Form	990
Departn	nent of the Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

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OMB No. 1545-0047

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B c	heck if ap	oplicable:		E ARC, PIK	ES P	EAK RE	GTON											
	Addre			Business As										- 5	34-053	1067	,	
	chang	e change		ber and street (or	P.O. bo	x if mail is n	not delivered	to street ac	Idress	5)	Roor	n/suite	9		elephone n			
_	+	return		NORTH MEA						- /				(719) 471-4800				
-	Termi			or town, state or p			nd ZIP or for	eian postal	code					(/ /				
-	Amen			LORADO SPR				3 F						G	Gross receip	nts \$	1,936,	426
-	returr Applio	cation F		e and address of				RED RO	MER	20					Is this a gro			X No
	pendi	ng		NORTH MEA							000				subordinates	5?		No
1	Тах-ех	empt statu		X 501(c)(3)	_	501(c) (isert no.)		4947(a)(1)			527				. (see instructions)	
				RCPPR.ORG		301(0) () ("	isen no.)		4947 (a)(1)	0		521		Group exem			
-				X Corporation	Тт	rust A	Association	Othe	er 🕨				r of format	1 . ,		•	of legal domicile:	CO
_	artl	Sumr					-33001411011									State	or regar donnelle.	
				be the organiza	tion's n	ningion or	moot oigni	licent esti	ition	ENSUR	E TH	HE E	TGHTS	L AN		тст	PATION OF	
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nce																		
erne	2	Check th					scontinued											
Activities & Governance	2				-											.s. 3		15.
	4			oting members of dependent votir												4		$\frac{13.}{15.}$
ies																4 5		$\frac{19.}{19.}$
ivit	5			of individuals e			,									6		75.
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				ed business reve I business taxat												7a 7b		0
	U D	ivet unre	latec				-0111 990-1	, 11110 34					<u></u>		or Year		Current Ye	-
	8	Contribu	tione	and grants (Par	+ \ /	no 1h)							_		457,35	50	1,698	
anu	9									COF	Y FO	R		± ,	71,2			,138
Revenue	9 10			rice revenue (Par icome (Part VIII						PUBLIC I	NSPE	стю	N		30,9			,619
Re	11			e (Part VIII, col									┛┝───		15,70			,364
	12			e (Fart Vill, col e - add lines 8 tl									-	1	575,30		1,840	
	13			imilar amounts p			•							- /	0,0,00	0.		0
	14															0.		0
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											913,95	59.	976	,538		
Expenses				fundraising fees											,		0	
per	h	Total fur	drai	sing expenses (F	(Fart IX	column (D	(7), inc 11)) line 25)	•	• •	54,607	7.	• • •	•					
щ				es (Part IX, colu									-		512,49	92.	536	,325
	18	Total evr	one	es. Add lines 13	-17 (m	ust equal l	Part IX col	(Δ)	ine 2	25)		• • •	•	1.	426,45		1,512	·
	19			s expenses. Sub									•	,	148,85			,055
es		rtovonac	1000											ning	of Current		End of Year	
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)										•	778,3		5,745	
Ass IBal	21			s (Part X, line 26									•		997,00		1,399	
Net	22			fund balances.									•	3,	781,36		4,345	
	rt II			e Block					•••				- 1					
Un	der per	nalties of p	erjury	, I declare that I	have ex	amined this	s return, inc	luding acc	ompa	anying sched	dules a	nd sta	tements, a	and to	the best o	fmyk	nowledge and bel	lief, it is
true	e, corre	ect, and co	nplet	e. Declaration of p	reparer	(other than	officer) is ba	sed on all	infor	mation of wh	nich pre	eparer	has any ki	nowle	dge.			
															11/1	2/20	020	
Sig		🕨 🕨 Sig	natu	re of officer											Date			
He	re	N WI	LFF	RED ROMERO						EXECU	TIVE	E DI	RECTO	R				
		Ту	be or	print name and titl	е													
		Print/Typ	e pre	eparer's name			Preparer's s	ignature			D	Date			Check	if P	PTIN	
Paic		DOREE	ΝE	B MERZ								11/1	2/202		self-employ		P00841439	
	parer	Firm's na		► STOCKM	AN KA	AST RYA	AN & CC), LLP			I				's EIN 🕨	84-1	1509584	
Use	Only			▶ 102 N. CAS				-	SPR	INGS, CO	80903				ne no.		-630-1186	
May	the I	1		is return with th						١				-			X Yes	No
				ion Act Notice,	· ·												Form 990	

For	n 990 (2019)	Page 2
Pa	In the Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
•	TO PROMOTE AND PROTECT THE HUMAN RIGHTS OF PEOPLE WITH INTELLECTUAL	
	AND DEVELOPMENTAL DISABILITIES AND ACTIVELY SUPPORT THEIR FULL	
	INCLUSION AND PARTICIPATION IN THE COMMUNITIES OF THE PIKES PEAK	
	REGION THROUGHOUT THEIR LIFETIMES.	
2	Did the organization undertake any significant program services during the year which were not listed on th prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program serv expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$)
	AND DEVELOPMENTAL DISABILITIES IN SCHOOLS, COURTS AND ANY	
	COMMUNITY SETTING	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$ GUARDIANSHIP: TO PROVIDE COURT ORDERED GUARDIANSHIP SERVICES TO ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	2,803.)
	(Code:) (Expenses \$122,419. including grants of \$) (Revenue \$) PUBLIC RELATIONS/SOCIAL EVENTS: TO PROVIDE LIFE ENRICHING ASSISTANCE AND OPPORTUNITY TO ADULTS AND CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	38,623.)
	Other program services (Describe on Schedule O.) ATTACHMENT 1 (Expenses \$ 65,027. including grants of \$) (Revenue \$ 37,712.)	
_	Total program service expenses ► 1,280,660.	
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Part	V Checklist of Required Schedules			
	r		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	Х	
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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 as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
~		11b		x
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ū		11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u		11d	х	
•		11e		X
		TTe		
I	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120		111	21	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		x
		12a		~
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01	Х	
		12b	Λ	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X X
		14a		^
b	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			v
	5 1 1 1 1 1 1 1 1 1 1	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	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 or for foreign individuals? 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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)		Y	
22	Did the experimetion report more than #5,000 of grants or other appirtures to an far demostic individuals on		Yes	No
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		х
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	Х	
24 a	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
	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			
ام	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		х
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
33	complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0.6.1.7)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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" to line 3b, provide an explanation on 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			37
	organization solicit any contributions that were not tax deductible as charitable contributions?	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		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.	Х	
	and services provided to the payor?	7a 7h	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	A	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		x
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organization have excess business notings at any time during the years			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		х
	excess parachute payment(s) during the year?	15		
4.6	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sect	ion 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 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
3	any other officer, director, trustee, or key employee?	_		
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the very by the following:			
•	the year by the following: The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
40	describe in Schedule O how this was done	13		Х
13	Did the organization have a written whistleblower policy?	14		х
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
-	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{CO} ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	· (Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.		rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record DONNA BUTZIN 12 NORTH MEADE AVE COLORADO SPRINGS, CO 80909 719-471-4800	is 🕨		
JSA			990	(2019)

Page 7

Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and	
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
4. 0	and the contract of the second	- 11			Particular David				entra contra contra de la cont			

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. See instructions for the order in which to list the persons above.

