8134

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

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990** (2010)

SCANNED AUG 24 2011

P22

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:
FINANCIAL ASSISTANCE PROVIDED TO ARK INDUSTRIES REHABILITATION CENTER, A NONPROFIT ORGANIZATION SPONSORED BY THE ALBANY COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 $ 529,723 including grants of $) (Revenue $ 720,723)
FINANCIAL ASSISTANCE PROVIDED TO ARK INDUSTRIES REHABILITATION CENTER, A NONPROFIT ORGANIZATION SPONSORED BY THE ALBANY COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC.

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** ► 529,723

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		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		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? *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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	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 with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *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, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	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		X
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)?	35		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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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		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	

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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
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)?	4a			X
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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b			X
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a			X
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?	7c			X
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? .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h			X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** 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	**Section 501(c)(12) organizations.** 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	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
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?	14a			X
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 . . . . . [X]

Section A. Governing Body and Management

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

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

			Yes	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	X	
b	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	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	X	
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	X	
13	Does the organization have a written whistleblower policy? . . .	13	X	
14	Does the organization have a written document retention and destruction policy? . . .	14	X	
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	X	
b	Other officers or key employees of the organization . . .	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	16a		X
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? . . .	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► WY

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 [X] 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: ► SHIRLEY PRATT (307) 742-6641
1150 NORTH 3RD STREET, LARAMIE, WY 82072

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAM DUNNUCK PRESIDENT	5	X								
(2) KEITH DOWNEY VICE PRESIDENT	5.	X								
(3) LINDA THORNTON SECRETARY/TREASURER	5.	X								
(4) RALIEGH WILSON DIRECTOR	5.	X								
(5) WALDO ROTH DIRECTOR	5	X								
(6) SHIRLEY PRATT EXECUTIVE DIRECTOR	5.			X				9,324		
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b **Sub-total** ▶								9,324		
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								9,324		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

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

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

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	60,875			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	36,784			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f ▶		97,659			
Program Service Revenue		**Business Code**				
	2a PROGRAM RELATED RENTALS	531110	594,564	594,564		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		594,564			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		28,500	28,500		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less. direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions ▶		720,723	623,064		

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	382,000	382,000		
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				
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	9,324	9,324		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	713	713		
11	Fees for services (non-employees):				
a	Management	40,800	40,800		
b	Legal				
c	Accounting	5,970		5,970	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85,732	85,732		
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	MISCELLANEOUS	3,066	3,066		
b	PROGRAM SCHOLARSHIP	8,088	8,088		
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	535,693	529,723	5,970	
26	**Joint costs.** Check here ▶ ☐ 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
Assets	1	Cash—non-interest-bearing		91,380	1	44,268
	2	Savings and temporary cash investments		4,533,245	2	4,762,035
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		600,000	4	618,146
	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		950,000	7	900,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,833,415			
	b	Less: accumulated depreciation	10b 2,170,476	4,593,753	10c	4,662,939
	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		27,819	15	29,776
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		10,796,197	16	11,017,164
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	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			25	
	26	**Total liabilities.** Add lines 17 through 25			26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,741,779	27	10,935,014
	28	Temporarily restricted net assets		163	28	2,351
	29	Permanently restricted net assets		54,255	29	79,799
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,796,197	33	11,017,164
	34	Total liabilities and net assets/fund balances		10,796,197	34	11,017,164

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	720,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	535,693
3	Revenue less expenses. Subtract line 2 from line 1	3	185,030
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,796,197
5	Other changes in net assets or fund balances (explain in Schedule O)	5	35,937
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	11,017,164

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: ☐ Cash ☒ 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
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.	2c	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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization	Employer identification number
ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION	74-2323412

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?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

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	
(A) ALBANY COUNTY AS	83-0208994	1	X		X		X		382,000
(B)									
(C)									
(D)									
(E)									
Total									382,000

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage from 2009 Schedule A, Part II, line 14 15

16a **33 1/3% support test–2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test–2009.** 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–2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ ☐

b **10%-facts-and-circumstances test–2009.** 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 . . . . . ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c 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)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 ▶ ☐

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. Also complete this part for any 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

