Form **990**

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

20**18** Open to Public

OMB No. 1545-0047

Inspection

A F	or the	e 2018 calendar year, or tax year beginning , 2018, a	and ending		, 20	hopection
		C Name of organization		D Employer iden	tification numb	er
В с	heck if ap	THE ARC, PIKES PEAK REGION		84-0530	067	
	Addre chang					
	1		Room/suite	E Telephone num	ıber	
	Initial	return 12 NORTH MEADE AVE		(719) 471	-4800	
	Final termin	City or town, state or province, country, and ZIP or foreign postal code				
	Amen	ded COLORADO SPRINGS, CO 80909		G Gross receipts	\$	670,657
	Applic	ation F Name and address of principal officer: WILFRED ROMERO		H(a) Is this a group subordinates?		Yes X N
		[°] 12 NORTH MEADE AVE, COLORADO SPRINGS, CO 809	09	H(b) Are all subordin		Yes N
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527	If "No," atta	ich a list. (see instr	ructions)
J	Websi	te: > THEARCPPR.ORG		H(c) Group exempt	tion number 🕨	
к	Form o	of organization: X Corporation Trust Association Other ►	L Year of fo	rmation: 1955 M S	tate of legal dor	micile: CC
Pa	art I	Summary	•	·		
	1	Briefly describe the organization's mission or most significant activities: ENSURE	THE RIGH	HTS AND PARTI	CIPATION	I OF
e		PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABI				
Activities & Governance						
verr	2	Check this box	d of more than	25% of its net assets	-	
Go	3	Number of voting members of the governing body (Part VI, line 1a)			3	16.
\$ \$		Number of independent voting members of the governing body (Part VI, line 1b)			4	15.
ties		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	16.
tivi		Total number of volunteers (estimate if necessary)			6	50.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
		Net unrelated business taxable income from Form 990-T, line 38		F	7b	
				Prior Year	Curr	rent Year
e	8	Contributions and grants (Part VIII, line 1h)	[1,410,772	2. 1,	457,350.
nue		Program service revenue (Part VIII, line 2g)		65,445	5.	71,219
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d).	160,171	L.	30,973	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	[9,17		15,760
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	[1,645,565	5. 1,	575,302.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	[0.	0
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		838,284	1.	913,959
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	[0.	0
xpe		Total fundraising expenses (Part IX, column (D), line 25) ▶104,815.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		459 , 769		512,492
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[1,298,053	3. 1,	426,451.
		Revenue less expenses. Subtract line 18 from line 12		347 , 512	2.	148,851
Net Assets or Fund Balances			В	eginning of Current Ye		of Year
sets alan	20	Total assets (Part X, line 16)		4,311,659		778,373.
t As Id B	21	Total liabilities (Part X, line 26)		507,309		997,006
		Net assets or fund balances. Subtract line 21 from line 20		3,804,350). 3,	781,367.
Ра	rt II	Signature Block				
		nalties of perjury, I declare that I have examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer) is based on all information of which			my knowledge	and belief, it i
	, conc			, <u>,</u>		
Cia					6/2019	
Sig Her		Signature of officer		Date		
пе	e		VE DIRECT	FOR		
		Type or print name and title				
Paid		Print/Type preparer's name Preparer's signature	Date		if PTIN	
	barer	DOREEN B MERZ	10/10/2			41439
	Only	Firm's name ►STOCKMAN KAST RYAN & CO, LLP		Firm's EIN ► 84		
	-	Firm's address ▶102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 8090		Phone no. 7	19-630-11	186
May	/ the	IRS discuss this return with the preparer shown above? (see instructions) .		<u></u>		
For	Papei	work Reduction Act Notice, see the separate instructions.			Form	n 990 (2018
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	THE ARC, PIKES PEAK REGION	84-0530067
-	m 990 (2018)	Page
P	art III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	
'	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 lis 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	y program
4	services?	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gr the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$482,730. including grants of \$) (Revenue ADVOCACY: TO ADVOCATE FOR ADULTS AND CHILDREN WITH INTELLECTUAL	\$)
	ADVOCACY: TO ADVOCATE FOR ADULTS AND CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN SCHOOLS, COURTS AND ANY	
	COMMUNITY SETTING	
4b	GUARDIANSHIP: TO PROVIDE COURT ORDERED GUARDIANSHIP SERVICES TO	\$)
	ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	
4c	(Code:) (Expenses \$ 193,405. including grants of \$) (Revenue	\$ 37,164.)
	PUBLIC RELATIONS/SOCIAL EVENTS: TO PROVIDE LIFE ENRICHING	·,
	ASSISTANCE AND OPPORTUNITY TO ADULTS AND CHILDREN WITH	
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	
4d	Other program services (Describe in Schedule O.)ATTACHMENT 1(Expenses \$ 46,955. including grants of \$) (Revenue \$ 31,745.)
4e	(Expenses \$ 46,955. Including grants of \$)(Revenue \$ 31,745. Total program service expenses ▶ 1,173,946.	1

