Form	9	9	0
Departm	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. 000 and the instance is at more instance (former 000 ----

G Open to Public

OMB No. 1545-0047

			about Form 990 and its			•	n990.			nspect	ION		
	or th	ne 2020 calendar year, or tax year begin	nning	, 2020,	and ending		Employer id		, 2				
В с	heck if ap	pplicable:	DOTON				Employer id	lenunc	auon nui	nper			
	Addre	IHE ARC, PIKES PEAK RI	EGION				04 052	0000	7				
	chang	ge Doing Business As	not dolivered to street address	>>	Room/suite		84-0530067 E Telephone number						
	+			5)	Room/suite								
	+	I return 12 NORTH MEADE AVE City or town, state or province, country, a	and ZID or foreign postal and			(.	719) 47	1 - 4	:800				
	Amer						0	- 1- (2	221	101		
	returr		WILFRED ROMER	\sim			Gross receip) Is this a gro				,191 X N		
	pendi	12 NORTH MEADE AVE, C			200		subordinates	s?		Yes			
	Tavrav					`	 Are all subor If "No," atta 			Yes	N		
<u>-</u>		xempt status: X 501(c)(3) 501(c) (ite: ► THEARCPPR.ORG) (insert no.)	4947(a)(1) c	or 527								
					L Veer of) Group exem	· .			CO		
	art I	of organization: X Corporation Trust Summary	Association Other		L rear of	iormation:		State	or regar d	omicile:			
		Briefly describe the organization's mission o	r moot oignificant activition	ENSURE	THE RIG	HTS A		тст	PATTO	N OF			
6	1	PEOPLE WITH INTELLECTUAL AN				A							
nce													
Activities & Governance	2	Check this box	iscontinued its operation	e or disposo	d of more that		te not asso						
20K		Number of voting members of the governing						3			13.		
∞ă	4	Number of independent voting members of the						4			13.		
ies	5	Total number of individuals employed in cale						5			18.		
ivit	6	Total number of volunteers (estimate if neces						6			75.		
Act	-	Total unrelated business revenue from Part V	** • • • • • • • • •					7a			0		
		Net unrelated business taxable income from						7b			0		
					<u></u>		rior Year	1.2	Cu	rrent Y	'ear		
-	8	Contributions and grants (Part VIII, line 1h)	,698,79	97.	1	1,711	1,875						
nue	9	Program service revenue (Part VIII, line 2g)		COPY			79,1				6,109		
Revenue	10										, 7,490		
Ř	11	Other revenue (Part VIII, column (A), lines 5,		_		17,364.			167,440				
	12	Total revenue - add lines 8 through 11 (must	Г	1	,840,91		1	2,914					
	13		ar amounts paid (Part IX, column (A), lines 1-3)								0		
	14	Benefits paid to or for members (Part IX, colu						0.					
s	15	Salaries, other compensation, employee bene					976,53	38.		890,83			
Expenses	16a	Professional fundraising fees (Part IX, column						0.					
xpe		Total fundraising expenses (Part IX, column (I											
Ш		Other expenses (Part IX, column (A), lines 11					536,32	25.		376	6,170		
		Total expenses. Add lines 13-17 (must equal				1	,512,80	63.	1	L,267	7,000		
	19	Revenue less expenses. Subtract line 18 from	n line 12				328,0	55.		675	5,914		
ces						Beginning	g of Current	Year	En	d of Yea	ar		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			[5	,745,2	74.	6	5,138	8,162		
t As d B	21	Total liabilities (Part X, line 26)				1	,399,80	65.		993	3,886		
Fun	22	Net assets or fund balances. Subtract line 21				4	,345,40	09.	0	5,144	4,276		
Pa	rt II	Signature Block											
Une	der pei e, corre	nalties of perjury, I declare that I have examined th ect, and complete. Declaration of preparer (other thar	is return, including accompany officer) is based on all inform	anying schedu mation of whic	les and statem th preparer has	ents, and t any knowl	o the best o edge.	of my k	knowledge	e and be	elief, it is		
.							09/1	.3/2	021				
Sig		Signature of officer					Date						
Не	re	WILFRED ROMERO		EXECUT	'IVE DIRE	ECTOR							
		Type or print name and title											
n-:		Print/Type preparer's name	Preparer's signature		Date		Check	if F	PTIN				
Paic		TAMMY ABNEY			10/26/	/2021	self-employ	yed	P0053	9556	i		
	parer Only	Firm's name 🕨 STOCKMAN KAST RY	AN & CO, LLP			Firr	m's EIN 🕨		15095				
		Firm's address 🕨 102 N. CASCADE AVENUE,	SUITE 400 COLORADO SPR	INGS, CO 8	0903	Pho	one no.	719	-630-				
Max	(tho I	PS discuss this return with the property chow	n abovo? (coo instructions	1					v,				

		^	Yes] NO
Fo	or Paperwork Reduction Act Notice, see the separate instructions.	I	Form 99)0 (2	(020)