2010

Open to Public Inspection

Name of the organization

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION

Employer identification number

74-2323412

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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ----------

4 Number of states where property subject to conservation easement is located ▶ ----------

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ----------

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 (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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	54,418				
b Contributions	25,544	54,255			
c Net investment earnings, gains, and losses	2,188	163			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	82,150	54,418			

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

a Board designated or quasi-endowment ▶
b Permanent endowment ▶ 98%
c Term endowment ▶ 2%

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		650,991		650,991
b Buildings		6,182,424	2,170,476	4,011,948
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,662,939

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)		
Total *(Column (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)		
Total. *(Column (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)		
Total. *(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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	720,723
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	535,693
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	185,030
4	Net unrealized gains (losses) on investments	4	34,796
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,140
9	Total adjustments (net). Add lines 4 through 8	9	35,936
10	*Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9*	10	220,966

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	755,519
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	34,796		
b	*Donated services and use of facilities*	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	34,796
3	Subtract line **2e** from line **1**			3	720,723
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	720,723

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	535,693
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	535,693
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	535,693

Part XIV Supplemental Information

Complete 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 and 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 this part to provide any additional information.

Part XI Line 8 INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 1,140

Part V Line 4 THE ENDOWMENT FUND IS FOR THE SUPPORT AND CONTINUATION OF THE CREATIVE ARTS CENTER

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION

Employer identification number

74-2323412

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALBANY COUNTY ASSOC FO 1150 NORTH 3RD STREET LARA	83-0208994	501(c)(3)	382,000				SUPPORT ACAFRC
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION

Employer identification number

74-2323412

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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	Employer identification number
ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION	74-2323412

Form 990 Part XI Line 5 UNREALIZED GAIN ON INVESTMENT 34,797: INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 1,140

Form 990 Part VI Section B Line 11B FORM 990 IS REVIEWED BY EXECUTIVE DIRECTOR

Form 990 Part VI Section B Line 12C POLICIES ARE REVIEWED AT LEAST ANUALLY BY EXECUTIVE DIRECTOR AND BOARD

Name of the organization	Employer identification number
ARK INDUSTRIES & REHABILITATION CENTER MEMORIAL FOUNDATION	74-2323412

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ARK INDUSTRIES & REHABILITATION CENT	990	74-2323412

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 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.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	85,732

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	
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 ▶ ☐		

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
19	a 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

20	a 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 instructions	22	85,732
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 VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2		
3	Fundraising events	3		
4	Related organizations	4		
5	Government grants (contributions)	5	60,875	
6	All other contributions, gifts, grants, and similar amounts not included above: PUBLIC CONTRIBUTIONS		36,784	
	Other contributions total	6	36,784	
7	Total	7	97,659	

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

			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	1	85,732	85,732		
2	Depletion	2				
3	Amortization	3				
4	Total	4	85,732	85,732		

Part X, Line 4 (990) - Accounts Receivable

			Accounts receivable		Allowance for doubtful accounts	
			Beginning	End	Beginning	End
1	ACCOUNTS RECEIVABLE	1	600,000	618,146		
2		2				
3		3				
4		4				
5		5				
6		6				
7		7				
8		8				
9		9				
10		10				
11	Total accounts receivable	11	600,000	618,146		

Part X, Line 7 (990) - Other Notes

		1,000,000	950,000	900,000		
	Borrower's name	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year	Purpose of loan
1	ARK INDUSTRIES REHABILITATIO	1,000,000	950,000	900,000		OPERATION DUE TO GRANT REDU
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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

									6,833,415	2,084,744	2,170,476		4,593,753	4,662,939
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	LAND	X							650,991				650,991	650,991
2	BUILDINGS & EQUIPMENT		X						6,182,424	2,084,744	2,170,476		3,942,762	4,011,948
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Part X, Line 15 (990) - Other Assets

27,819 29,776

	Description	Beginning	End
1	CASH SURRENDER VALUE-LIFE INSURANCE	27,819	29,776
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II (Sch I (990)) - Grants and Other Assistance to Governments and Organizations in the US