(**a**)

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

				(0	C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours					is both or/trust		compensation	compensation	of other
	per week (list any				-		·	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	dividual director	tutio	ëŗ	emp	est o	ler			related organizations
	organizations below	or tru	nalt		loye	° m				
	dotted line)	stee	rust		e	Dens				
		Ű	ee			Highest compensated employee				
(1) WILFRED ROMERO	40.00									
EXECUTIVE DIRECTOR	0.	Х		Х				151,877.	0.	11,284.
(2)LORI THOM	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(3) MITCH ROUTON	1.00									
VICE-PRESIDENT	0.	Х		Х				0.	0.	0.
(4) ETHAN RECTOR	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5) CHERYL POTMAN	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(6) KAREN HAZELHURST	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) CYNTHIA MARGIOTTA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) BLAKE WILSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) WADE HARRIS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) JONATHAN MONTEZ	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) JOY BLACKBURN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) LINDA GOLDEN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) ARTHUR WIRTH	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) YOLANDA GARCIA	1.00									
DIRECTOR	0.	X						0.	0.	0.

Form 990 (2019)

JSA

THE ARC, PIKES PEAK REGION

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es, a	and H	ligl	hest Compensat	ed Employ	/ees (c	ontinue	∍d)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	s pei a di	ition more rson i irecto	than o is both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	on from d	an	(F) stimated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org and	om the anizatio d related anizatior	d
15) JON EDDY	1.00	37								0			0
DIRECTOR 16) JORDEN SMITH	0.	X		_				0	•	0.			0
DIRECTOR	0.	x						0		0.			C
				_									
				_									
				_									
				_									
		-											
		-											
								151.055					
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A		 	• •	•••			151,877. 0. 151,877.		0.		11,2	0.
 2 Total number of individuals (including but not reportable compensation from the organization) 	limited to t	hose					o re		\$100,000 (of			
3 Did the organization list any former offic		or or	tru	otor		(0)(0		loves or highes	toomnone	atad		Yes	No
employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the organization and related organizations groups and the organization of the organ	eater than	\$15	50,00)0?	lf	"Yes	s," (complete Schedu	le J for a	such		77	
<i>individual</i>5 Did any person listed on line 1a receive or	accrue co	mpen	satic	n f	rom	any	un	related organization	on or indivi	dual	4	X	
for services rendered to the organization? If "Yes	es," comple	te Scl	nedui	le J	for	such	per	son		••	5		X
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) ompens		
2 Total number of independent contractors (in	ncludina bi	ut not	t lim	iteo	d to	thos	e li	isted above) who	received				

(

(

		Check if Schedule O co	ontains a respor	nse or note to an	ny line in this Part V	/		
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
លល	1a	Federated campaigns	1a					
fts, Grant r Amount	b	Membership dues		4,340.				
	c	Fundraising events						
	d	Related organizations						
ila	e	Government grants (contribu						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,	,					
	•	and similar amounts not include	°	1,694,457.				
	g	Noncash contributions inclue		1,001,107.				
df	9	lines 1a-1f		\$				
aC	h	Total. Add lines 1a-1f			1,698,797.			
				Business Code	_,,			
<u>8</u>	2-	SOCIAL EVENTS		624100	38,623.	38,623.		
Program Service Revenue	2a	COUNSELING FEES		624100	2,803.	2,803.		
Se	b	ARC, LLC FEE		523920	37,712.	37,712.		
E S	с			525520	57,712.	57,712.		
Bra	d							
S	e							
-	f	All other program service rev Total. Add lines 2a-2f		>	79,138.			
	<u>g</u>				19,130.			
	3	Investment income (includ	0		33,391.			33,391.
		other similar amounts)			0.			55,551.
	4 5	Income from investment of Royalties			0.			
	5		(i) Real	(ii) Personal	0.			
	6		3,792.	(
	6a	Gross rents 6a	0.					
	b	Less: rental expenses 6b	3,792.					
	C L	Rental income or (loss) 6c		└ ►	3,792.			3,792.
	d Zo	Net rental income or (loss)	(i) Securities	(ii) Other	5,792.			3,192.
	7a	Gross amount from						
		sales of assets	107,736.					
	L	other than inventory 7a	107,750.					
evenue	b	Less: cost or other basis	95,508.					
S	_	and sales expenses 7b	12,228.					
₩		Gain or (loss) 7c		└─── ─	12,228.			12,228.
Other		Net gain or (loss)			12,220.			12,220.
Ē	8a	Gross income from f	U					
		events (not including \$						
		of contributions reported		0.				
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses			0.			
	c	Net income or (loss) from fu	_		0.			
	9a	Gross income from activities. See Part IV, line 19	gaming	0.				
				0.				
	b	Less: direct expenses			0.			
	С	Net income or (loss) from g	-		0.			
	10a	Gross sales of invento		7,883.				
		returns and allowances		0.				
	b c	Less: cost of goods sold Net income or (loss) from sal			7,883.			7,883.
	U	Hot moome of (1055) Holli Sa		Business Code	/,003.			7,083.
Miscellaneous Revenue		MISCELLANEOUS INCOME		453310	5,689.			5,689.
nec	11a			400010	5,069.			5,009.
ver	b							+
Re	C							+
Ϊ	d	All other revenue			F (00			
	<u>е</u> 12	Total. Add lines 11a-11d			5,689.	70 130		60,000
	14	Total revenue. See instruction		••••	1,840,918.	79,138.		62,983.

