E. TENDED TO NOVEMBER 16, 201

Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection APR 1, 2014 A For the 2014 calendar year, or tax year beginning 2015 and ending MAR 31, C Name of organization D Employer identification number В Check If applicable: FAMILY ARK. INC X Name 35-1292608 Doing business as Number and street (or P.O. box if mall is not delivered to street address) Room/suite E Telephone number 101 NOAH'S LANE 812-288-6800 1,922,311. G Gross receipts 5 City or town, state or province, country, and ZIP or foreign postal code]Amendad Irelum JEFFERSONVILLE, IN 47130 H(a) is this a group return F Name and address of principal officer: JEANEAN JACOBS for subordinates? Yes 🗓 No pending 101 NOAH'S LANE, JEFFERSONVILLE, IN 47130 H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (7 4947(a)(1) or € If "No," attach a list. (see instructions))◀ (insert no.) J Website: WWW.THEFAMILYARK.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other -L Year of formation: 1972 M State of legal domicile: IN Part I Summary Briefly describe the organization's mission or most significant activities: FOSTER CARE AND COMMUNITY BASED Governance SERVICES Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 10 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 28 5 Total number of Individuals employed in calendar year 2014 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 2,650. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 117,410. 167,154.Contributions and grants (Part VIII, line 1h) Revenue 1,528,981. 1,705,105. Program service revenue (Part VIII, line 2g) 9 29,072. 29,080. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 20,972. 8.888. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,684,351. 1,922,311. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ω. 0. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 893,130. 942,873. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Ο. **持续認為即時間以降 对此的制度,可能也是这些** b Total fundraising expenses (Part IX, column (D), line 25) 1,018,495. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,069,630. 1,911,625. 2,012,503. Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) <227,274.> <90,192.> Revenue less expenses, Subtract line 18 from line 12 5 Beginning of Current Year End of Year 2,897,818.Total assets (Part X, line 16) 3,102,113. 20 427,633. 456,798. 21 Total liabilities (Part X, line 26) 2,645,315. 470,185. Net assets or fund balances, Subtract line 21 from line 20 . Partille 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 irue, correct, and complete. Declaration of preparer (other than officer) is based on all information of preparer has any knowledge. 419 Signature of officer Date Sign JEANEAN JACOBS CHIEF EXECUTIVE OFFICER Here Type or print name and title Date Preparer's signature Print/Type preparer's name Osha P00075273 S. B. SHAW, CPA Pald self-employed Firm's name MONROE SHINE CO., 35-1515068 Firm's EIN 🛌 Preparer Firm's address PO BOX 22039 Use Only Phone no. 502-423-0311 LOUISVILLE, KY 40252-9804

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

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

nation about Form 8868 and its instructions is at www.les.cov/form8868

OMB No. 1545-1709

	P shilly matter about 1 of m out	ac and te	msa actions is at www.irs.gov/iom	18808 •				
• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>	- X		
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of	this form)	•			
Do not co	omplete Part II unless you have already been granted a	an automa	tle 3-month extension on a previous	ly filed Fo	rm 8868.			
Electron	ic filing <i>(e-file)</i> . You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (i	omenths for a come	oration		
required t	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	ion of time. You can electronically fi	le Form 8	368 to request an ex	dension		
	o file any of the forms listed in Part I or Part II with the ext							
	Benefit Contracts, which must be sent to the IRS in pap							
	virs.gov/etile and click on e-file for Charities & Nonprofits		·			,		
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nes	eded).				
А сограга	ation required to file Form 990-T and requesting an auton	natic 6·mo	nth extension - check this box and c	omplete				
Part I only	У				>	. 🔲		
All other o	corporations (including 1120-C filers), partnerships, REMI							
	ome tax returns.	,			er's identifying nun	aber		
Type or	Name of exempt organization or other filer, see Instru	ctions.			r identification numl			
print						()		
	FAMILY ARK, INC				35-129260	8		
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.	Social se	curity number (SSN	·)		
illing your return. See	C/O S.B. SHAW, CPA - 1200 F	OREST	BRIDGE ROAD			•		
instructions.	City, town or post office, state, and ZiP code. For a fo	reign addı	ress, see Instructions.	-				
	LOUSIVILLE, KY 40252							
			•					
Enter the	Return code for the return that this application is for (file	a separat	e application for each return)		*****	0 1		
						·		
Application	on	Return	Application			Return		
is For		Code	ls For			Code		
Form 990	or Form 990.EZ	D1	Form 990-T (corporation)			07		
Form 990	BL	02	Form 1041-A			08		
Form 4720	O (individual)	03	Form 4720 (other than individual)			09		
Form 990-	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-	T (trust other than above)	06	Form 8870			12		
	THE ORGANIZATIO							
• The bo	oks are in the care of 101 NOAH'S LANE	: - JE	FFERSONVILLE, IN 4	7130				
Telepho	one No. ► 812-288-6800		Fax No. 🕨					
• If the o	rganization does not have an office or place of business	in the Unit	ted States, check this box					
• If this is	s for a Group Return, enter the organization's four digit G	aroup Exer	mption Number (GEN), [f this is fo	r the whale group, c	heck this		
bоx►	. If it is for part of the group, check this box							
1 I req	uest an automatic 3-month (6 months for a corporation	required to	o file Form 990-T) extension of time t	intli		*******		
	NOVEMBER 15, 2015 to file the exempt	t organizat	ion return for the organization name	d above.	The extension			
is fo	r the organization's return for:							
▶ [calendar year or							
▶[X tax year beginning APR 1, 2014	, and	d ending <u>MAR 31, 2015</u>		•			
					_ ,			
2 If the	e tax year entered in line 1 is for less than 12 months, ch	ieck reasoi	n: Initial retum 🔲 I	Final retur	n			
	Change in accounting period							
3a If thi	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
полг	efundable credits. See instructions,			3a	s	0.		
b If this	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
	nated tax payments made. Include any prior year overpa	-		3b	_s	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,								
	sing EFTPS (Electronic Federal Tax Payment System). S		•	3c	_\$	0.		
	you are going to make an electronic funds withdrawal (
instruction			· · · · · · · · · · · · · · · · · · ·		, 5 -5 0			