Part	V Checklist of Required Schedules			
			Yes	
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	-
	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		ļ
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		ļ
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		+
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		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
I	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		
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		
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	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		
	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		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	11		
,	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
•	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
,		10		
۰.	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
1.000		Form	990	1

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

Checklist of Required Schedules (continued)

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	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			
2 7u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Λ
	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			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
				Х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30		20		Х
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Δ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		* 7
38		20	х	
Dont	19? Note. All Form 990 filers are required to complete Schedule O.	38	21	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.	•••		•
-			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	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			

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Part IV

reportable gaming (gambling) winnings to prize winners?

Yes No Form 990 (2018)

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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 16						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?						
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	_		37			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X			
	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).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	Х				
	and services provided to the payor?	7a 7b	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х			
	required to file Form 8282?	70		21			
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g					
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h					
	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			
	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:						
а	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.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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.						
	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	140		X			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	140					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.	13					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
10	If "Yes," complete Form 4720, Schedule O.						
	, ,,						

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management		I	1
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16 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 in Schedule O.			
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	x	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
b	with a taxable entity during the year?	Tou		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00	I	I
17 ₄∘	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{CO_r}{c}$.	(8	tion 5	01/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	(560		01(C
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	/, and

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

 Check if Schedule O contains a response or note to any line in this Part VII
 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos heck ss pe	erson	e than c is both or/trust employee	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
(1)WILFRED ROMERO	40.00									
EXECUTIVE DIRECTOR	0.	Х		Х				142,497.	Ο.	11,820.
(2)WADE HARRIS	1.00									
PRESIDENT	0.	Х		Х				0.	Ο.	0.
(3)LORI THOM	1.00									
VICE-PRESIDENT	0.	Х		Х				0.	Ο.	0.
(4)MITCHELL ROUTON	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(5)LINDA GOLDEN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)CYNTHIA MARGIOTTA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)BLAKE WILSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)CHERYL POTMAN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)JOY BLACKBURN	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)ETHAN RECTOR	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) ^{ARTHUR} WIRTH	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)YOLANDA GARCIA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)JON EDDY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) JORDEN SMITH	1.00							_	_	-
DIRECTOR	0.	Х						0.	0.	0.

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_	00 (2018)						<u> </u>						Page 8
Part			ey Enr	plo			and H	lig			yees (co		
	(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/truste					an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from ed	(F) Estimated amount of other compensatio	ated nt of er
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from f organiz and rel organiza	the ation ated
	AREN HAZELHURST	1.00									0		
	DIRECTRO JONATHAN MONTEZ	0.	X						0.		0.		0.
	DIRECTOR	0.	X						0.		0.		0.
			-										
			-										
			-										
	ub-total							►	142,497.		0.	11	,820.
	otal from continuation sheets to Part VII, S otal (add lines 1b and 1c)	-			•••	•••	•••		0. 142,497.		0.	11	0.
2 To	otal number of individuals (including but not portable compensation from the organization	limited to t	hose					o re		\$100,000	of		
	id the organization list any former offic nployee on line 1a? <i>If "Yes," complete Sched</i> i											Ye 3	es No
01	or any individual listed on line 1a, is the s ganization and related organizations grading dividual	eater than	\$15	50,0	00?	lf	"Yes	s," (complete Schedu	le J for	such	4 ×	
5 D	id any person listed on line 1a receive or r services rendered to the organization? <i>If "</i> Ye	accrue co	mpen	sati	on f	from	ו any	un	related organization	on or indiv	idual	5	X
Secti	on B. Independent Contractors												
CC	omplete this table for your five highest com ompensation from the organization. Report c ear.												
	(A) Name and business add	lress							(B) Description of se	ervices	Co	(C) ompensatio	on
2 To	otal number of independent contractors (ir	ncluding bu	ut not	t lin	nited	d to	thos	e li	sted above) who	received			
m	ore than \$100,000 in compensation from th	e organizat	tion 🕨	•		0							