For	n 990 (2020) Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$496,037. including grants of \$) (Revenue \$)
	ADVOCACY: TO ADVOCATE FOR ADULTS AND CHILDREN WITH INTELLECTUAL
	AND DEVELOPMENTAL DISABILITIES IN SCHOOLS, COURTS AND ANY
	COMMUNITY SETTING
4b	(Code:) (Expenses \$ 427,931. including grants of \$) (Revenue \$ 2,400.)
	GUARDIANSHIP: TO PROVIDE COURT ORDERED GUARDIANSHIP SERVICES TO
	ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
_	
4C	(Code:) (Expenses \$142,748. including grants of \$) (Revenue \$3,047.) PUBLIC RELATIONS/SOCIAL EVENTS: TO PROVIDE LIFE ENRICHING
	ASSISTANCE AND OPPORTUNITY TO ADULTS AND CHILDREN WITH
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
<u></u> 44	Other program services (Describe on Schedule O.) ATTACHMENT 1
Ψu	(Expenses \$ 69,840. including grants of \$) (Revenue \$ 30,662.)
40	Total program service expenses \blacktriangleright 1,136,556.
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Form 990 (2020)

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		Х
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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
8				Х
•	complete Schedule D, Part III	8		
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			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	, , , , , , , , , , , , , , , , , , , ,	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
		11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
		12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
		14a		Х
	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			
		14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17		47		Х
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
	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?			٦ <i>٢</i>
<i></i>	If "Yes," complete Schedule G, Part III	19		X
		20a		Х
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	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	Checklist of Required Schedules (continued)		Vee	Ne
22	Did the organization report more than \$5,000 of grants or other appirtures to or for domestic 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ч	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5 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			
	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		X
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	27		х
28	persons? <i>If "Yes," complete Schedule L, Part III</i> . Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
20	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			
	"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
С	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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			v
27	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		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	-		
	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 QQU	(2020)
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Form 990 (2020)

Page 5

Part	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 18			
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		Х
	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible 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	_	v	
	and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Δ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		Х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7.11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	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:			
	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		
	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			37
	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-		Х
	excess parachute payment(s) during the year?	15		Λ
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? If "Yes," complete Form 4720, Schedule O.	16		

Form 9	90 (2020) THE ARC, PIKES PEAK REGION 84-0	530067	I	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	O. See ir	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sect	on 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	13		
	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	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi			
	any other officer, director, trustee, or key employee?			X
3	Did the organization delegate control over management duties customarily performed by or under the dire			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		v	A
6	Did the organization have members or stockholders?		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		x	
	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) member		x	
	stockholders, or persons other than the governing body?		- 23	
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	ıg		
	the year by the following:	8a	x	
a	The governing body?	•	X	
a	Each committee with authority to act on behalf of the governing body?	•		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven))	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
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?		Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			
	describe in Schedule O how this was done	40.	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?			Х
15	Did the process for determining compensation of the following persons include a review and approval			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?		
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>		X
b	Other officers or key employees of the organization	. 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1e		
0	organization's exempt status with respect to such arrangements?	. 16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{CO}{r}$.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (Sec	tion 5	501(c)
	(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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and red DONNA BUTZIN 12 NORTH MEADE AVE COLORADO SPRINGS, CO 80909 719-471-4800	ords 🕨		
			990	(2020)
		I UII		(2020)

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Page 7

Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compen	sated	Emp	loyees,	and
	Check if Schedule O contains a response or note to any line in this Part VII												
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees													
1a Comple	ete this table for	all i	oersons re	auired to be	listed Ren	ort co	mpensation fo	r the cale	ndar vear	endina	with	or within	n the

ersons 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	40.00									
(1) WILFRED ROMERO EXECUTIVE DIRECTOR	40.00	v		v				154,566.	0.	12,118.
(2) MITCH ROUTON	1.00	X		Х				104,000.	0.	12,118.
VICE-PRESIDENT	1.00	Х		х				0.	0.	0.
(3) CHERYL POTMAN	1.00	А						0.	0.	0.
PRESIDENT	0.	x		х				0.	0.	0.
(4) KAREN HAZELHURST	1.00				-					
DIRECTOR	0.	x						0.	0.	0.
(5) CYNTHIA MARGIOTTA	1.00									
DIRECTOR	0.	x						0.	0.	0.
(6) BLAKE WILSON	1.00									
DIRECTOR	0.	x						0.	0.	0.
(7) JONATHAN MONTEZ	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)LINDA GOLDEN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9) YOLANDA GARCIA	1.00									
SECRETARY	0.	X		Х				0.	0.	0.
(10) JON EDDY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) ASHLEY STEINBACH	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) PATTY BAER-HENSON	1.00									
TREASURER	0.	X		Х				0.	0.	0.
(13) HEATHER KLUCK	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) SHERICE BETHEL	1.00	_						_	_	_
DIRECTOR	0.	X						0.	0.	0.