	m ssu (2014) FARILLY ARK, INC	<u>35-1292608</u>	Page 2
P	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	***************************************	.,,.
1	FAMILY ARK PROVIDES QUALITY HUMAN SERVICE PROGRAMS WHICH	II DDONORE	
	DOCTOTION CIVARYON THE PROPERTY OF ALLER AND A	N THE	
	COMMUNITIES SERVED.	N TOE	
2	Did the organization undertake any significant program services during the year which were not ilsted on		
	the prior Form 990 or 990-EZ?	Yes	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Marian and American American and American American and American A		532. ₎
	THE PROGRAM PROVIDES FOSTER CARE, COUNSELING, SPECIALIZE	ED TREATMENT	AND
	OTHER SERVICES TO CHILDREN AND FAMILIES.		
4b	(Gode:) (Expenses \$including grants of \$) (Reve	enue S	· · · · · · · · · · · · · · · · · · ·
			
			
+C	(Code;) (Expenses Sincluding grants of S) (Rever	2 aun)
			
d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$	١	
e	Total program service expenses 1,422,080.		
2002		Form 99	0 (2014)
· vuc	=	, =,,,,	\· '/

Form 990 (2014) FAMILY ARK,
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	<u> </u>
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ŀ	
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	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		Х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(o)(6) organization that receives membership dues, assessments, or]		
	similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_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? // "Yes," complete			
	Schedule D, Part III	8		ж
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		-	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V	10		х
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	4.3.15		Ziri:
	as applicable.	基準	30.13	
8			101 774	344
	Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	44	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446	х	
С		11b	-r	
-	assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII	ا _ ر د	1	x
н	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	11c		
ŭ			l	·
	Part X, line 167 // "Yes," complete Schedule D, Part IX	110		<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3r	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	Х	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year?		ŀ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? f "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part iX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ļ		
	or for foreign individuals? // "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expanses for professional fundraising services on Part IX,	J	-	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	T		
	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 hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

Form 990 (2014) FAMILY ARK, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		•	
	domestic government on Part IX, column (A), line 17 // "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	25ь		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	45.44	od 1.754 j	ph. Fa
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	14 24 1	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
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
_	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	2.3		
	contributions? If "Yes," complete Schedule M	30	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	35		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	į	X
34	Was the organization related to any tex-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00	- 	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			$\frac{x}{x}$
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	- +	Δ.
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	055	ľ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
			- 1	v
37	If "Yes,* complete Schedule F, Part V, line 2	36		<u>X</u>
		_		w.
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	_		
	Note. All Form 990 filers are required to complete Schedule O		X	