Par	rt VII						
		Check if Schedule O contains a res	ponse or note to an	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	a 2,764.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	4,416.				
	с	Fundraising events	:				
	d	Related organizations	k				
	е	Government grants (contributions)	•				
er (f	All other contributions, gifts, grants,					
Oth		and similar amounts not included above 11	1,450,170.				
	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		1,457,350.			
Program Service Revenue			Business Code				
ver	2a	SOCIAL EVENTS	624100	37,164.	37,164.		
Å	b	COUNSELING FEES	624100	2,310.	2,310.		
vice	c	ARC, LLC FEE	523920	31,745.	31,745.		
Ser	d						
E	e						
ogra	f	All other program service revenue					
Pre	g	Total. Add lines 2a-2f		71,219.			
	3	Investment income (including divi	dends, interest,				
		and other similar amounts)		33,820.			33,820.
	4	Income from investment of tax-exempt be	ond proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents	59.				
	b	Less: rental expenses	0.				
	с	Rental income or (loss) 4, 5	59.				
	d	· · /	<u></u> ►	4,569.			4,569.
	7a	Gross amount from sales of (i) Securities	; (ii) Other				
		assets other than inventory 98,20	02.				
	b	Less: cost or other basis					
		and sales expenses 95,35					
	c	Gain or (loss)	17.				
	d	Net gain or (loss)	· · · · · · · · •	-2,847.			-2,847.
an	8a	Gross income from fundraising					
ven		events (not including \$					
Re		of contributions reported on line 1c).					
Other Revenue		See Part IV, line 18					
ð	b	Less: direct expenses		0.			
	c	Net income or (loss) from fundraising eve		0.			
	9a	Gross income from gaming activities.	a 0.				
	L .	See Part IV, line 19	a				
	b c	Net income or (loss) from gaming activiti		0.			
	10a	Gross sales of inventory, less					
	IUa	returns and allowances	a 1,656.				
	b	Less: cost of goods sold					
	c b	Net income or (loss) from sales of inventory	·	1,656.			1,656.
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	453310	9,535.			9,535.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		9,535.			
	12	Total revenue. See instructions		1,575,302.	71,219.		46,733.
ISA							Form 990 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 154,317. 143,894. 5,906. 4,517. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 17,461. 596,500. 556,211. 22,828 7 Other salaries and wages 8 Pension plan accruals and contributions (include 11,311 10,547. 433 331. section 401(k) and 403(b) employer contributions) 2,806. 95,863 89,388 3,669 9 Other employee benefits 2,142. 55,968. 52,188. 1,638. 10 11 Fees for services (non-employees): 0 a Management 432. 174. 56 202. **b** Legal 10,750. 4,324. 1,388. 5,038. c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17 1,492 5,416. 11,557. 4,649 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 77,615 31,221. 10,019 36,375. (A) amount, list line 11g expenses on Schedule O.). 16,713. 3,100 9,288 4,325. 12 Advertising and promotion 0. 0. 14 Information technology..... 0. 15 Royalties 0. Occupancy 16 72,047. 32,314. 39,733. 17 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0. Conferences, conventions, and meetings 19 27,988. 26,155. 1,007. 826. 20 Interest 0 21 Payments to affiliates 45,446. 39,143. 5,093 1,210. Depreciation, depletion, and amortization 22 21,979. 19,811. 1,542. 626. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) SOCIAL EVENTS 56,843. 55,971. 750. 122. **b**BUILDING 20,925. 7,945. 10,375 2,605. cSUPPLIES, POSTAGE & PRINTING 57,159. 18,984. 17,702. 20,473. dMEMBERSHIP/OTHER 18,573. 7,673. 10,853. 47. 797. 70,254. 3, 414. 74,465. e All other expenses 1,426,451. 1,173,946. 147,690 104,815. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

0.