THE ARC, PIKES PEAK REGION

Form 990 (2020)													Page 8
Part VII Section A. Officers, Directors, Tr		ey Em	nplo			and I	lig	-		yees (c	ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	unle	Pos heck ss pe	erson	e than c is both cor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		othe		of	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	om the anizatio d relate anizatio	e on ed
		-											
		-											
1b Sub-total								154,566.		0.		12,	118.
c Total from continuation sheets to Part VII,	-							0.		0.		1.0	0.
 d Total (add lines 1b and 1c)	t limited to t	hose					o re	154,566. eceived more than	\$100,000	0 . of		12,	118.
			-									Yes	No
3 Did the organization list any former offi													
employee on line 1a? If "Yes," complete Schee											3		X
4 For any individual listed on line 1a, is the organization and related organizations g	sum of rep reater than	oortab \$15	ole (50.0	com 00?	pen If	isatioi	n ai s."	nd other compension of the complete of the comp	sation from <i>ile J for</i>	the such			
individual											4	Х	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "											5		X
Section B. Independent Contractors													
 Complete this table for your five highest cor compensation from the organization. Report year. 													
(A) Name and business ac	ldress							(B) Description of se	ervices	C	(C) ompens		
2 Total number of independent contractors (includina b	ut not	t lin	nite	d to	thos	se li	isted above) who	received				
more than \$100,000 in compensation from t													

Form 990 (2020)

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		Check if Schedule O co	ontains a respon	se or note to an	y line in this Part V	/111		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	135.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		3,540.				
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contribu						
	f	All other contributions, gifts,						
	'	and similar amounts not include	-	1,708,200.				
the				1,708,200.				
<u>of</u>	g	Noncash contributions inclu						
		lines 1a-1f			1 711 075			
	n	Total. Add lines 1a-1f	<u></u>		1,711,875.			
a)				Business Code				
Program Service Revenue	2a	SOCIAL EVENTS		624100	3,047.	3,047.		
ue,	b	COUNSELING FEES		624100	2,400.	2,400.		
ε e	С	ARC LLC REVENUE		624100	30,662.	30,662.		
Sev	d							
<u>õ</u>	е							
Ē	f	All other program service rev	venue					
	g	Total. Add lines 2a-2f		<u></u>	36,109.			
	3	Investment income (inclue	ding dividends,	interest, and				
		other similar amounts)			23,800.			23,800.
	4	Income from investment of			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	6,101.					
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	6,101.					
	d	Net rental income or (loss) .			6,101.			6,101.
	7a	Gross amount from	(i) Securities	(ii) Other				
	'u	sales of assets	()					
		other than inventory 7a	391,967.	0.				
	h							
Revenue	b	Less: cost or other basis	388,138.	139.				
vel		and sales expenses 7b	3,829.	-139.				
Re	1		3,829.		3,690.			3,690.
ler	a	Net gain or (loss)		<u></u> ▶	5,090.			5,090.
Other	8a	Gross income from f	-					
•		events (not including \$						
		of contributions reported	on line					
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses		0.				
	C	Net income or (loss) from fu	Indraising events.	<u></u> ▶	0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19) <u>9a</u>	0.				
	b	Less: direct expenses	9b	0.				
	c	Net income or (loss) from g	aming activities	<u></u>	0.			
	10a	Gross sales of invent	ory, less					
		returns and allowances	<u>10a</u>	13.				
	b	Less: cost of goods sold		0.				
	c	Net income or (loss) from sa	les of inventory	<u></u> ▶	13.			13.
s				Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME		453310	4,050.			4,050.
ane	b	PPP LOAN FORGIVENESS		624100	157,276.	157,276.		
ell; sve								
ဒိုင်္ခ	c d	All other revenue						
Σ	e	Total. Add lines 11a-11d		•••••	161,326.			
	12	Total revenue. See instruction			1,942,914.	193,385.		37,654.
184					-,	1,2,3,303.		37,031

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Section 501(c)(3) and 501(c)(4) organizations must	t complete all columns.	All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and	0			
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	166,683.	157,707.	3,983.	4,993
trustees, and key employees	100,003.	157,707.	5,905.	4,99.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	571,588.	540,805.	13,660.	17,123
	571,500.	510,005.	15,000.	17712
8 Pension plan accruals and contributions (include	10,551.	9,983.	252.	310
section 401(k) and 403(b) employer contributions)	88,521.	83,754.	2,115.	2,65
9 Other employee benefits	53,487.	50,607.	1,278.	1,602
0 Payroll taxes			1,2,0,	1,000
1 Fees for services (nonemployees):	0.			
a Management	541.	485.	41.	1
	2,150.	1,929.	162.	5
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17 f Investment management fees	11,024.	9,892.	829.	303
	,	.,		
9 Other. (If line 11g amount exceeds 10% of line 25, column	45,334.	40,679.	3,408.	1,24
(A) amount, list line 11g expenses on Schedule O.).	4,183.	1,326.	2,371.	480
3 Office expenses	0.			
I4 Information technology	0.			
15 Royalties	0.			
6 Occupancy	0.			
7 Travel	15,399.	8,440.	6,959.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
20 Interest	70,795.	66,138.	2,568.	2,089
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	42,278.	36,092.	5,046.	1,140
23 Insurance	44,705.	38,061.	1,547.	5,097
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.)				
a SOCIAL EVENTS	4,766.	4,766.		
bBUILDING	28,232.	14,101.	8,521.	5,610
cSUPPLIES, POSTAGE & PRINTING	34,821.	19,831.	14,042.	948
dCOMMUNICATION	27,889.	24,583.	2,532.	77
e All other expenses	44,053.	27,377.	16,295.	382
25 Total functional expenses. Add lines 1 through 24e	1,267,000.	1,136,556.	85,609.	44,835
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here F if				
following SOP 98-2 (ASC 958-720)	0.			