Form 990 (2014) FAMILY ARK, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
		***************************************	********	 Tv	_ <u></u>
18	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a 26	142774	Yes	No
t		1b (- Table 1743		57.13
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		問題		
	(gambling) winnings to prize winners?		1c	Х	1104.106.11
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		inere)		1679
	filed for the calendar year ending with or within the year covered by this return	2a 28		1313	推禁
E	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		44.9	9.5	jaga.
32	Diddle and the beautiful to the second of th		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O	3b	Х	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: >			提高	No.
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).		黑紫	
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	ction?	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 th				
	any contributions that were not tax deductible as charitable contributions?	*********************************	6a	1	х
b	if "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		130.5	7	·
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	***************************************	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
	If "Yes," Indicate the number of Forms 8282 filed during the year	7d	43.7	Part of	111.00
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	***************************************	7e	ļ <u>.</u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f	ļ	ļ
9			79_	 	-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h	292 024	artes con
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	1	報等	8条件。
_	sponsoring organization have excess business holdings at any time during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8	100 B 100 B	Maria
9	Sponsoring organizations maintaining donor advised funds.		i litira	arisand Tablea	40.79
a	Did the sponsoring organization make any taxable distributions under section 4966?	***************************************	<u>9a</u>	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	*******************************	9b	307 91966	एवं उद्धा
10	Section 501(c)(7) organizations. Enter:	l 1		牌台	传说
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	106			EE
11	Section 501(c)(12) organizations. Enter; Gross income from members or shareholders	ا مدا			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	11a		那书	Pies
d	· · · · · · · · · · · · · · · · · · ·	446	贈謝		
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	latina.	West of a	2/4/20
b		1	12a	140-दिस्ट्रीटी स्टब्स्ट्रीटी	Sept. 25-2
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b			
8	Is the organization licensed to issue qualified health plans in more than one state?		运河(税)	(L) (all et	स्थात (च्य
-	Note. See the instructions for additional information the organization must report on Schedule O.	**************	13a	2[44]31	35 (456)
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			凝糊	響層
_	organization is licensed to issue qualified health plans	13ь			智慧
C	Enter the amount of reserves on hand	130			
14a		1001	14a	mari fil	X
	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		

Form 990 (2014) FAMTLY ARK, INC 35–1292608 Pag
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.

a The governing body? b Each committee with authority to act on behalf of the governing body? g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's meilling address? If *Yes.** compide the names and addresses in Schedule O. Section B. Policies *This Section B. requests information about policies not required by the Internal Revenue Code. Ves.** In the Internal Revenue Code. 10a Did the organization have local chapters, branches, or affiliates? 10b If *Yes.** did the organization have written policios and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Bescribe in Schedule O the process, if any, used by the organization to review this Form 990. 12c Did the organization have a written conflict of interest policy? If *Yes,** go to line 13 12c V Internal Complete Copy of the Form 990 to all members of its governing body before filing the form? 12c V Internal Complete Copy of this Form 990 to all members of its governing body before filing the form? 12d Did the organization have a written oralited of interest policy? If *Yes,** go to line 13 12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,** describe in Schedule O how this was done 12d Did the organization have a written whistleblower policy? 13d Did the organization have a written bolicy in the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 13 The organization have a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable faderal tax law, and take steps to safeguard the organization'		Check if Schedule O contains a response or note to any line in this Part VI		***********	11114	*1*****	, • •	X
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35-1292608

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

Name and Title	Check this box if neither the organization		orga					ısate			,
Compensation Comp	(A)	(B)	(C)						(D)	(E)	(F)
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Total number of Independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

FAMTI,Y INC Form 990 (2014) 35-1292608 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from lax under secilors 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns alum eta b Membership dues 16 c Fundralsing events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 167,154. g Noncesh contributions included in lines 1a-1f: \$ 167.154. 编码管理编辑 Total. Add lines 1a-1f 经种类指数结束 **设地区地积** Business Code 2 a OUTPATIENT SERVICES 624100 B70,033. 870,033. INPATIENT SERVICES 624100 835,072. 835,072. f All other program service revenue 705,105. Total, Add lines 2a-2f Palota Billion Investment income (including dividends, interest, and other similar amounts) 29,080. 29,080. 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 2,650. 6 a Gross rents b Less: rental expenses 0. 2,650. c Rental income or (loss) d Net rental income or (loss) 2.650 2.650. 7 a Gross amount from sales of (i) Securitles (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 10,975 Part IV, line 18 b Less: direct expenses _____ b 10,975. c Net income or (loss) from fundralsing events 10.975

1 6 1	vet income or (loss) from gaming activities	*****	<u></u>							1			1		
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9 a Gross income from gaming activities. See
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b Less: direct expenses