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following SOP 98-2 (ASC 958-720)

if

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Page 1	1
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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
Cash - non-interest-bearing	300.	1	600
Savings and temporary cash investments		2	461,109
Pledges and grants receivable, net		3	479,422
Accounts receivable, net	5,518.	4	33,223
Loans and other receivables from current and former officers, directors,			
trustees, key employees, and highest compensated employees.			
Complete Part II of Schedule L	0.	5	(
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0		C
		-	(
		-	(
		-	11,559
	10,000.	9	11,005
other basis. Complete Part VI of Schedule D 10a 2, 520, 703.	1 504 017	4.0	1,943,075
			1,031,678
			1,031,078
			(
			(
			817,707
			4,778,373
			216,478
			(
			(
			(
Escrow or custodial account liability. Complete Part IV of Schedule D			(
		21	
	0.	22	(
	164,711.		780,528
			. (
. , .	0.	25	С
	507,309.		997,006
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets	2,540,600.	27	2,484,238
Temporarily restricted net assets	345,618.	28	479 , 422
Permanently restricted net assets	918,132.	29	817 , 707
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
Capital stock or trust principal, or current funds		30	
Paid-in or capital surplus, or land, building, or equipment fund		31	
Retained earnings, endowment, accumulated income, or other funds		32	
Total net assets or fund balances	3,804,350.	33	3,781,367
Total liabilities and net assets/fund balances	4,311,659.	34	4,778,373
			Form 990 (
	Check if Schedule O contains a response or note to any line in this Proceed and the section of the sectis of the section of the section of the section of the sectis of t	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year Cash - non-interest-bearing 305,055. Savings and temporary cash investments 305,055. Pledges and grants receivable, net 343,618. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. Complete Part I of Schedule L 0. Loans and other receivables from other disgualified persons (as defined under section 4958(r(1)), persons described in section 4958(r(10)), outnary employees beneficiary organizations of section 501 (r(2)) voluntary employees beneficiary on the disgualified persons (as defined under section 4958(r(10)), early employees beneficiary on the disgualified persons (as defined under section 4958(r(1)), persons described in section 4958(r(10)), early employees beneficiary on the disgualified persons (as defined under section 4958(r(1)), voluntary employees beneficiary on the disgualified persons (as defined under section 4958(r(1)), voluntary employees beneficiary on the disgualified persons (as defined under section 4958(r(1)), voluntary employees beneficiary on the disgualified persons (as defined under section 4958(r(1)), voluntary employees and deferred charges 10, 538. Land, buildings, and equipment cost or other basis. Complete Part I of Schedule D 10, 2, 520, 769. 10, 538. Investments - other securities. See Part IV, line 11. 0. 1, 222, 481. 1, 222, 481. Investments - other securitie	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 3000.1 Savings and temporary cash investments 305,055.2 Pledges and grants receivable, net 345,618.3 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0.5 Complete Part I of Schedule L 0.7 Loans and other receivable, net 0.7 Loans and other receivables from other disqualitied persons (as defined under section 4358(r)(1)), persons described (1)(9) voluntary employees 0.5 Loans and other receivable, net 0.7 Investories for sale or use 0.7 Prepaid expenses and deferred charges 10,538.9 Lass: accumulated depreciation 100 5777,694 Investments - publicly traded securities 1,504,017.10c Investments - other securities. See Part IV, line 11 0.12 Investments - other securities. See Part IV, line 11 0.14 Other assets. Add lines 1 through 15 (must equal line 34) 4,311,659.16 Accounts payable and accrued expenses. 0.19 Deferred revenue 0.21 Tax-exempt bord liabilities 0.22 Easets.

Form 99	90 (2018)				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					Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,5	75,3	302.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	26,4	451.
3	Revenue less expenses. Subtract line 2 from line 1	3				351.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,8	04,3	350.
5	Net unrealized gains (losses) on investments	5		-1	11,4	448.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	60,3	386.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,7	81,3	367.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Χ
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversio	aht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?		.	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		he			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	0		3b		

SCHEDULE A (Form 990 or 990-EZ)