	Name of Organization	Address	City	State	Zip Code	Foreign Country	Recipient's EIN	IRC Code Section	Amount of Cash Grant	Amount of Non-Cash Assistance	Method of Valuation	Description of Non-Cash Grant	Purpose of Grant
1	ALBANY COUNTY ASSOC FOR	1150 NORTH 3RD STREET	LARAMIE	WY	82072		83-0208994	501(c)(3)	382,000				SUPPORT ACAFRC
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

ASSET DEPRECIATION SHORT REPORT
ARK MEMORIAL FOUNDATION Jun. 30, 2011

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 200 - 210
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 200 - BUILDINGS								
01/01/69	BUILDING-970 N 5TH	SL/15 00	13,567 00	0 00	13,567 00	13,567 00	0 00	13,567 00
01/01/75	BUILDING-518 REYNOLDS	SL/20 00	42,000 00	0 00	42,000 00	42,000 00	0 00	42,000 00
01/01/75	BUILDING-1150 N 3RD	SL/20 00	80,000 00	0 00	80,000 00	80,000 00	0 00	80,000 00
01/01/76	IMPROVEMENTS-518 REYNOLDS	SL/20 00	8,864 00	0 00	8,864 00	8,864 00	0 00	8,864 00
01/01/76	IMPROVEMENTS-518 REYNOLDS	SL/20 00	2,007 00	0 00	2,007 00	2,007 00	0 00	2,007 00
01/01/77	WORKSHOP REMODELING	SL/ 5 00	129 00	0 00	129 00	129 00	0 00	129 00
01/01/78	WORKSHOP REMODELING	SL/10 00	2,386 00	0 00	2,386 00	2,386 00	0 00	2,386 00
02/01/80	GROUP HOME IMPROVEMENTS	SL/15 00	353 00	0 00	353 00	353 00	0 00	353 00
03/01/80	WORKSHOP OFFICE	SL/20 00	3,896 00	0 00	3,896 00	3,896 00	0 00	3,896 00
01/01/81	SHOP REMODELING	SL/20 00	24,637 00	0 00	24,637 00	24,637 00	0 00	24,637 00
10/01/81	*IMPROVEMENTS-CONCRETE*	*SL/15 00*	*500 00*	*0 00*	*500 00*	*500 00*	*0 00*	*500 00*
06/01/82	GARAGE DOORS	SL/15 00	941 00	0 00	941 00	941 00	0 00	941 00
08/01/82	WORKSHOP REMODELING	SL/15 00	1,500 00	0 00	1,500 00	1,500 00	0 00	1,500 00
11/01/82	GROUP HOME IMPROVEMENTS	SL/15 00	9,929 00	0 00	9,929 00	9,929 00	0 00	9,929 00
05/01/83	ANNEX	SL/15 00	67,504 00	0 00	67,504 00	67,504 00	0 00	67,504 00
06/01/83	ANNEX	SL/15 00	11,859 00	0 00	11,859 00	11,859 00	0 00	11,859 00
08/01/83	NORTH 5TH IMPROVEMENTS	SL/15 00	1,869 00	0 00	1,869 00	1,869 00	0 00	1,869 00
06/01/84	WORKSHOP REMODELING	SL/15 00	1,984 00	0 00	1,984 00	1,984 00	0 00	1,984 00
07/01/85	ADDITION-1140 N 3RD	SL/20 00	300,069 00	0 00	300,069 00	300,069 00	0 00	300,069 00
01/01/87	REMODELING-1150 N 3RD	SL/20 00	250,867 00	0 00	250,867 00	250,867 00	0 00	250,867 00
09/01/88	FURNACE	SL/40 00	1,000 00	0 00	1,000 00	546 00	25 00	571 00
03/13/89	STORAGE SHED	SL/15 00	2,400 00	0 00	2,400 00	2,400 00	0 00	2,400 00
07/14/89	SKYLINE TRAILER	SL/15 00	2,000 00	0 00	2,000 00	2,000 00	0 00	2,000 00
02/15/90	*IMPROVEMENTS-REYNOLDS*	*SL/15 00*	*11,163 00*	*0 00*	*11,163 00*	*11,163 00*	*0 00*	*11,163 00*
06/29/90	HANCOCK	SL/40 00	32,636 00	0 00	32,636 00	16,320 00	816 00	17,136 00
06/29/90	SKYLINE TRAILER	SL/15 00	5,000 00	0 00	5,000 00	5,000 00	0 00	5,000 00
07/15/90	CHICKSAW TRAILER	SL/15 00	3,702 00	0 00	3,702 00	3,702 00	0 00	3,702 00