Form 990 (2014) FAMILY ARK, INC Part IX: Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizațions must co	molete column (A).	
	Check if Schedule O contains a respo			1 (0)	X
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations			建设建设设施	的新加克拉斯克克斯科
	and domestic governments. See Part IV, Ilne 21			。 但是可知道的直接	HEALTH HER THE
2					
	Individuals. See Part IV, Ilne 22				
3	Grants and other assistance to foreign			3.31516 1886 1886	Marking States
	organizations, foreign governments, and foreign			国际出版的	
	individuals, See Part IV, lines 15 and 16				
4	Benefits paid to or for members				建设设建设建设设
5	Compensation of current officers, directors,				
	trustees, and key employees	100,741.	80,593.	20,148.	
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	682,022.	326,775.	293,730.	61,517.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,655.	2,804.	2,807.	44.
9	Other employee benefits	84,777.	51,374.	25,586.	7,817.
10	Payroll taxes	69,678.	36,442.	28,168.	5,068.
11	Fees for services (non-employees):				3,000.
а					
- b		13,058.	9,950.	2,938.	170.
C					2701
d					
e					
f	Investment management fees		22. A. S. A.	SEC. A. CLASSIC CO. COMMANDER CO. L.	
g					
-	column (A) amount, list line 11g expenses on Sch O.)	368,852.	358,125.	10,653.	74.
12	Advertising and promotion	10,975.	10,933.	42.	/=-
13	Office expenses	48,316.	39,486.	4,755.	4,075.
14	Information technology	20/0200	33/4000	#1122 a	±,070.
15	Royalties				
16		41,617.	17,940.	20,820.	2 857
17	Occupancy	7,749.	6,944.	769.	2,857. 36.
17 18	Payments of travel or entertainment expenses	111=21	0,344.	709.	30.
10	-				
40	for any federal, state, or local public officiels				
19	Conferences, conventions, and meetings	17,386.	8,107.	0 705	404
20	Interest	11,300.	0, TU/•	8,785.	494.
21	Payments to affillates Depreciation, depletion, and amortization	56,613.	24,286.	20 202	O FOR
22	A	40,841.		29,790.	2,537.
23	Insurance	AU,041.	23,284.	16,212.	1,345.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.) PAYMENTS TO FOSTER PARE	242 720	747 720	25-16-14-16-16-16-16-16-16-16-16-16-16-16-16-16-	。 是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
a		343,720.	343,720.	55 456	
D	EQUIPMENT RENTAL AND MA RECRUITMENT AND TRAININ	51,353.	28,815.	20,478.	2,060.
	TELEPHONE	17,559.	15,499.	1,848.	212.
		11,113.	8,253.	2,407.	453.
	All other expenses	40,478.	28,750.	10,649.	1,079.
	Total functional expenses. Add lines 1 through 24e	2,012,503.	1,422,080.	500,585.	89,838.
	Joint costs. Complete this line only if the organization	ļ			
	reported in column (B) joint costs from a combined	İ]	
	educational campaign and fundraising solicitation.	ŀ		1	
	Check hera It following SQP 98-2 (ASC 958-720)				