nt

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

		evenue Service	<u> </u>	Go to www.irs.gov	//Form990 for instructio	ons and t	he latest in	formation.	Inspection
		ne organization	PEAK REGIO	ON				Employer identif	
Ра					rganizations must c	omplet	e this par		
				•	is: (For lines 1 through			/	·
1			•		tion of churches desci		2	,	
2	\square				. (Attach Schedule E				
3					rganization described i	-			
4	\square				conjunction with a hos)(iii). Enter the
		hospital's nam	-	-	,				(,
5		-	-		a college or universit	y owned	d or oper	ated by a governme	ental unit described in
		•	•	complete Part II.)	0		•	, ,	
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organizatio	on that norma	ally receives a sub	stantial part of its su	pport fr	om a gov	ernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	d in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9		An agricultura	I research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the na	ame, city, and state o	f the college or
		university:							
10 11	X	receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 19	ore than 331/3 % of its unctions - subject to on nrelated business tax 1975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	xceptions ome (less Complete l	, and (2) no more tha section 511 tax) from Part III.)	n 331/3 % of its
12		•	•	•	•	-			carry out the purposes
		-	-	-		-			See section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiza	ation and complete li	nes 12e, 12f, and 12g.
а				-	, supervised, or contr			-	-
					regularly appoint or e	•		• • • • •	
			-	., .	e Part IV, Sections A		, ,		
b					ed or controlled in co		with its s	supported organizati	on(s), by having
		•••		•	rganization vested in				
					Sections A and C.		1		5 11
с			. ,	•	ng organization opera	ited in c	onnection	with, and functiona	llv integrated with.
					s). You must comple				,
d			•		porting organization o				ted organization(s)
			-		nization generally mus	-			
			-		mplete Part IV, Sect	-			
е				,	a written determinatio				II, Type III
			-		ionally integrated sup				
f	En								
g	Pro	ovide the follow	ving informatio	on about the suppo	orted organization(s).				
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)							[
(B)									
(C)									
(D)									
(E)									
 Tota	al .								
		work Peduction A	ct Notice can the	e Instructions for Form	990 or 990-E7			Cohodula A	(Form 990 or 990-EZ) 2018

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				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
_	tion B. Total Support		1	1		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	.					
Sec	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2018 (li		· ·			14	<u>%</u>
15	Public support percentage from 2017						<u>%</u>
16a	331/3% support test - 2018. If the org						
b	box and stop here . The organization q		• • • •	•			
D	331/3% support test - 2017. If the organization						
172	this box and stop here. The organization 10%-facts-and-circumstances test - 2	-		-			
ı <i>r</i> a	10% or more, and if the organization		-				
	Part VI how the organization meets t					-	
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
5	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organizati						
	supported organization						
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