09/13/90	1457-9 N 6TH BUILDING	SL/40 00	36,029 00	0 00	36,029 00	17,868 00	901 00	18,769 00
09/27/90	1463-5 N 6TH BUILDING	SL/40 00	51,804 00	0 00	51,804 00	25,578 00	1,295 00	26,873 00
09/27/90	1156 N 3RD BUILDING	SL/40 00	50,012 00	0 00	50,012 00	24,690 00	1,250 00	25,940 00
03/15/91	DUPLEXES-REMODELING	SL/40 00	7,308 00	0 00	7,308 00	3,536 00	183 00	3,719 00
05/15/91	CARPET-DUPLEXES	SL/10 00	3,033 00	0 00	3,033 00	3,033 00	0 00	3,033 00
05/15/91	GROUP HOME REMODELING	SL/40 00	5,070 00	0 00	5,070 00	2,433 00	127 00	2,560 00
06/10/91	DUPLEXES-REMODELING	SL/40 00	4,881 00	0 00	4,881 00	2,328 00	122 00	2,450 00
06/15/91	REMODELING	SL/40 00	115,376 00	0 00	115,376 00	55,039 00	2,884 00	57,923 00
07/12/91	OLD HARTMAN BUILDING	SL/40 00	5,000 00	0 00	5,000 00	2,375 00	125 00	2,500 00
08/15/91	1457 N 3RD REMODELING	SL/40 00	11,169 00	0 00	11,169 00	5,279 00	279 00	5,558 00
08/15/91	HQ PARKING LOT	SL/40 00	33,081 00	0 00	33,081 00	15,644 00	827 00	16,471 00
06/30/92	RECYCLING BUILDING	SL/40 00	251,516 00	0 00	251,516 00	113,184 00	6,288 00	119,472 00
07/31/92	HQ EXPANSION	SL/40 00	1,800 00	0 00	1,800 00	806 00	45 00	851 00
08/15/92	RECYCLING EXPANSION	SL/40 00	69,181 00	0 00	69,181 00	30,993 00	1,730 00	32,723 00
09/15/92	PARKING LOT FENCE	SL/40 00	49,976 00	0 00	49,976 00	22,276 00	1,249 00	23,525 00
10/13/92	1715 REYNOLDS BUILDING	SL/40 00	70,434 00	0 00	70,434 00	31,257 00	1,761 00	33,018 00
01/12/93	DECK-518 REYNOLDS	SL/40 00	1,448 00	0 00	1,448 00	631 00	36 00	667 00
01/15/93	RESIDENTIAL REMODELING	SL/40 00	3,558 00	0 00	3,558 00	1,557 00	89 00	1,646 00
01/15/93	SENIOR DAY CARE	SL/40 00	18,608 00	0 00	18,608 00	8,139 00	465 00	8,604 00
01/15/93	INDOOR ARENA	SL/40 00	127,451 00	0 00	127,451 00	55,756 00	3,186 00	58,942 00
01/15/93	HQ REMODELING	SL/40 00	38,344 00	0 00	38,344 00	16,780 00	959 00	17,739 00
01/15/93	HQ WAIVER REMODELING	SL/40 00	49,327 00	0 00	49,327 00	21,579 00	1,233 00	22,812 00
06/29/93	1715 REYNOLDS-SPRINKLERS	SL/40 00	7,000 00	0 00	7,000 00	2,975 00	175 00	3,150 00
06/29/93	SPRINKLER-RESIDENTAIL	SL/40 00	5,300 00	0 00	5,300 00	2,259 00	133 00	2,392 00
06/30/95	HQ REMODELING	SL/40 00	453 69	0 00	453 69	166 00	11 00	177 00
01/06/00	DAIRY GOLD BUILDING	SL/40 00	138,028 16	0 00	138,028 16	36,235 00	3,451 00	39,686 00
06/26/01	ARK TRAINING CENTER	SL/39 00	395,871 77	0 00	395,871 77	92,205 00	10,151 00	102,356 00
06/30/03	APARTMENT COMPLEX	SL/27 50	535,000 00	0 00	535,000 00	136,185 00	19,455 00	155,640 00
07/01/03	APARTMENT COMPLEX	SL/27 50	160,000 00	0 00	160,000 00	40,726 00	5,818 00	46,544 00
08/04/03	APARTMENT COMPLEX	SL/27 50	40,000 00	0 00	40,000 00	10,063 00	1,455 00	11,518 00
06/01/06	530 BEAUFORT STREET #96	SL/27 50	128,218 44	0 00	128,218 44	19,037 00	4,662 00	23,699 00
06/30/07	CREATIVE ARTS CENTER	LAND/39 00	605,000 00	0 00	605,000 00	0 00	0 00	0 00
06/30/08	CREATIVE ARTS CENTER	LAND/39 00	1,662,723 19	0 00	1,662,723 19	0 00	0 00	0 00