Pa	irt X	Balance Sheet					
		Check if Schedule O contains a response or not	a to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			200.	1	250.
	2	Savings and temporary cash investments			619,753.	2	602,117.
	3	Pladges and grants receivable, net		***********************************		3	
	4	Accounts receivable, net		••••	274,976.	4	301,849.
	5	Loans and other receivables from current and for	mer o	fficers, directors,	加州军工工的企业企工	熱雅	
	İ	trustees, key employees, and highest compensa	ted en	rployees. Complete		14.5	
		Part II of Schedule L	*******	*******************************		5	
	6	Loans and other receivables from other disqualifi	ed pe	rsons (as defined under			
	1	section 4958(i)(1)), persons described in section					
		employers and sponsoring organizations of secti	366年以上,1980年中	1 115	建 相比在1965年3月45		
ħ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		*************		7	
₹	8	Inventories for sale or use	••••	*******************************		8	
	9	Prepaid expenses and deferred charges			25,385.	9	21,650.
	10a	Land, buildings, and equipment; cost or other					
		basis. Complete Part VI of Schedule D	10a	1,308,178.		· · · · · · · · · · · · · · · · · · ·	中国建筑建筑
		Less: accumulated depreciation	10b	411,304.	1,123,337.	10c	896,874.
	11	Investments · publicly traded securities	••••••	*****************************	4-5-5-455	11	
	12	Investments - other securities. See Part IV, line 1			1,058,462.	12	1,075,078.
	13	Investments - program-related. See Part IV, line 1			¢-11111-1	13	
	14	Intangible assets	••••••	**************************		14	
	15	Other assets. See Part IV, line 11			2 100 113	15	D 000 010
	16	Total assets. Add lines 1 through 15 (must equa			3,102,113.	_16	2,897,818.
	17	Accounts payable and accrued expenses	122,740.	17	154,217.		
	18	Grants payable		18			
İ	19 20	Deferred revenue				19	
	21	Tax-exempt bond liabilities			-	20	
	İ	Escrow or custodial account liability. Complete P		***************************************	edo das Courses de Corso de Colonia.	21 387890	Military partitions for the conference
ies	22	Loans and other payables to current and former of					
Liabilities		key employees, highest compensated employees				TEST MAY	TEL THE CAPTURE TO THE TELL OF THE
Lial	23	Complete Part II of Schedule L. Secured mortgages and notes payable to unrelate			334,058.	22	273,416.
	24	Unsecured notes and loans payable to unrelated			1324,030.		2/3,410.
	25	Other liabilities (including federal income tax, pay				24	
		parties, and other flabilities not included on lines					
		Schedule D	-	·		25	
	26	Total liabilities. Add lines 17 through 25	••••••	****************************	456,798.	26	427,633.
		Organizations that follow SFAS 117 (ASC 958),	checi	k here 🕨 🗶 and	William State of the State of t	点中的	
ارر		complete lines 27 through 29, and lines 33 and					國海空軍軍國際
2	27	Unrestricted net assets			2,645,315.	27	2,469,903.
퍨	28	Temporarily restricted net assets		28	282.		
믬	29			*********************		29	
Ë		Organizations that do not follow SFAS 117 (AS			REPRESENTATION OF THE	7107	的是否是是否是
<u></u>		and complete lines 30 through 34.			的對應的語言語		
ħ.	30	Capital stock or trust principal, or current funds		***************************************		30	
155	31	Pald-in or capital surplus, or land, building, or equ	ipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	me, o	r other funds		32	
Ž	33	Total net assets or fund balances	2,645,315.	33	2,470,185.		
	34	Total liabilities and net assets/fund balances			3,102,113.	34	2,897,818.
							Form 990 (2014)

	990 (2014) FAMILY ARK, INC	35-	-1292608	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets	*****			90
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,92	2,3	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01		
3	Revenue less expenses. Subtract line 2 from line 1	3			2.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,64		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<84	,93	8.>
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,47	0,1	85.
Pa	rt XII Financial Statements and Reporting			······	-
	Check if Schedule O contains a response or note to any line in this Part XII	,		••••	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			gial, J	THE CA
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule).	文明经	MAN.	ill in the
2a	Were the organization's financial statements complied or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	24 JE	港掛	遊吧。
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1212	Villa I	
b	Were the organization's financial statements audited by an independent accountant?		.2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1.4%		7.16
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			拉官	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audlt,			4
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.	Alexander of the second		Si
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Auc	it Kal	74	
	Act and OMB Circular A-133?		За		Х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		.,,,,,,,, зь		
			Form	990	(2014)
					•

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lis.gov/iom990.

OMB No. 1545-0047

2014

Name of the organization Employer identification number FAMILY ARK, INC 35-1292608 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exampt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part i, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B	(Form 990	, 990·EZ,	or 990:PF	(2014)
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Page 2

		<u></u>	5
Name of organization		Employer identification number	
FAMTT.V ARK	TNC	0,5,40,5,5,5	

I MILLI	II ARK, INC	35	5-1292608
Part I	Contributors (see Instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HORSEHOE FOUNDATION OF FLOYD COUNTY 33 STATE STREET NEW ALBANY, IN 47150	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WHAS CRUSADE FOR CHILDREN 520 W CHESTNUT ST LOUISVILLE, KY 40202	s12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE HAZEL & WALTER BALES FUND, INC 1507 FOX RUN TRAIL JEFFERSONVILLE, IN 47130	s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NEW HOPE SERVICES, INC 1302 WALL ST JEFFERSONVILLE, IN 47130	\$ <u>8,479.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PAUL OGLE FOUNDATION 321 EAST COURT AVENUE JEFFERSONVILLE, IN 47130	\$ 90,000.	Person X Payroll Noncash (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NOAHS IRREVOCABLE TRUST 101 NOAHS LANE JEFFERSONVILLE, IN 47130	\$6,386.	Person X Payroll