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

 (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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,094,194.	1,256,886.	1,334,232.	1,410,772.	1,457,350.	6,553,434.
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	42,653.	49,374.	53,307.	65,445.	71,219.	281,998.
	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	1 126 047	1 206 260	1 207 520	1 476 017	1 500 500	0.
	Total. Add lines 1 through 5	1,136,847.	1,306,260.	1,387,539.	1,476,217.	1,528,569.	6,835,432.
1	Amounts included on lines 1, 2, and 3						
5	received from disqualified persons Amounts included on lines 2 and 3						0
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b						0
							6,835,432
C	tion B. Total Support						0,033,432
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
)		1,136,847.	1,306,260.	1,387,539.	1,476,217.	1,528,569.	6,835,432
	Gross income from interest, dividends,	_,,	_,,	_,,	_, _, _,,	_,,,	-,,
	payments received on securities loans,						
	rents, royalties, and income from similar sources	21,035.	32,419.	28,018.	26,567.	33,820.	141,859.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
с	Add lines 10a and 10b	21,035.	32,419.	28,018.	26,567.	33,820.	141,859.
	Net income from unrelated business	, *					
	activities not included in line 10b,						
	whether or not the business is regularly						0.
	carried on						
	Other income Do not include gain or	I					
2	Other income. Do not include gain or loss from the sale of capital assets						
	loss from the sale of capital assets	6,875.	3,374.	5,524.	4,940.	15,760.	36,473.
	° °	6,875.	3,374.	5,524.	4,940.	15,760.	36,473.
	loss from the sale of capital assets (Explain in Part VI.)	6,875.	3,374.	5,524.	4,940.	15,760.	
3	loss from the sale of capital assets (Explain in Part VI.)	1,164,757.	1,342,053.	1,421,081.	1,507,724.	1,578,149.	7,013,764.
3	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat	1,342,053. ion's first, secon	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1,578,149. ear as a section	7,013,764.
•	loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	1,164,757. or the organizat	1,342,053. ion's first, secon	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1,578,149. ear as a section	7,013,764
3 1 ec	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat	1,342,053. ion's first, secon	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1,578,149. ear as a section	7,013,764.
eC	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat cort Percentag	1,342,053. ion's first, secon ge ed by line 13, colun	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1,578,149. ear as a section	7,013,764 501(c)(3)
e e	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat cort Percentag column (f), divide dule A, Part III, line	1,342,053. ion's first, secon g e ed by line 13, colun e 15	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1,578,149. ear as a section	7,013,764. 501(c)(3) ▶ 97.46%
	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat cort Percentag column (f), divide dule A, Part III, lind t Income Perc	1,342,053. ion's first, secon 	1,421,081. d, third, fourth, 	1,507,724. or fifth tax ye	1,578,149. ear as a section	7,013,764. 501(c)(3) ▶ 97.46%
	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat coort Percentag column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f	1,342,053. ion's first, secon 	1,421,081. d, third, fourth, 	1,507,724. or fifth tax ye	1,578,149. ear as a section 	7,013,764. 501(c)(3) ▶ 97.46% 97.36%
e e e c	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat court Percentag column (f), divide dule A, Part III, lind t Income Perc ne 10c, column (f Schedule A, Part I	1,342,053. ion's first, secon 	1, 421, 081. d, third, fourth, 	1,507,724. or fifth tax ye	1,578,149. ear as a section 	7,013,764. 501(c)(3) ▶ 97.46% 97.36% 2.02% 1.99%
	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I ganization did no	1,342,053. ion's first, secon d by line 13, colun e 15 entage), divided by line 1 II, line 17 t check the box	1,421,081. d, third, fourth, 	1,507,724. or fifth tax ye	1,578,149. ear as a section . 15 . 16 . 17 . 18 . 18 . 1331/3 %,	7,013,764. 501(c)(3) ▶ 97.46% 97.36% 2.02% 1.99% and line
3 4 9 6 7 3 9 a	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat column (f), divide dule A, Part III, line t Income Perc ne 10c, column (f Schedule A, Part I ganization did no is box and stop	1,342,053. ion's first, secon d by line 13, colun e 15 entage), divided by line 1 II, line 17 t check the box here. The orga	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1, 578, 149. ear as a section 	7,013,764. 501(c)(3) $ \triangleright$ 97.46% 97.36% 2.02% 1.99% and line ization . \triangleright X
3 4 9 6 7 3 9 a	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat cort Percentag column (f), divide dule A, Part III, lind t Income Perc ne 10c, column (f Schedule A, Part I ganization did no is box and stop nization did not	1,342,053. ion's first, secon ion's fir	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1, 578, 149. ear as a section 	97.46% 97.36% 2.02% 1.99% and line ization.► X 3%, and
15 16 Sec 17 18 19 a	loss from the sale of capital assets (Explain in Part VI.)	1,164,757. or the organizat cort Percentag column (f), divide dule A, Part III, lind t Income Perc ne 10c, column (f) Schedule A, Part II ganization did not is box and stop inization did not this box and stop	1,342,053. ion's first, secon 	1,421,081. d, third, fourth,	1,507,724. or fifth tax ye	1, 578, 149. ear as a section 	7,013,764. 501(c)(3) ▶ 97.46% 97.36% 2.02% 1.99% and line ization $▶$ X 3%, and ization $▶$ \square

THEARC

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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	THE ARC, PIKES PEAK REGION 84-0530	067		
-	le A (Form 990 or 990-EZ) 2018			Page 5
Part	Supporting Organizations (continued)		1	
44	Here the organization accorded a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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.	_		
Centi		2		
Secti	on C. Type II Supporting Organizations		Vac	No
			res	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		
Secti	on D. All Type III Supporting Organizations	<u> </u>		L
<u></u>			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 maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a h	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inctru	ations	
U	The organization supported a governmental entity. Describe in Part vi now you supported a government entity (see	IIISUU		No
2	Activities Test. Answer (a) and (b) below.		100	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	<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		
L.				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have been engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	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.	3b		

Schedule A (Form 990 or 990-EZ) 2018	instian	-	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Dort \/ \ See
instructions. All other Type III non-functionally integrated supporting organization	-		,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat		Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish ex	vemnt nurnoses		Current real
2	Amounts paid to perform activity that directly furthers exer		ed	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
U	(provide details in Part VI). See instructions.	the organization is resp	UNSIVE	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10			(!!)	(!!!)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d				
e	Excess from 2018			

Part VI Supplemental 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

SCHEE	DULE D
(Form	990)

- 6 41-

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

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

Attach to Form 990.