Ο.

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following SOP 98-2 (ASC 958-720)

THE ARC, PIKES PEAK REGION

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		[
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	900.	1	60
2	Savings and temporary cash investments.	728,365.	2	751,04
3	Pledges and grants receivable, net	366,631.	3	370,60
4	Accounts receivable, net.	20,696.	4	15,97
5	Loans and other receivables from 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	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8 0	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	23,324.	9	32,52
-	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 3,188,217.			
b	Less: accumulated depreciation	2,493,481.	10c	2,748,87
11	Investments - publicly traded securities.	1,199,322.	11	1,253,01
12	Investments - other securities. See Part IV, line 11.	0.	12	
13	Investments - program-related. See Part IV, line 11.	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	912,555.	15	965,52
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,745,274.	16	6,138,16
17	Accounts payable and accrued expenses.	76,320.	17	93,88
18	Grants payable	0.	18	,
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
20	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	
	Loans and other payables to any current or former officer, director,		21	
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	1,323,545.	22	900,00
23	Unsecured notes and loans payable to unrelated third parties	0.	23	500700
24	Other liabilities (including federal income tax, payables to related third		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25.	1,399,865.	25	993,88
		1,333,003.	20	,00
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,390,276.	27	3,692,58
28	Net assets with donor restrictions.	1,955,133.	27	1,451,68
20	Organizations that do not follow FASB ASC 958, check here ►	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	I, IJI, 003
	and complete lines 29 through 33.			
27 28 29 30 31 32			20	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	1 245 400	31	E 144 074
32	Total net assets or fund balances	4,345,409.	32	5,144,276
33	Total liabilities and net assets/fund balances	5,745,274.	33	6,138,162 Form 990 (20

Form 99	90 (2020)			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>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		42,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		67,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		75,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,3	45,4	
5	Net unrealized gains (losses) on investments	5		78,1	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8		-8,1	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		52,9	972.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	32, column (B))	10	5,1	44,2	276.
Part					
	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	explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				X
	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			37	
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		x	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			х
-	Single Audit Act and OMB Circular A-133?		<u>3a</u>		Δ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	uaits	<u>3b</u>	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

		t of the Treasury venue Service		Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of the	e organization						Employer identif	ication number
TH	E AR	C, PIKES						84-05300	
Ра					organizations must			,	S
The	<u> </u>		•		is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam							
5		•	•		a college or universit	y ownee	d or ope	rated by a governme	ental unit described in
~		•		Complete Part II.)	ramantal unit describe	مانه مممه	ion 170/	L\/4\/A\/\	
6 7			-	-	rnmental unit describe		-		om the general public
'		-		(1)(A)(vi). (Compl	-	ipport in	un a yu		oni the general public
8					o)(1)(A)(vi). (Complete	Dort II)			
9		-		-	ed in section 170(b)(1	-		in conjunction with a	land-grant college
5		•		-	riculture (see instruct		•		• •
		university:		grant conogo or ag		.iono). E		lame, org, and orate o	
10 11	X	An organization receipts from support from acquired by the	activities rela gross investme organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		🛛 Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		_ supporting c	organization.	/ou must complet	e Part IV, Sections A	and B.			
b					ed or controlled in co				
		control or m	nanagement c	of the supporting o	rganization vested in	the sam	e person	s that control or mar	age the supported
		-			, Sections A and C.				
С					ng organization opera				lly integrated with,
			-		s). You must comple				
d			-		porting organization c	-			- · ·
					nization generally mus	-		-	d an attentiveness
					omplete Part IV, Sect				
е			-		a written determinatic ionally integrated sup				п, туре п
f	Ente				ionally integrated sup		Jiyanizat	юп.	
				•	orted organization(s).				
		me of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
(
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For	Paperv	work Reduction A	ct Notice. see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 2

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Sec	tion B. Total Support		1	1	1	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2020 (li		•		,		%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the org						
-	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
47-	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization Part VI how the organization meets					-	-
	•			•	•		
h	organization						
u	15 is 10% or more, and if the organiz		•				
	in Part VI how the organization meets					-	-
	organization			-	-		
18	Private foundation. If the organization						
10	•						
	instructions						••• • •