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). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 163,161. 153,572. 4,754 4,835. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 647,354. 609,308 18,862 19,184. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 11,290 10,626 329 335. section 401(k) and 403(b) employer contributions) 94,199 2,745 2,791. 88,663 60,534. 56,976. 1,764 1,794. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 7,287. 4,706 2,182 399. **b** Legal 11,075 7,152. 3,316. 607. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 11,164. 7,210 3,343 611. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 38,947 25,151. 11,663 2,133. (A) amount, list line 11g expenses on Schedule O.) 15,556 11,340 1,433 2,783. 12 Advertising and promotion 0 13 Office expenses 0 14 Information technology 0 15 Royalties 0 Occupancy 16 64,162. 32,944. 31,218 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 51,955 49,230. 1,170. 1,555. Interest 20 0 21 Payments to affiliates 49,139. 42,610. 5,183 1,346. 22 Depreciation, depletion, and amortization 37,833. 27,380. 1,498. 8,955. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aSOCIAL EVENTS 51,888. 49,000. 2,243. 645. **b**BUILDING 27,338 11,350. 11,829 4,159. cSUPPLIES, POSTAGE & PRINTING 33,466. 16,202. 16,629 635. dMEMBERSHIP/OTHER 35,428. 13,193. 22,131 104. 1,736. 73,954. 101,087. 25,397 e All other expenses 1,512,863. 54,607. 1,280,660. 177,596 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

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9E1052 2.000

following SOP 98-2 (ASC 958-720)

Balance Sheet Check if Schedule O contains a response or note to any line in this Pa ash - non-interest-bearing avings and temporary cash investments ledges and grants receivable, net ccounts receivable, net	(A) Beginning of year 600. 461,109. 479,422.	1	Page 1
ash - non-interest-bearing	(A) Beginning of year 600. 461,109.		(B)
avings and temporary cash investments.	Beginning of year 600. 461,109.	1	
avings and temporary cash investments.	461,109.	1	
ledges and grants receivable, net			900
ccounts receivable, net	170 100	2	728,36
ccounts receivable, net	4/9,422.	3	366,63
	33,223.	4	20,69
oans and other receivables from any current or former officer, director,			
ustee, key employee, creator or founder, substantial contributor, or 35%			
ontrolled entity or family member of any of these persons	0.	5	
oans and other receivables from other disqualified persons (as defined			
nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
otes and loans receivable, net	0.	7	
iventories for sale or use	0.	8	
repaid expenses and deferred charges	11,559.	9	23,32
and, buildings, and equipment: cost or other			
asis. Complete Part VI of Schedule D 10a 2,902,798.			
ess: accumulated depreciation 10b 409, 317.	1,943,075.	10c	2,493,48
vestments - publicly traded securities.	1,031,678.	11	1,199,32
vestments - other securities. See Part IV, line 11	0.	12	
vestments - program-related. See Part IV, line 11	0.	13	
itangible assets	0.	14	
ther assets. See Part IV, line 11		15	912,55
otal assets. Add lines 1 through 15 (must equal line 33)		16	5,745,27
ccounts payable and accrued expenses	216,478.	17	76,32
rants payable	0.	18	
eferred revenue.	0.	19	
ax-exempt bond liabilities		20	
scrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
oans and other payables to any current or former officer, director,			
ustee, key employee, creator or founder, substantial contributor, or 35%			
ontrolled entity or family member of any of these persons	0.	22	
ecured mortgages and notes payable to unrelated third parties		23	1,323,54
	0.	24	
arties, and other liabilities not included on lines 17-24). Complete Part X			
—		25	1 200 00
	997,006.	26	1,399,86
rganizations that follow FASB ASC 958, check here ► X nd complete lines 27, 28, 32, and 33.			
et assets without donor restrictions	2,484,238.	27	2,390,27
et assets with donor restrictions	1,297,129.	28	1,955,13
rganizations that do not follow FASB ASC 958, check here ► nd complete lines 29 through 33.			
		29	
	3,781.367	-	4,345,40
			5,745,274
	otes and loans receivable, net ventories for sale or use repaid expenses and deferred charges and, buildings, and equipment: cost or other ass: Complete Part VI of Schedule D ass: accumulated depreciation vestments - publicly traded securities. vestments - other securities. See Part IV, line 11 vestments - other securities. See Part IV, line 11 tangible assets. ther assets. See Part IV, line 11 tangible assets. ccounts payable and accrued expenses. rants payable eferred revenue. ax-exempt bond liabilities. scrow or custodial account liability. Complete Part IV of Schedule D. pass and other payables to any current or former officer, director, ustee, key employee, creator or founder, substantial contributor, or 35% pontrolled entity or family member of any of these persons ecured mortgages and notes payable to unrelated third parties. net r liabilities. Add lines 17 through 25. reganizations that follow FASB ASC 958, check here x schedule D otal liabilities. X2, 832, and 33. et assets with donor restrictions. et assets with donor restrictions. et a	and boars receivable, net. 0. ventories for sale or use. 0. repaid expenses and deferred charges 11,559. and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D 10a 2,902,798. ass: accumulated depreciation. 10b 409,317. 1,943,075. vestments - publicly traded securities. 1,031,678. 0. vestments - other securities. See Part IV, line 11. 0. 0. vestments - brogram-related. See Part IV, line 11. 0. 0. ther assets. See Part IV, line 11. 0. 4.778,373. ccounts payable and accrued expenses. 216,478. 0. ccounts payable and accrued expenses. 0. 0. care assets. Add lines 1 through 15 (must equal line 33) 0. 4.778,373. ccounts payable and accrued expenses. 0. 0. screw or custodial account liability. Complete Part IV of Schedule D. 0. 0. ax-exempt bond liabilities. 0. 0. 0. other payables to any current or former officer, director, ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons. 0. 0. nterestincl	access and loans receivable, net. 0. 7 ventories for sale or use. 0. 8 repaid expenses and deferred charges 11,559. 9 and, buildings, and equipment: cost or other 10a 2,902,798. 1 ass: accumulated depreciation 10a 2,902,798. 1 1 sess: accumulated depreciation 10a 2,902,798. 1 0. 12 vestments - publicly traded securities. 1.031,678. 11 0. 12 vestments - other securities. See Part IV, line 11. 0. 13 1 13 13 tangible assets. 0. 14 817,707. 15 16 counts payable and accrued expenses. 216,478. 17 17 rants payable. 0. 18 9 0. 19 acreverent bond liabilities. 0. 0. 10 21 28 acreater mortuges and notes payable to unrelated third parties. 0. 22 10. 22 24.478. 17 rants payable. 0. 10 10 10 10. 12 21