Open to Public

2

OMB No. 1545-0047

8

		ne Treasury	Co to ununu in gov	► Attach to Form 99 Form990 for instructions		d the latest inform	ation		Inspect	
	al Revenue of the org			Formage for matrictions	s an	u the latest morn		loyer identifica		
	-		EAK REGION					84-05300		
			tions Maintaining Donor Advi	and Europa or Other	Cin	nilor Fundo or			07	
Par			if the organization answered				ACCO	unis.		
		Complete		(a) Donor advis			(b) Funds and	other accou	ints
4	Total n	imbor at a	ad of year	(4) 2 01101 4411						
			nd of year							
			f contributions to (during year)							
			f grants from (during year)							
			t end of year		-1 1		in dau			
5		-	on inform all donors and donor	-					Yes	No
		-	nization's property, subject to the	-		-			res	
6			on inform all grantees, donors, a							
			purposes and not for the benefit?						Yes	No
Par			issible private benefit?		• •			<u></u>	Tes	
Fai			if the organization answered	"Ves" on Form 990	Par	t IV line 7				
1			servation easements held by the							
•			n of land for public use (e.g., reci			Preservation of	of a hi	storically im	nortant lan	d area
			of natural habitat			Preservation		-	-	
			n of open space					intineu misto		6
2			through 2d if the organization he	ald a qualified conserva	ation	n contribution in	the fo	rm of a con	servation	
2	-		ast day of the tax year.		atioi				End of the	Tax Year
а			onservation easements				2a			
a b			ricted by conservation easements				2b			
c		-	vation easements on a certified				2c			
			vation easements included in (c				20			
u			sted in the National Register				2d			
3			vation easements modified, tran					w the organ	nization du	ring the
5		r 🕨			iyui	shed, or termin	ateu i	y the organ		ning the
4			where property subject to conse	rvation easement is loc	otod					
5			ation have a written policy reg					andling of		
•		-	orcement of the conservation eas					-	Yes	
6			hours devoted to monitoring, inspec							
•				ang, nananng or violation	io, a	and officienty cont	oorraa		, during the	your
7	Amount	t of expens	es incurred in monitoring, inspect	ting, handling of violatio	ns.	and enforcing co	onserv	ation easerr	ents during	the vear
-	▶\$,	g				, ,
8		ach conserv	/ation easement reported on line 2	2(d) above satisfy the re	auir	rements of section	on 170	(h)(4)(B)(i)		
)(4)(B)(ii)?		-				Yes	
9			be how the organization reports							
			d include, if applicable, the text o				•			he
	organiza	ation's acc	ounting for conservation easeme	nts.	-					
Par			tions Maintaining Collections				Simi	lar Assets		
		Complete	if the organization answered	"Yes" on Form 990,	Par	t IV, line 8.				
1a	If the o works o public s	rganization of art, hist service, pro	n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo	FAS 116 (ASC 958), n ar assets held for pub potnote to its financial s	ot t olic state	o report in its r exhibition, educ ements that desc	evenu cation, cribes	e statemen or researc these items	it and bala ch in furth	nce sheet erance of
	If the c works of	organizatior of art, hist	n elected, as permitted under S orical treasures, or other simila vide the following amounts relati	SFAS 116 (ASC 958), ar assets held for pub	to	report in its re	evenue	e statement	t and bala	nce sheet
	-	-	ded on Form 990, Part VIII, line 1	-				►\$		
			d in Form 990, Part X							
2	If the c	organizatio	n received or held works of a	t, historical treasures.	or	other similar a	assets	for financia	al gain. pr	ovide the
		-	required to be reported under S						J, P.	
		•	on Form 990, Part VIII, line 1.	· ,		•		⊳ \$		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
b	Assets included in Form 990, Part X				
u					