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,334,232.	1,410,772.	1,457,350.	1,698,797.	1,869,151.	7,770,302.
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	53,307.	65,445.	71,219.	79,138.	36,109.	305,218.
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	1,387,539.	1,476,217.	1,528,569.	1,777,935.	1,905,260.	8,075,520.
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.)						8,075,520.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	1,387,539.	1,476,217.	1,528,569.	1,777,935.	1,905,260.	8,075,520.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	28,018.	26,567.	33,820.	33,391.	23,800.	145,596.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	28,018.	26,567.	33,820.	33,391.	23,800.	145,596.
11	Net income from unrelated business						
	activities not included in line 10b, whether						0
	or not the business is regularly carried on.						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets	5,524.	4,940.	15 760	17 264	10 164	E2 7E2
12	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	5,524.	4,940.	15,760.	17,364.	10,164.	53,752.
13	and 12.)	1,421,081.	1,507,724.	1,578,149.	1,828,690.	1,939,224.	8,274,868.
14	First 5 years. If the Form 990 is for	1					
14	organization, check this box and stop here .	0					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,			nn (f))		15	97.59%
16	Public support percentage from 2019 Sche	dule A, Part III, lin	e 15			16	97.38%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lir			3, column (f))		17	1.76%
18	Investment income percentage from 2019 S					18	2.01%
19 a	331/3% support tests - 2020. If the or					ore than 331/3%,	
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga						
-	line 18 is not more than 331/3%, check				-		
20	Private foundation. If the organization of						
ISA	•					chedule A (Form 99	
UE122	11.000 1645DY P091 10/26/2021 1	0:29:51 AM	V 20-7.2F	T	HEARC		PAGE 17

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

84-0530067

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part	IV 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting 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.

Section C. Type II Supporting Organizations

 Yes
 No

 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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI now the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	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 governmental entity (se	e instr	uctions	s).
2	2 Activities Test. Answer lines 2a and 2b below.				

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? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> 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	
b	Did the activities described in line 2a, above, 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</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	

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.

1

2

Page 6

(B) Current Year (optional)

(B) Current Year (optional)

1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organized supporting orga		
Se	ction A - Adjusted Net Income		(A) Prior Year
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	
Se	ction B - Minimum Asset Amount		(A) Prior Year
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
а	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
с	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e	
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 0.015 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 0.035.	6	
-		-	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V

xplain in Part VI). See ections A through E.

Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6)

7

Schedule A (Form 990 or 990-EZ) 2020

Se	ction C - Distributable Amount	Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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) 2020

7

8

Schedu	le A (Form 990 or 990-EZ) 2020				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	S	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
6	greater than zero, <i>explain in Part VI.</i> See instructions. Remaining underdistributions for 2020. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

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

2020

Name of the organization

THE ARC, PIKES PEAK REGION

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$1,196,480.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$38,196.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$16,983.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$363,653.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 84-0530067

THEARC

JSA

Name of organization THE ARC, PIKES PEAK REGION

Employer identification number 84-0530067

Part II No	ncash Property (see instructions). Use duplicate copies of	of Part II if additional space is nee	eded.
(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) (2020)

JSA

Name of orga	anization THE ARC, PIKES PEAK RE	GION		Employer identification number					
Part III	Exclusively religious, charitable, etc.	contributions to or	anizations descr	84-0530067					
t c	10) that total more than \$1,000 for he following line entry. For organizat contributions of \$1,000 or less for th Jse duplicate copies of Part III if addit	the year from any o ions completing Part I e year. (Enter this info	ne contributor. C II, enter the total c prmation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc					
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
Part I									
-		(e) Transfer							
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship 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 gift								
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship 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, a	of gift Relation	ship 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 gift								
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee					
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2020					

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

THEARC

SCHEE	DULE D
(Form	990)

nortment of the Treesur

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.

2 Open to Public

OMB No. 1545-0047

20

	al Revenue Service	Go to www.irs.gov	/Form990 for instructions and the latest inform	ation. Inspection
Name	of the organization	-		Employer identification number
THE	ARC, PIKES	PEAK REGION		84-0530067
Ра	rt I Organiza	ations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	end of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4		at end of year		
5		-	advisors in writing that the assets held i	n donor advised
-	-		organization's exclusive legal control?	
6	•		and donor advisors in writing that grant fur	
	-	-	fit of the donor or donor advisor, or for ar	
			· · · · · · · · · · · · · · · · · · ·	
Ра		ation Easements.		
	Complet	e if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of cor	nservation easements held by the	organization (check all that apply).	
	Preservatio	on of land for public use (for example	, recreation or education) Preservation of	of a historically important land area
	Protection	of natural habitat	Preservation of	of a certified historic structure
	Preservatio	on of open space		
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conservation contribution in	the form of a conservation
	easement on the	last day of the tax year.		Held at the End of the Tax Year
а	Total number of c	conservation easements		2a
b			s	2b
с	-	-	historic structure included in (a)	2c
d			acquired after 7/25/06, and not on a	
				2d
3		-	nsferred, released, extinguished, or termir	nated by the organization during the
	tax year 🕨		-	
4	Number of states	where property subject to conse	rvation easement is located ►	
5	Does the organized	zation have a written policy reg	parding the periodic monitoring, inspection	on, handling of
	violations, and en	forcement of the conservation ea	sements it holds?	Yes No
6			ecting, handling of violations, and enforcing o	
	▶			
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
	►\$			
8	Does each consei	rvation easement reported on line 2	2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h	n)(4)(B)(ii)?		Yes 🛄 No
9			conservation easements in its revenue and	
	balance sheet, ar	nd include, if applicable, the text of	of the footnote to the organization's financia	al statements that describes the
		counting for conservation easeme		
Ра			of Art, Historical Treasures, or Other	Similar Assets.
	Complet	e if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organizatio	n elected, as permitted under FA	SB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical	treasures, or other similar asse	ts held for public exhibition, education, to its financial statements that describes the	or research in furtherance of public
b			ASB ASC 958, to report in its revenue sta	
b			Id for public exhibition, education, or rese	
	provide the follow	ving amounts relating to these iter	ns:	
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		▶\$
2			rt, historical treasures, or other similar a	
	•		ASB ASC 958 relating to these items:	_ ``
а	Revenue included	d on Form 990, Part VIII, line 1		
b	Assets included in	n Form 990, Part X	<u> </u>	· · · · · · · ► \$
For F	Paperwork Reductio	n Act Notice, see the Instructions for	[.] Form 990.	Schedule D (Form 990) 2020