THE	ARC,	PIKES	PEAK	REGION

Form 99	90 (2019)			Pa	ge 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		\$40,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		512,8		
3	Revenue less expenses. Subtract line 2 from line 1	3		828,0 81,3		
4						
5						
6						
7	Investment expenses	7			0.	
8	Prior period adjustments	8			0.	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	1	.03,6	576.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10	4,3	45,4	109.	
Part	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					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht of				
-	the audit, review, or compilation of its financial statements and selection of an independent accounta	-	2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	, piani en				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the				
vu	Single Audit Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	3b			
				000		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		venue Service	•	Go to www.irs.go	//Form990 for instruction	ns and t	he latest i	nformation.	Inspection
Nam	e of th	e organization	•					Employer identifi	cation number
TH	E AF	RC, PIKES	PEAK REGIO	ON				84-05300	67
	rt l			•	<u>v</u>			rt.) See instructions	
The	orga		•		is: (For lines 1 throug	· ·		,	
1					tion of churches desc				
2					. (Attach Schedule E				
3		-			rganization described				
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							(iii). Enter the	
		•	ne, city, and st						
5		•	•		a college or universit	y owned	d or ope	rated by a governme	ental unit described in
_		-		omplete Part II.)					
6			. 0	0	rnmental unit describe		•		
7		-		=	-	pport fro	om a go	vernmental unit or fro	om the general public
~				(1)(A)(vi). (Compl	-	DestU			
8)(1)(A)(vi). (Complete			in continuention with a	land ment calle as
9								in conjunction with a name, city, and state o	
		,	or a non-ianu-(grant college of ag	inculture (see instruct	10115). EI	nier ine i	iame, city, and state o	r the college of
10	X	university:	on that normal	lly receives: (1) m	ore than 331/2% of ite	support	from co	ntributions, membersh	nin fees and gross
10		receipts from support from acquired by th	activities relat gross investm ne organizatio	ted to its exempt f ent income and u n after June 30, 19	unctions - subject to	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
12		•	•		•				arry out the purposes
		0	0	•	•				see section 509(a)(3).
									nes 12e, 12f, and 12g.
а		_						orted organization(s),	
u		••		•				• • • • •	
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b		- ·· ·	•	-			with its	supported organization	on(s), by having
		••		•				s that control or man	
					Sections A and C.				0 11
с		Type III fun	ctionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	lly integrated with,
					s). You must comple				
d		Type III nor	n-functionally	integrated. A sup	porting organization c	perated	in conne	ection with its suppor	ted organization(s)
		that is not fu	unctionally inte	grated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
	_	_ requirement	t (see instructi	ons). You must co	mplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		Check this t	box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
					ionally integrated sup			ion.	
f									•••••
g			-		orted organization(s).				
	(i) Na	ame of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
<u> </u>									
(C)									
(D)									
(E)									
<u>,</u>									
Tot	al								
									I

Schedule A (Form 990 or 990-EZ) 2019

84-0530067

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	tion B. Total Support		1	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4. 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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup		•			1 1	
14	Public support percentage for 2019 (lin						%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
170	this box and stop here . The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2019 . If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
17a			-				
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
u	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organization						
	supported organization				•		
18	Private foundation. If the organization						
	instructions						
							<u>···</u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,256,886.	1,334,232.	1,410,772.	1,457,350.	1,698,797.	7,158,037.
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	49,374.	53,307.	65,445.	71,219.	79,138.	318,483.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	1,306,260.	1,387,539.	1,476,217.	1,528,569.	1,777,935.	7,476,520.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0.
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						0.
с	Add lines 7a and 7b.						0.
8	Public support. (Subtract line 7c from						
	line 6.)						7,476,520.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,306,260.	1,387,539.	1,476,217.	1,528,569.	1,777,935.	7,476,520.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources	32,419.	28,018.	26,567.	33,820.	33,391.	154,215.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	32,419.	28,018.	26,567.	33,820.	33,391.	154,215.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	3,374.	5,524.	4,940.	15,760.	17,364.	46,962.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,342,053.	1,421,081.	1,507,724.	1,578,149.	1,828,690.	7,677,697.
14	First five years. If the Form 990 is for	0					
	organization, check this box and stop here .						►
Sec	tion C. Computation of Public Supp					I	
15	Public support percentage for 2019 (line 8,					15	97.38%
16	Public support percentage from 2018 Sche					16	97.46%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	2.01%
18	Investment income percentage from 2018 S					18	2.02%
19 a	331/3% support tests - 2019. If the org	ganization did n	ot check the box	on line 14, an	id line 15 is mo	ore than 331/3%,	
	17 is not more than 331/3%, check this	s box and stop	here. The organ	nization qualifies	as a publicly s	supported organiz	ation . 🕨 🛛 X
b	331/3% support tests - 2018. If the orga						
	line 18 is not more than 331/3%, check			•			
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,			
JSA 9E122	1 1.000					chedule A (Form 99	-
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Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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-	le A (Form 990 or 990-EZ) 2019		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization (s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
<u></u>			Yes	No
	Ware a majority of the argenization of directors or twetcos during the toy year also a majority of the directors			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
Secti			Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
-		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) holow		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь.				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have been engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
3	r arent or Supported Organizations. Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

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s regard. 3b Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	IS	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting organized	zations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part Sect	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity	1.1.1.1		
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Page 8

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A PART III LINE 12

EXPLANATION FOR OTHER INCOME:

INCIDENTAL RENT RECEIVED FROM RENTAL PROPERTY HELD BY THE ORGANIZATION

MISCELLANEOUS INCOME

THEARC

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

THE ARC, PIKES PEAK REGION

Organization type (check one):

Employer identification number

84-0530067

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) exempt 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

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

JSA 9E1251 1.000 Part I

(a)

No.

(a) No.

2

(a)

No.

(a)

No.

JSA

4

3

1

THEARC

Form 990, 990-EZ, or 990-PF) (2019) anization THE ARC , PIKES PEAK REGION		Page Employer identification number
		84-0530067
Contributors (see instructions). Use duplicate copie	s of Part I if additional space	is needed.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,453,95	51. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$33,44	42. Person X Payroll Image: Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$12,30	9. Person X Payroll Image: second sec
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$100,00	DO. Person Payroll Noncash (Complete Part II for

		\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000.	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
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	THE	ARC,	PIKES	PEAK	REGION	
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Employer identification number 84-0530067

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Name of or	rganization THE ARC, PIKES PEAK RE	GION	Employer identification number 84-0530067					
Part III	(10) that total more than \$1,000 for	the year from any one cons completing Part III, en e year. (Enter this informa	zations described in section 501(c)(7), (8), or contributor. Complete columns (a) through (e) an nter the total of <i>exclusively</i> religious, charitable, et					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif						
	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer of gif nd ZIP + 4	ift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer of gif nd ZIP + 4	fer of gift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif	 					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
JSA			Schedule B (Form 990, 990-EZ, or 990-PF) (20					