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 200 - BUILDINGS								
06/30/08	TITLE/DEED-530 BEAUFORT	LAND/ 7 00	642 62	0 00	642 62	0 00	0 00	0 00
01/31/11 A	ENERGY RETROFIT-HEADQUARTERS	SL/39 00	154,917 69	0 00	154,917 69	0 00	1,986 00	1,986 00
Grand totals	200 - BUILDINGS (62 assets)		5,720,323 56	0 00	5,720,323 56	1,666,604 00	73,172 00	1,739,776 00
ASSET A/C#: 205 - VEHICLES								
07/01/00	1998 PLYMOUTH VOYAGER (WHITE)	SL/ 5 00	21,100 00	0 00	21,100 00	21,100 00	0 00	21,100 00
07/01/00	1998 PLYMOUTH GRAND VOYAGER	SL/ 5 00	21,100 00	0 00	21,100 00	21,100 00	0 00	21,100 00
07/01/00	1997 PLYMOUTH BREEZE	SL/ 5 00	11,100 00	0 00	11,100 00	11,100 00	0 00	11,100 00
07/01/00	1999 DODGE GRAND CARAVAN (WHITE)	SL/ 5 00	17,500 00	0 00	17,500 00	17,500 00	0 00	17,500 00
07/01/00	1999 PLYMOUTH BREEZE (WHITE)	SL/ 5 00	11,500 00	0 00	11,500 00	11,500 00	0 00	11,500 00
07/01/00	1999 PLYMOUTH BREEZE (WHITE)	SL/ 5 00	11,500 00	0 00	11,500 00	11,500 00	0 00	11,500 00
07/01/00	1999 DODGE STRATUS (WHITE)	SL/ 5 00	11,500 00	0 00	11,500 00	11,500 00	0 00	11,500 00
07/01/00	1999 DODGE GRAND CARAVAN (WHITE)	SL/ 5 00	16,000 00	0 00	16,000 00	16,000 00	0 00	16,000 00
07/01/00	1999 DODGE GRAND CARAVAN (BLUE)	SL/ 5 00	17,500 00	0 00	17,500 00	17,500 00	0 00	17,500 00
03/01/03	2002 DODGE CARAVAN-GOLD	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE CARAVAN SPORT-BLUE	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE GRAND CARAVAN-GOLD	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE GRAND CARAVAN-BLUE	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE GRAND CARAVAN-BLUE	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE GRAND CARAVAN-RED	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE GRAND CARAVAN-WHITE	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE GRAND CARAVAN-GOLD	SL/ 5 00	15,000 00	0 00	15,000 00	15,000 00	0 00	15,000 00
03/01/03	2002 DODGE INTREPID-GOLD	SL/ 5 00	12,500 00	0 00	12,500 00	12,500 00	0 00	12,500 00
03/01/03	2002 DODGE INTREPID-SILVER	SL/ 5 00	12,500 00	0 00	12,500 00	12,500 00	0 00	12,500 00
03/01/03	2002 DODGE STRATUS-GREEN	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-WHITE	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-GREEN	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-GOLD	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-GOLD	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-SILVER	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-MAROON	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-BLUE	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-SILVER	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-SILVER	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