THE ADC DIKES DEAK DECTON

		ARC, PIKES PI	EAK REGI	ON			84-05	30067	
	dule D (Form 990) 2020								Page 2
Pa	rt III Organizations Maintaini	-	-		-			•	,
3	Using the organization's acquisition		other record	ls, check	any of the	e follow	ing that make sig	gnificant u	se of its
	collection items (check all that app	ly):							
а	Public exhibition		d		r exchange	e prograr	n		
b	Scholarly research		е	Other _					
С	Preservation for future gene								
4	Provide a description of the organ	nization's collections	and explai	in how tl	hey further	the or	ganization's exem	pt purpose	e in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		ained as par	t of the o	rganizatior	n's collec	ction?	Yes	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	ation answered "Ye					-		
1a	Is the organization an agent, trus			-				_	
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the follo	owing tab	le:				
							Amou	nt	
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation	has been p	rovided	on Part XIII		<u> </u>
Pa	rt V Endowment Funds.					4.0			
	Complete if the organiza								
		(a) Current year	(b) Prior		(c) Two yea		(d) Three years back		/ears back
1a	Beginning of year balance	2,018,523.	1,796	,914.	2,043	,087.	1,890,483	. 1,8	41,623
b	Contributions								
С	Net investment earnings, gains,	145 000	0.5.0	- 10	1.0.0	0.0.1	100 005		
	and losses	147,232.	258	,348.	-189	,831.	196,605	•	78,786
d	Grants or scholarships								
е	Other expenditures for facilities		2.0	 	5.0	240	44 001		00 000
	and programs	67,547.	36	,739.	56	,342.	44,001	•	29,926
f	Administrative expenses	0 000 000	0.010	500	1 700	014	0 042 007	1 0	00 402
g	End of year balance	2,098,208.		,523.	1,796		2,043,087	. 1,8	90,483
2	Provide the estimated percentage	of the current year	end balance	(line 1g,	column (a))	held as	:		
a	Board designated or quasi-endown		_%						
b	Permanent endowment 46.0								
С	· · · · · · · · · · · · · · · · · · ·	_%	1000/						
2-	The percentages on lines 2a, 2b, a			ion that	ara hald an	ما م ما مم ا	interned for the		
3a	Are there endowment funds not in	the possession of th	ie organizai	ion that a	are neid an	ia admir	instered for the	V	es No
	organization by:								X X
	(i) Unrelated organizations								X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the relate								
	Describe in Part XIII the intended u	•						50	
4 Da	It VI Land, Buildings, and Equ			/ment lun	us.				
Га	Complete if the organiza	ation answered "Ye	es" on Forr	n 990, F	Part IV, line	e 11a. S	See Form 990, F	Part X, line	÷10.
	Description of property	(a) Cost or	other basis	(b) Cost o	r other basis	(c) Acc	cumulated	(d) Book valu	
1.0	Land	(inves	ument)		her) 03,650.	depr	eciation	1 0	3,650.
-	Land				19,926.	2	38,644.		1,282.
b	Buildings			0	±,,,,20.			01	-,202.
c c	Leasehold improvements			1	14,282.	1	00,695.	1	3,587.
d	Equipment				50,359.		,		0,359.
	Other I. Add lines 1a through 1e. <i>(Column</i>		n 990. Part 3))c.)	►		8,878.
			,	,	, ,,	- /		, –	