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

PAGE 26

Page 4

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

19

Depar	tment of the Treasury		Attach to Form 990.			Open to Public
	al Revenue Service	► Go to www.irs.gov	/Form990 for instructions a	nd the latest inform	nation.	Inspection
Name	of the organization				Employer identifica	tion number
THE	ARC, PIKES I				84-05300	67
Pa	-	tions Maintaining Donor Adv			Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Pa	rt IV, line 6.		
			(a) Donor advised	funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2	Aggregate value	of contributions to (during year)				
3	Aggregate value	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizat	ion inform all donors and donor	advisors in writing that	the assets held	in donor advised	
	funds are the orga	anization's property, subject to the	e organization's exclusive	legal control?		Yes No
6	Did the organizat	ion inform all grantees, donors, a	and donor advisors in writ	ting that grant fu	unds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or donor	advisor, or for a	any other purpose	
_		nissible private benefit?				Yes No
Pa		ation Easements.				
		e if the organization answered				
1		nservation easements held by the				
		on of land for public use (for example	e, recreation or education)		of a historically im	-
		of natural habitat		Preservation	of a certified histo	ric structure
•		on of open space	and the second sec		11 - 1 1	
2		a through 2d if the organization h	eld a qualified conservation	on contribution in		Servation End of the Tax Year
		last day of the tax year.				
a		onservation easements			2a	
b	-	tricted by conservation easements			2b	
C L		rvation easements on a certified			2c	
d		rvation easements included in (o			2d	
3		listed in the National Register . rvation easements modified, tra				nization during the
3	tax year ►		insierreu, releaseu, exting		inated by the org	anization during the
4	·	where property subject to conse	ervation easement is locate	d 🕨		
5		zation have a written policy reg			ion handling of	
5		forcement of the conservation ea				Yes No
6		hours devoted to monitoring, insp				
•		nould devoted to monitoring, mop	ooting, nanaling of violation	io, and onioronig		ionio duning the year
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations	. and enforcing c	onservation easem	ents during the year
	►s	57 T	<u>, </u>	, j		0 ,
8	Does each conser	vation easement reported on line :	2(d) above satisfy the requ	irements of secti	on 170(h)(4)(B)(i)	
)(4)(B)(ii)?				Yes No
9		ibe how the organization reports				nt and
	balance sheet, an	nd include, if applicable, the text of	of the footnote to the orga	nization's financ	ial statements that	describes the
		counting for conservation easeme				
Pa		tions Maintaining Collections			r Similar Assets	
	Complete	e if the organization answered	"Yes" on Form 990, Pa	irt IV, line 8.		
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to rep	ort in its revenu	e statement and t	alance sheet works
	of art, historical service, provide in	treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibit to its financial statements	tion, education, that describes t	or research in fu hese items.	irtherance of public
b		n elected, as permitted under F				ance sheet works of
~		sures, or other similar assets he				
	provide the follow	ing amounts relating to these iter	ms:			. ,
		ded on Form 990, Part VIII, line 1				
		ed in Form 990, Part X				
2	-	on received or held works of a			assets for financia	al gain, provide the
		s required to be reported under F				
a	Revenue included	I on Form 990, Part VIII, line 1.			• \$	
b	Assets included in	n Form 990, Part X			· · · · · · ► \$	

DIKES DEAK DECION a

	THE	E ARC, PIKES PI	EAK REGIC)N			84-053	30067	
Schee	dule D (Form 990) 2019								Page 2
Ра	rt III Organizations Maintain	ing Collections of	Art, Histori	cal Treasur	es, or (Other Simila	r Assets (c	continue	d)
3	Using the organization's acquisition	on, accession, and o	other records	s, check any	of the	following that	t make sigr	ificant u	se of its
	collection items (check all that app	lv):		-		-	_		
а	Public exhibition	.,	d	Loan or exc	hange i	orogram			
b	Scholarly research		e	Other	5-1	- 3			
c	Preservation for future gene	rations							
4	Provide a description of the orga		and avalair	a haw thay f	urthor	the organizati	ion's oxomo	nurnocc	in Dort
4	XIII.		anu explait	T HOW they I	untinen	ine organizati	ons exempt	, puipose	; III Falt
-			lanationa of						
5	During the year, did the organization						_		
	assets to be sold to raise funds rat		ained as part	of the organ	izations	s collection?	<u></u>	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza		es" on Form	990, Part IV	/, line §	9, or reported	d an amour	nt on For	'n
	990, Part X, line 21.								
1a	Is the organization an agent, truste			-			_		
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the follo	wing table:					
							Amount		
С	Beginning balance				. 1c				
d	Additions during the year				. 1d				
е	Distributions during the year				. 1e				
f	Ending balance				. 1f				
2a	Did the organization include an am	nount on Form 990,	Part X, line 2	21, for escrov	v or cus	todial accoun	t liability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the exp	lanation has b	been pro	ovided on Part	XIII		X
Ра	rt V Endowment Funds.								
	Complete if the organization	ation answered "Ye	es" on Form	990, Part I	V, line [·]	10.			
	· · · · ·	(a) Current year	(b) Prior y	/ear (c) 1	Two years	back (d) Thr	ee years back	(e) Four y	ears back
10	Poginning of year balance	1,796,914.	2,043	,087. 1	,890,	483. 1,	841,623.	1,9	64,070
1a	Beginning of year balance		•						
	Contributions								
С	Net investment earnings, gains,	258,348.	-189	831	196,	605	78,786.	_	79,677
	and losses	250,540.	105	,051.	190,	005.			
	Grants or scholarships								
е	Other expenditures for facilities	26 720	ГС	242	4.4	0.01	20.026		10 770
	and programs	36,739.	50	,342.	44,	001.	29,926.		42,770
f	Administrative expenses	0.010.500	1 506	014	0.4.0	0.0.7		1 0	41 600
g	End of year balance	2,018,523.	1,796	,914. 2	,043,	087. 1,	890,483.	1,8	41,623
2	Provide the estimated percentage	of the current year of	end balance	(line 1g, colun	nn (a)) h	neld as:			
а	Board designated or quasi-endown		_%						
b	Permanent endowment 45.2	2100 %							
С	Term endowment	%							
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of th	ne organizati	on that are h	eld and	administered	for the	-	
	organization by:								'es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relat	ed organizations liste	d as required	l on Schedule	R?			3b	
4	Describe in Part XIII the intended		tion's endow	ment funds.					
Ра	rt VI Land, Buildings, and Eq	uipment.	oo" oo Form		V/line	110 000 50		rt V line	10
	Complete if the organiz Description of property	(a) Cost or		1 990, Part I (b) Cost or other		(c) Accumulated) Book valu	
		(a) Cost of (invest		(other)		depreciation	. (u		
1a	Land	[103,6	650.			10	3,650.
b	Buildings			819,9	926.	318,36	9.	50	1,557.
с	Leasehold improvements						_		
d	Equipment			107,6	675.	68,20	6.	3	9,468.
	Other			1,871,5	547.	22,74	1.	1,84	8,806.
Tota	I. Add lines 1a through 1e. (Column	n (d) must equal Form	n 990, Part X	, column (B),	line 10c			2,49	3,481.