03/01/03	2002 DODGE STRATUS-GOLD	SL/ 5 00	10,500 00	0 00	10,500 00	10,500 00	0 00	10,500 00
05/27/09	2008 DODGE GRAND CARAVAN-WHITE	SL/ 5 00	15,500 00	0 00	15,500 00	4,650 00	3,100 00	7,750 00
05/27/09	2008 CHRYSLER SEBRING-SILVER	SL/ 5 00	17,300 00	0 00	17,300 00	5,190 00	3,460 00	8,650 00
06/16/09	2006 DODGE VAN-SILVER	SL/ 5 00	30,000 00	0 00	30,000 00	9,000 00	6,000 00	15,000 00
Grand totals	205 - VEHICLES (33 assets)		462,100 00	0 00	462,100 00	418,140 00	12,560 00	430,700 00
ASSET A/C#: 210 - LAND								
01/01/69	LAND-NORTH 5TH	LAND/40 00	2,500 00	0 00	2,500 00	0 00	0 00	0 00
01/01/75	LAND-1150 N 3RD	LAND/40 00	14,750 00	0 00	14,750 00	0 00	0 00	0 00
01/01/75	LAND-508 REYNOLDS	LAND/40 00	7,750 00	0 00	7,750 00	0 00	0 00	0 00
05/19/83	LAND-1156 N 3RD	LAND/40 00	7,500 00	0 00	7,500 00	0 00	0 00	0 00
09/13/90	LAND-DUPLEX 1457-9 N 6TH	LAND/40 00	4,000 00	0 00	4,000 00	0 00	0 00	0 00
09/27/90	LAND-1156 N 3RD	LAND/40 00	50,000 00	0 00	50,000 00	0 00	0 00	0 00
09/27/90	LAND-DUPLEX 1463-5 n 6TH	LAND/40 00	5,700 00	0 00	5,700 00	0 00	0 00	0 00
07/12/91	LAND-HARTMAN	LAND/40 00	218,241 00	0 00	218,241 00	0 00	0 00	0 00
07/17/91	LAND-RIVERSIDE	LAND/40 00	13,000 00	0 00	13,000 00	0 00	0 00	0 00
10/13/92	LAND-1715 REYNOLDS	LAND/40 00	7,800 32	0 00	7,800 32	0 00	0 00	0 00
01/06/00	LAND-DAIRY GOLD	LAND/40 00	28,000 00	0 00	28,000 00	0 00	0 00	0 00
05/15/02	LAND-1360 NORTH 3RD	LAND/ 7 00	170,000 00	0 00	170,000 00	0 00	0 00	0 00
06/01/06	LAND-530 BEAUFORT ST #96	LAND/ 7 00	21,750 00	0 00	21,750 00	0 00	0 00	0 00
06/30/08	LAND-CREATIVE ARTS	LAND/39 00	100,000 00	0 00	100,000 00	0 00	0 00	0 00
Grand totals	210 - LAND (14 assets)		650,991 32	0 00	650,991 32	0 00	0 00	0 00

ASSET DEPRECIATION SHORT REPORT
ARK MEMORIAL FOUNDATION Jun. 30, 2011

Sorted ASSET A/C#
Method 1-FEDERAL-Std Conv Applied

Range 200 - 210
Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
Grand totals for all accounts: (109 assets)			6,833,414 88	0 00	6,833,414 88	2,084,744 00	85,732 00	2,170,476 00

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

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	6,833,414 88	0 00	0 00	6,833,414 88	2,084,744 00	85,732 00	2,170,476 00	4,662,938 88
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	6,833,414 88	0 00	0 00	6,833,414 88	2,084,744 00	85,732 00	2,170,476 00	4,662,938 88

Total Bonus Depreciation Taken at 30% Rate:	***0.00***
Total Bonus Depreciation Taken at 50% Rate:	***0.00***
Total Bonus Depreciation Taken at 100% Rate:	***0.00***
Total Bonus Depreciation Taken:	***0.00***