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (moluding name of security) (b) Book value (c) Method of valuation: Cost of end-of-year market value 2) Closely held equity interests	Schedule D (F	orm 990) 2020 Investments - Other Securities.			Page 3
Cost or end-of-year market value 19 Francial derivatives			d "Yes" on Form 99	0, Part IV, line 11b. See Form 990, F	Part X, line 12.
(2) Closely hold equity interests		 (a) Description of security or category (including name of security) 	(b) Book value		
(3) Other	(1) Financia	al derivatives			
(A)	(2) Closely	held equity interests			
(B) (C) (C) (C) (E) (C) (E) (C) (E) (C) (F) (C) (G) (C) (a) Description of Investment (b) Book value (a) (C) (b) (C) (c) (C) (d) (C) (f) (C)					
(C) (D) (D) (E) (D) (D) (F) (D) (D) (A) (D) (D) (G) (D) (D)	-				
(D) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G)					
(E) (F) (F) (G) (G) (G) (H) (H) (Part I/U) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (a) Description of investment (b) Book value (c) (I) (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Description (c) Description (c) Description (1) Extension (c) Description (c) Description (c) Description (a) (c) (c) (c) (c) Description (c) Description (b) (c) (c) (c) (c) (c) (c) Description (a)					
(F) (G) (G) (G) (H) (G) (G)					
(G) (H) Column (b) must equal Form 900. Part X, col. (B) line 12.)					
(H) Image: Column (b) must equal Parm 930, Part X, col. (B) line 12.). Image: Column (b) must equal Parm 930, Part X, col. (B) line 12.). (a) Description of investment (b) Book value (c) Mentod of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Mentod of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Mentod of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Description (3) (b) Cost or end-of-year market value (c) Description (c) Description (4) (c) (c) Description (c) Description (c) Description (6) (c) Description (c) Description (c) Description (c) Description (1) BENEFICIAL INT IN PERP. TRUST (c) Description (c) Description (c) Description (c) Description (1) BENEFICIAL INT IN PERP. TRUST (c) Description (c) Description of tiability (c) Descr					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Image: Column (b) must equal Form 990, Part X, col. (B) line 15.) Part VI Investments - Program Related. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-yea					
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► Part IX (b) Description (c) Part X, col. (B) line 13.) . ► Part X (b) Description (c) Part X, col. (C) line 13.) . ► Part X (c) Description (c) Part X, col. (C) line 15.) ► (c) Description (c) Part X, col. (C) line 15.) ► Part X (c) Description (c) Part X, col. (C) line 15.) ► (c) Description (c) Part X, col. (C) line 15.) ► (c) Description (c) Part X, col. (C) line 15.) ► (c) Description (c) Part X, col. (C) line 15.) ► (c) Description (c) Part X, col. (C) line 15.)		(h) must equal Form 000, Part X, col. (B) line 12.)			
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(2) (3) (4) (3) (3) (4) (4) (5) (7) (5) (7) (7) (8) (7) (7) (9) (7) (7) (9) (7) (7) (9) (7) (7) (9) (7) (8) (9) (7) (9) (10) BENEFICIAL INT IN PERP. TRUST (9) Book value (10) ENEFICIAL INT IN PERP. TRUST (9) Book value (10) (9) (9) (9) (10) (9) (9) (9) (9) (10) (9) (9) (9) (9) (10) (9) (9) (9) (9) (11) (9) (9) (9) (9) (12) (9) (9) (9) (9) (14) (9) (9) (9) (9) (15) (9) (9) (9) (9) (16) (9) (9) (9) (9) (17)		(a) Description of investment	(b) Book value		
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(4) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (c) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (f) Image: Constraintof the organization answered "Yes" on Form 990, Part IV					
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(1) BENEFICIAL INT IN PERP. TRUST 965,528 (2) (3) (4) (4) (5) (6) (7) (6) (8) 965,528 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9)		Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990, F	Part X, line 15.
(2)		.,,	escription		
(3) (4) (5) (4) (7) (7) (6) (7) (7) (7) (7) (7) (8) (7) (7) (9) 965,528 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 900, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (1) (8) (2) (2)	(1) BENER	ICIAL INT IN PERP. TRUST			965,528.
(4)					
(5) (6) (7) (7) (8) (7) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 965,528 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 90, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (1)					
(6)					
(7)					
(8) 9 (9) 965,528 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(9) 965,528 Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 965,528 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) (b) Book value (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c)					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (a) (b) Book value (3) (b) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (c)		umn (b) must equal Form 990 Part X col (B)	line 15)	►	965.528
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (a) (2) (b) (c) (3) (c) (c) (4) (c) (c) (5) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c)				· · · · · · · · · · · · · · · · · · ·	,
line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,
(1) Federal income taxes (1) (2) (2) (3) (3) (4) (4) (5) (6) (7) (7) (8) (9)				, , , , , , , , , , , , , , , , , , ,	, ,
(2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9)	1.	(a) Descrip	otion of liability		(b) Book value
(3) (4) (4) (5) (5) (6) (7) (7) (8) (9)	(1) Feder	al income taxes			
(3) (4) (4) (5) (5) (6) (7) (7) (8) (9)	(2)				
(4) (4) (5) (5) (6) (7) (7) (8) (9) (9)					
(6) (7) (8) (9)	(4)				
(7) (8) (9) (9)	(5)				
(8) (9)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					

 2. Lability for uncertain tax positions. In Part Xin, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

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 PAGE 2

Schedu	le D (Form 990) 2020				Page 4
Part				า.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line	e 12a.		0.062.025
1	Total revenue, gains, and other support per audited financial statements			1	2,063,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a	78,173.		
b	Donated services and use of facilities	2b			
С		2c			
d	Other (Describe in Part XIII.)	2d	52,972.		
е	Add lines 2a through 2d			2e	131,145.
3	Subtract line 2e from line 1	•••		3	1,931,890.
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	11,024.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	11,024.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .			5	1,942,914.
Part				rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line	e 12a.		
1	Total expenses and losses per audited financial statements			1	1,255,976.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses.	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,255,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a	11,024.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	11,024.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	1,267,000.
	XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE PROGRAMMING

AND FUND CAPITAL IMPROVEMENTS.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2A

OTHER ADJUSTMENTS - CHANGE IN FAIR MARKET VALUE OF BENEFICIAL INTEREST IN

PERPETUAL TRUST \$52,972.