1			, Part IV, line 11b. See Form 990, I	
(a) Description of secur (including name of		(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(B) (H)				
Total. (Column (b) must equal Form 990, F	Part X col (B) line 12) ►			
Part VIII Investments - Pro				
		"Yes" on Form 990	, Part IV, line 11c. See Form 990, I	Part X, line 13.
(a) Description of ir	-	(b) Book value	(c) Method of valuatio	
			Cost or end-of-year market	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, F	² art X, col. (B) line 13.) 🔒 🕨			
Part IX Other Assets.	ragnization answored	"Vos" on Form 000	, Part IV, line 11d. See Form 990, I	Part X line 15
	(a) Des			(b) Book value
(1) BENEFICIAL INT IN P		cription		912,555
(2)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo	orm 990, Part X, col. (B) lir	ne 15.)	<u></u> ▶	912,555
Part X Other Liabilities. Complete if the o	rganization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
line 25.				(b) Book value
line 25. 1.	(a) Descripti	ion of liability		
line 25. 1. (1) Federal income taxes	(a) Descript	ion of liability		
line 25. 1. (1) Federal income taxes (2)	(a) Descript	ion of liability		
line 25. 1. (1) Federal income taxes (2) (3)	(a) Descript	ion of liability		
line 25. 1. (1) Federal income taxes (2) (3) (4)	(a) Descript	ion of liability		
line 25. 1. (1) Federal income taxes (2) (3) (4) (5)	(a) Descript	ion of liability		
line 25. 1. (1) Federal income taxes (2) (3) (4) (5) (6)	(a) Descript	ion of liability		
line 25.	(a) Descript	ion of liability		
line 25.	(a) Descript	ion of liability		
line 25.				

	THE ARC, PIKES PEAK REGION	84-0	530067
_	ule D (Form 990) 2019		Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	_	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
С	Other losses	_	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	
_ c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	Dort V	line 1: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor		
	ΓV, LINE 4		
PAR.			
тир	INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE PROGRAMMING		
11115	INTENDED USE OF THE ENDOWMENT FOND IS TO TROVIDE FOTORE TROORAMING		
	FUND CAPITAL IMPROVEMENTS.		

Part XIII Supplemental Information (continued)

(Form 990) For creatin Officers. Directors. Trustees, Key Employees, and Highest Compensate Employees. Directors. Directors	SCHEDULE J		Compen	sation Information	(OMB No.	1545-0	047
	(Form 990)		For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	10	
Image: Control intervention Image: Control intervention Image: Control intervention Image: Control intervention THE ARC, PIKES PEAK REGION Employer identification number 84-0530067 Part I Questions Regarding Compensation 940, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items. Image: Control intervention 940, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items. I a Check the appropriate box(es) if the organization provided any relevant information regarding these items. Image: Control intervention Yes No 940, Part VII, Section A, Line 1a complete Part III to reveal for companions Tax indemnification and gross-up payments Housing allowance or residence for personal residence Health or social club dues or initiation frees 0 if any of the boxes on line 1a are checked, did the organization lolow a written policy regarding payment or reprovision of all of the expenses described above? If 'No' complete Part III to explain 1b 2 Did the organization rough as substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, the any boxe for methods used by a related organization to establish compensation areagreement? 1b 3 Indicate which, if any of the following the organization used to establish the compensation committee 2 2					3.			
Name of the arguitation Employe identification number TIB ARC, PIKES PEAK REGION 84-0530067 Part1 Questions Regarding Compensation 1 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image of the organization and gross-up payments Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Image 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 aboxe? If "No", complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CE/OExecutive Director, out explain in Part III. 1a Indicate which, if any, of the following the organization used to establish the compensation orthet organization to establish compensation or the CO/Executive Director, but explain in Part III. 2 Indicate which, if any of the following the organization survey or study related organization: Written employment contract 2 Participate in, or receive payment from, a supplemental nongualified retirement plan? 4a 4 Participate in, or receive payment from, a supplemental nongualified retirement plan?		Department of the Treasury Attach to Form 990.						
THE ARC, PIKES PEAK REGION 94-0530067 PartI Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items.								n
Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compensation Part VII. Section A, line 1a, did the organization provide any or for a person listed on Form 900. Part VII. Section A, line 1a, did the organization payment form sequence or personal use Personal services (such as maid, chauffeur, cheff) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reindomissement or provision of all of the expenses described above? If "No," complete Part III to related organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a ⁻ . 2 Did the organization consultant Discretionary spending account Written employment contract Compensation committee 10 a Compensation consultant Discretion or a related organization. Written employment contract Compensation committee 4a x 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? 5a x 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retenues of: a The organization? 5a x 5 <th></th> <th>5</th> <th>S PEAK REGION</th> <th></th> <th></th> <th></th> <th></th> <th></th>		5	S PEAK REGION					
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	-	-						
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 Traviel for companions Payments for business use of personal residence for personal use Discretionary spending account Personal services (such as maid, chauffeur, cheft) 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 in the tems checked on line and increasing the items checked on line and increasing payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain in the tems checked on line and increasing payment or reimbursement or provision of the explain in Part III. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by an related organization to establish the compensation of the compensation or mittee 10 1 Indicate which, if any, of the following the organization used to establish the compensation committee Written employment contract 2 Ouring the year, did any person listed on Form 990. Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a x 4 During the year, did any person listed on Form 990. Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a x a The organization? For p			<u> </u>				Yes	No
Image: Trave for companions Payments for business use of personal residence Image: Trave indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account Personal services (such as maid, chauffeur, chef) Discretionary spending account Image: Trave indemnification for provision of all of the expenses described above? If 'No," complete Part III to explain Image: Trave indemnification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?. Image: Trave independent compensation of the CEO/Executive Director, but explain in Part III. Image: Trave independent compensation consultant Compensation consultant Compensation consultant Compensation committee Image: Trave in, or receive payment from, an equity-based compensation arrangement?. 4a X Approval by the board or compensation committee Image: Trave in a supplemental nonqualified retirement plan?. 5a X Compensation consultant For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X The o	1a					۱		
Image: Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Ib If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to policy regarding payment or granization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation survey or study 2 4 During the year, did any person listed on Form 990. Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 2 a Receive a severance payment form, an equity-based compensation angement? 4a X b Participate in, or receive payment from, an equity-based compensation argument? 4a X b Participate in, or receive payment from, an equity-based compensation angement? 4a X b Participate in, or receive payment from, an equity-based compensation argument? 5a X b Participate in, or receive payment from, an equity-based compensation argument? 5a X b Any related organization?					•			
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. Compensation scoultant Compensation consultant Independent compensation consultant Compensation committee Written employment contract Compensation committee Approval by the board or compensation committee 4a 4 Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization? a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a K Participate in, or receive payment from, an equity-based compensation arrangement? 5a The organization? 5a X May related organization? 5a 5 For			•					
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 . 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee			c					
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line fa? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain Part III. 2 Compensation committee Written employment contract Compensation committee 4a X Independent compensation consultant X Approval by the board or compensation committee 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. 4a X 4 Tree organization? 4a X b Participate in, or receive payment from, an equity-based compensation arrangement? 4a X b Tree organization? 5b X b Any related organization? 5b X b For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5b X a The organization? 5b	b	or reimburse	ment or provision of all of the ex	penses described above? If "No," com	plete Part III to)		
1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Indicate which, if any of the organizations Written employment contract Compensation committee Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4b X b Participate in, or receive payment from, an supplemental nonqualified retirement plan? 4a X 4b X 4b X 4c X 4b X b Participate in, or receive payment from, an equity-based compensation complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X 6a X 5b X	2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by al	I		
 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment?. Participate in, or receive payment from, a supplemental nonqualified retirement plan?. Participate in, or receive payment from, a supplemental nonqualified retirement plan?. Participate in, or receive payment from, a supplemental nonqualified retirement plan?. Conly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? The or								
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4a During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, an equity-based compensation arrangement? 4a Conjusticities 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4a Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? 5a X B Any related organization? 5a X <th>-</th> <th></th> <th></th> <th></th> <th></th> <th>2</th> <th></th> <th></th>	-					2		
Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a Participate in, or receive payment from, an equity-based compensation arrangement? 4a If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? 5a X Mary related organization? 6a X Mary rela	3	organization's	CEO/Executive Director. Check all that	at apply. Do not check any boxes for metho	ds used by a			
 Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on 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?. b Participate in, or receive payment from, a supplemental nonqualified retirement plan?. c Participate in, or receive payment from, an equity-based compensation arrangement?. d a X 4a X 4b X 4c X 4d X 4d X		Comper	sation committee	Written employment contract				
 4 During the year, did any person listed on 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?		Indepen	dent compensation consultant	Compensation survey or study				
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 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 b If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X b Any related organization? 7 X b Any related organization? 6a X b Any related organization? 6a X b Any related organization? 6b X <tr< th=""><td></td><td>Form 99</td><td>0 of other organizations</td><td>X Approval by the board or compensa</td><td>tion committee</td><td></td><td></td><td></td></tr<>		Form 99	0 of other organizations	X Approval by the board or compensa	tion committee			
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 lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X f "Yes" on line 6a or 6b, describe in Part III. 6a X 7 X 6b X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in R	4			Part VII, Section A, line 1a, with respect to	the filing			
c Participate in, or receive payment from, an equity-based compensation arrangement?	а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6a X b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	b	-				4b		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 5a × 6 X 5 For persons listed on 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? d H "Yes" on line 6a or 6b, describe in Part III. 6a × 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b × 7 X 8 Were any amounts reported on 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. 7 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in resultable presumption pr	С					4c		X
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		- · · ·						
compensation contingent on the revenues of: 5a a The organization? 5b b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6a companization? 6b companization? 6a b Any related organization? 6a companization? 6b companization? 6a f"Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 8 Were any amounts reported on 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 and payments not line 8, did the organization also follow the rebuttable presumption procedure described in 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_	-						
 b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on 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? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	5	compensation	contingent on the revenues of:					
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on 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? b Any related organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
 6 For persons listed on 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? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	b			•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • •	50		
compensation contingent on the net earnings of: 6a X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on 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. 7 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in X 1 1	e			on A line 1a did the organization pa		,		
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on 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. 7 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 X	0			on A, nie ra, du tre organization pa	y of accide ally	′		
 b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	а					6a		X
If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second consecond consecond consecond constraint of the second constraint of		-						Х
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 								
 8 Were any amounts reported on 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 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 	7	For persons	listed on Form 990, Part VII, Sectio					
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	ø					7		X
in Part III	υ					<u>_</u>		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			-					x
	9							
	-							