SCH	EDULE J	Comper	sation Information		OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଜ	20	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	<u>4</u> 0	ZU)
	nent of the Treasury		Attach to Form 990. 990 for instructions and the latest information		Open to		
	Revenue Service of the organization		990 for instructions and the latest information	Employer identification		ectio r	n
	0	S PEAK REGION		84-053006			
Part	-	s Regarding Compensation					
		5 5 1				Yes	No
1a			ovided any of the following to or for a pers provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso	•			
		mnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
b	If any of the or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," con	egarding paymen plete Part III to			
					1b		
2	0		to reimbursing or allowing expenses	•			
		-	D/Executive Director, regarding the items				
-					2		
3	organization's	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ods used by a			
	Comper	sation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а			ayment?		4a		X
b	-		tal nonqualified retirement plan?		4b		X
С			sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each in	em in Part III.			
	Only section	$F(A_{1},A_{2}) = F(A_{1},A_{2}) = F(A_$					
F	-		rganizations must complete lines 5-9.				
5		n contingent on the revenues of:	ion A, line 1a, did the organization pa	ay of accrue any			
а	-				5a		X
b		-			5b		X
Ē		e 5a or 5b, describe in Part III.					
6	compensation	n contingent on the net earnings of:	ion A, line 1a, did the organization pa				
а					6a		X
b	-	-			6b		X
		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				x
0			escribe in Part III paid or accrued pursuant to a contract th		7		
8			Regulations section 53.4958-4(a)(3)?				
		-	regulations section 55.4956-4(a)(5)?		8		x
9			low the rebuttable presumption proced				
-					9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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 o	f W-2 and/or 1099-MI	SC 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)	151,133.	3,433.	0.	3,019.	9,099.	166,684.	
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)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

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.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



84-0530067

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 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: 90%

GENERAL & ADMIN: 7%

FUNDRAISING: 4%

FORM 990 PART XI LINE 9 OTHER CHANGES IN NET ASSETS: CHANGE IN FAIR MARKET VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST: \$52,972.

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		33,520.	30,662.
EDUCATION & RESEARCH- SEE SCHEDULE O		36,320.	

Schedule O (Form 990 or 990-EZ) 2020			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		69,840.	30,662.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

2020 Open to Public Inspection Employer identification number

84-0530067

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

THE ARC, PIKES PEAK REGION

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

12 N MEADE AVE COLORADO SPRINGS, CO 8 (2) (3) (4) (5) (5) (5)	(a) nd EIN (if applicable) of disregarded entity	(b) Primary activity	(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					
	COLORADO SPRINGS, CO 80909	SEE PART VII	CO	15,861.	137,058.	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	Section 5 contr ent	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) 2020

JSA

Schedule R (Form 990) 2020

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
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
_(1)												
(2)												
_(3)												
(4)												
(5)												
(6)												
(7)												
(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? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

THE	ARC,	PIKES	PEAK	REGION
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Schedule R (Form 990) 2020

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.		
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
	ing the tax year, did the organization engage in any of the following transactions with one or more				
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				
b Gif	a, grant, or capital contribution to related organization(s)			1b	
c Gif	a, grant, or capital contribution from related organization(s)				
d Loa	ans or loan guarantees to or for related organization(s)			1d	
e Loa	ans or loan guarantees by related organization(s)			1e	
f Div	idends from related organization(s)			1f	
	e of assets to related organization(s)				
	chase of assets from related organization(s)				
	hange of assets with related organization(s).				
	ase of facilities, equipment, or other assets to related organization(s)				
k Lea	ase of facilities, equipment, or other assets from related organization(s)			1k	
I Per	formance of services or membership or fundraising solicitations for related organization(s)			11	
m Per	formance of services or membership or fundraising solicitations by related organization(s).			1m	
n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	
	aring of paid employees with related organization(s)				
p Rei	mbursement paid to related organization(s) for expenses.			1p	
	mbursement paid by related organization(s) for expenses				
•					
r Oth	er transfer of cash or property to related organization(s)			1r	
s Oth	er transfer of cash or property from related organization(s)			1s	
2 If th	he answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thresholds	S.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of deter amount invol	0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
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84-0530067

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Schedule R (Form 990) 2020

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.

(a) Name, address, and EIN of entity		(a) (b) Erimary activity L (s) (s)		(c) (d) Legal domicile (state or foreign country) (d) Predominant 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?		of Schedule K-1 (Form 1065)	partner?		ownership	
				sections 512 - 514)	Yes	No			Yes	No		Yes	No		
(1)		_													
(2)		_													
(3)		_													
(4)		_													
(5)		_													
(6)		_													
(7)		_													
(8)		_													
(9)		_													
10)		_													
11)		_													
12)		_													
13)		_													
14)		_													
15)		_													
16)															

Schedule R (Form 990) 2020

JSA

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Schedule R (Form 990) 2020

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