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

Schedule J (Form 990) 2019

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
WILFRED ROMERO	(i)	148,570.	3,307.	0.	2,803.	8,481.	163,161.		
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.					
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
2	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

Page 3

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization THE ARC, PIKES PEAK REGION

FORM 990 PART III LINE 4D

OTHER PROGRAM SERVICES DESCRIPTIONS: POOLED INCOME TRUST-THE ARC, LLC: PROVIDE TRUSTEE SERVICES TO THOSE CLIENTS OF THE ARC WHO ARE PARTICIPANTS IN THE ARC OF THE PIKES PEAK REGION POOLED INCOME TRUST OR WHO ARE BENEFICIARIES OF SPECIAL NEEDS TRUSTS IN WHICH THE ARC MAY BE SERVING AS GUARDIAN. EDUCATION & RESEARCH: PROVIDE INFORMATION AND ASSISTANCE TO THE COMMUNITY AND PROMOTE UNDERSTANDING OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

FORM 990 PART VI SECTION A LINE 6

THE ORGANIZATION HAS ONE CLASS OF VOTING MEMBERS WHO ARE USUALLY ACCEPTED FOR MEMBERSHIP IN ACCORDANCE WITH CRITERIA ESTABLISHED FROM TIME TO TIME BY THE BOARD OF DIRECTORS. THE MEMBERSHIP IS NOT TRANSFERABLE AND THE MEMBERS HAVE NO OWNERSHIP RIGHTS OR BENEFICIAL INTERESTS OF ANY KIND IN THE ASSETS OF THE CORPORATION.

FORM 990 PART VI SECTION A LINE 7A

AT A TIME REASONABLY IN ADVANCE OF EACH ANNUAL MEETING OF MEMBERS OF THE CORPORATION, THE NOMINATING COMMITTEE DETERMINES AND PRESENTS TO THE BOARD A LIST OF NOMINEES TO STAND FOR ELECTION AS DIRECTORS TO FILL THE POSITIONS OF THOSE DIRECTORS WHOSE TERMS EXPIRE AT THE ANNUAL MEETING. AT THE ANNUAL MEETING OF THE MEMBERS, AFTER GIVING THE OPPORTUNITY FOR NOMINATIONS FROM THE FLOOR, THE MEMBERS ELECT THE NUMBER OF DIRECTORS FROM AMONG THE LIST OF NOMINEES.

Page 2

FORM 990 PART VI SECTION A LINE 7B TEN PERCENT OF THE VOTES ENTITLED TO BE CAST ON A MATTER CONSTITUTES A QUORUM FOR ACTION ON A MATTER. IF A QUORUM EXISTS, ACTION ON A MATTER IS APPROVED IF THE VOTES CAST WITHIN THE VOTING GROUP FAVORING THE ACTION EXCEED THE VOTES CAST WITHIN THE VOTING GROUP OPPOSING THE ACTION, UNLESS A GREATER NUMBER OF VOTES IS REQUIRED BY LAW OR THE CORPORATION'S ARTICLES OF INCORPORATION.

FORM 990 PART VI SECTION B LINE 11

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION BEFORE FILING. THE AUDITOR DISCUSSES THE 990 WITH THE BOARD BEFORE FILING.

FORM 990 PART VI SECTION B LINE 12C THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REGULARLY AND CONSISTENTLY MONITORED. EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST WHEN THEY ARE ELECTED INTO THE BOARD AND ARE REQUIRED TO DISCLOSE ANY CONFLICTS THAT ARISE.

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FORM 990 PART VI SECTION B LINE 15A & B
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SALARY INCREASES USUALLY CONSIST OF A COLA AND MERIT COMPONENT. DURING THE BUDGET PROCESS FOR THE NEXT YEAR, THE EXECUTIVE DIRECTOR AND FINANCE COORDINATOR REVIEW THE COLA PUBLISHED IN THE CURRENT YEAR AND REVIEW THE FINANCIAL POSITION OF THE ORGANIZATION. BASED ON THOSE TWO FIGURES, THE EXECUTIVE DIRECTOR DETERMINES THE SALARY INCREASES FOR EACH STAFF MEMBER. THE EXECUTIVE DIRECTOR THEN SUBMITS THE SALARY INCREASES TO THE FINANCE COMMITTEE AS PART OF THE BUDGET FOR THE NEXT YEAR. THE FINANCE COMMITTEE SUBMITS IT TO THE BOARD AS PART OF THE ENTIRE PROPOSED BUDGET. THE

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FINANCE COMMITTEE REVIEWS AND APPROVES THE SALARY INCREASE OF THE EXECUTIVE DIRECTOR AND ADDS THAT FIGURE TO THE FIGURE THE EXECUTIVE DIRECTOR PROPOSED FOR STAFF INCREASES. THE BOARD LEAVES THE INDIVIDUAL STAFF INCREASES UP TO THE DISCRETION OF THE EXECUTIVE DIRECTOR.

FORM 990 PART VI SECTION C LINE 19 THE ORGANIZATION WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST.

FORM 990 PART IX

PERCENTAGES OF FUNCTIONAL EXPENSES BY CATEGORY

PROGRAM SERVICES: 84%

GENERAL & ADMIN: 12%

FUNDRAISING: 4%

FORM 990 PART XI LINE 9 OTHER CHANGES IN NET ASSETS: CHANGE IN FAIR MARKET VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST: \$103,676.

FORM 990 PART XII LINE 2C

AUDIT OVERSIGHT COMMITTEE: THE ORGANIZATION'S FINANCE COMMITTEE IS IN

CHARGE OF OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT ACCOUNTANT.

		ATTACHMENT 1		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	<u> </u>			
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
POOLED INCOME TRUST- SEE SCHEDULE O		15,300.	37,712.	
EDUCATION & RESEARCH- SEE SCHEDULE O		49,727.		

THEARC

Schedule O (Form 990 or 990-EZ) 2019			Page 2
Name of the organization		Employer identification n	umber
THE ARC, PIKES PEAK REGION		84-0530067	
		ATTACHMENT 1	(CONT'D)
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES			
DESCRIPTION	GRANTS	EXPENSES	REVENUE

TOTALS

PAGE 38

37,712.

65,027.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.

2 Open to Public Inspection Employer identification number

84-0530067

OMB No. 1545-0047

9

Department of the Treasury Internal Revenue Service

Name of the organization

THE ARC, PIKES PEAK REGION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

Name, address, and	(a) Name, address, and EIN (if applicable) of disregarded entity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THE ARC, LLC	27-6861949					
12 N MEADE AVE	COLORADO SPRINGS, CO 8090) SEE PART VII	CO	24,646.	135,552.	SEE PART VII
(2)						
_(3)						
(4)						
(5)						
(6)						

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	g) 512(b)(13) rolled ity?
						Yes	No
(1)	-						
(2)	-						
(3)	-						
(4)							
(5)	_						
(6)	-						
(7)	_						

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
		country)					Yes	No		Yes	No	
(1)	_											
(2)												
(3)												
(4)	_											
(5)	_											
(6)	_											
(7)	_											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

THE	ARC,	PIKES	PEAK	REGION
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Schedule R (Form 990) 2019

Part V	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No
1 [During the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations lis	ted in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	۱ <u> </u>	
b(Gift, grant, or capital contribution to related organization(s)			1t)	
с (Gift, grant, or capital contribution from related organization(s)			1c	-	
dl	Loans or loan guarantees to or for related organization(s)			1c	1	
e l	Loans or loan guarantees by related organization(s)			1e	•	-
f[Dividends from related organization(s)			1f	;	
	Sale of assets to related organization(s)				1	\square
	Purchase of assets from related organization(s)					\square
iE	Exchange of assets with related organization(s).			11		
	Lease of facilities, equipment, or other assets to related organization(s)				i	
•						
k l	Lease of facilities, equipment, or other assets from related organization(s)			11	۲ – ۲	
	Performance of services or membership or fundraising solicitations for related organization(s)					
	Performance of services or membership or fundraising solicitations by related organization(s)				n	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>۱</u>	
	Sharing of paid employees with related organization(s)				>	<u> </u>
				1.		
	Reimbursement paid to related organization(s) for expenses.					+
d I	Reimbursement paid by related organization(s) for expenses				1	-
r (Other transfer of cash or property to related organization(s)			1r		_
s (Other transfer of cash or property from related organization(s)					<u> </u>
2	f the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including cove	red relationships and trans	action thresho	lds.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of de amount ir	etermin	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, addr	(a) ess, and EIN of entity	(b) (c) Primary activity (state or foreign country)		income (related, unrelated, excluded from tax under		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)		_												
(2)		_												
(3)														
(5)														
(6)														
12)														
14)		_												
15)														
16)														

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Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R PART I COLUMN B

THE ARC, LLC PRIMARY ACTIVITY: PROVIDE TRUSTEE SERVICES TO BENEFICIARIES

OF THE ARC, PIKES PEAK REGION POOLED INCOME TRUST

SCHEDULE R PART I COLUMN F

THE ARC, LLC DIRECT CONTROLLING ENTITY: THE ARC, PIKES PEAK REGION