\$ ►

Schedule D (Form 990) 2018

THE ARC. PIKES PEAK REGION

		ARC, PIKES E	PEAK REGION			84-05300		
Schee	lule D (Form 990) 2018							Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or	Other Similar A	Assets (cont	inued)	
3	Using the organization's acquisition	on, accession, and	other records, chec	k any of the	e following that a	are a significa	ant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loan	or exchange	programs			
b	Scholarly research		e Other	-	1 0			
c	Preservation for future gene	rations						
4	Provide a description of the organ		s and explain how	they further	the organization	s exempt nu	irnose ir	n Part
-	XIII.			andy raranor	the organization	o oxompt pu	10000 11	i i ait
5	During the year, did the organization	on solicit or receive	donations of art hist	orical treasu	ires or other simil	or		
5	assets to be sold to raise funds rath						Yes	No
De			anieu as part or the	organization		<u> </u>	165	
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	luon answered Y	es on Form 990, i	Part IV, line	9, or reported a	n amount o	n Form	
	990, Part X, line 21.							
1a	Is the organization an agent, truste							
	included on Form 990, Part X?					••••	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following ta	ble:	-			
						Amount		
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance							
2a	Did the organization include an am				istodial account lia	ability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the explanation	n has been p	rovided on Part XII	1		X
	rt V Endowment Funds.		•					
	Complete if the organiza	ation answered "Y	es" on Form 990, I	Part IV, line	e 10.			
	· · ·	(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three y	ears back (e)	Four year	s back
4.0	Paginning of year balance	2,043,087.		1,841		4,070.	1,965	
	Beginning of year balance		, ,		, ,	-		
С	Net investment earnings, gains,	-189,831.	196,605.	78	,7867	9,677.	41	,963
	and losses	100,001.	1907000.	10	/ /001			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Grants or scholarships							
е	Other expenditures for facilities	FC 240	44 001		0.0.0	0 770	10	007
	and programs	56,342.	44,001.	29	,926. 4	2,770.	42	2,897
f	Administrative expenses	1 500 014	0.040.007	1 0 0 0	400 1.04		1 0 6 4	0.00
g	End of year balance	1,796,914.	2,043,087.	1,890	,483. 1,84	1,623.	1,964	,0/0
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a))	held as:			
а	Board designated or quasi-endown		0_%					
b	Permanent endowment 45.5							
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of t	he organization that	are held an	d administered for	the		
	organization by:					_	Yes	No
	(i) unrelated organizations						a(i) X	
	(ii) related organizations						a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as required on Sch	nedule R?		🤇	3b	
4	Describe in Part XIII the intended u	•	•			<u> </u>		
Ра	rt VI Land, Buildings, and Equ Complete if the organization	uipment.			a 11a See Form	990 Part X	(line 1)	
	Description of property			or other basis	(c) Accumulated		ook value	<u>.</u>
		(inve	stment) (o	other)	depreciation			
1a	Land			103,650.		ļ		650.
b	Buildings		1,	022,129.	479,587.		542 ,	542.
С	Leasehold improvements							
d	Equipment	[115,157.	80,022.		35,	135.
е	Other	[1,2	279,833.	18,085.	1	1,261,	748.
	I. Add lines 1a through 1e. (Column		m 990, Part X, colum	n (B), line 10)c.)►	1	1,943,	075.
						Schodulo I) /F a mma 0(001 2040

Schedule D (Form 990) 2018

	Form 990) 2018		Pagi
Part VII	Investments - Other Securities.	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financi	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		l "Ves" 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)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.		
		l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	· · ·	scription	(b) Book value
(1)	(-)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	(a) Description of liability	(b) Book valu	e
. ,	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

(9)

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Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	1,391,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	3 .	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	5.	
е	Add lines 2a through 2d	. 2e	-171,834.
3	Subtract line 2e from line 1	. 3	1,563,745.
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 11,55	7.	
b	Other (Describe in Part XIII.)	_	
с	Add lines 4a and 4b	. 4c	11,557.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,575,302.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	turn.	
1	Total expenses and losses per audited financial statements	. 1	1,414,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		1,414,894.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11, 55	7.	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	. 4c	11 , 557.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	_	1,426,451.
Part	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 XIII Supplemental Information (continued)

PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE FUTURE PROGRAMMING AND FUND CAPITAL IMPROVEMENTS.

PART X LINE 2

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION.

PART XI, LINE 2D

OTHER ADJUSTMENTS:

CHANGE IN FAIR MARKET VALUE OF BENEFICIAL INT IN PERP TRUST: \$ (60,386)

SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 0MB No. 1545-00 Department of the Treasury Internal Revenue Serice Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 20 18 Department of the Treasury Internal Revenue Serice Mattach to Form 990. Part IV, line 23. Attach to Form 990. Departmention Name of the organization Employer identification number 84-0530067 The ARC, PIKES PEAK REGION Employer identification number 84-0530067 Part I Questions Regarding Compensation Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal use Payments for business use of personal use Payments for business use of personal use Payments of busines use of personal use Payments or business use of personal	
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	
Department of the Treasury Internal Revenue Service Corport of Public Publ	
Name of the organization Employer identification number THE ARC, PIKES PEAK REGION 84-0530067 Part1 Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form Yes 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	
THE ARC, PIKES PEAK REGION 84-0530067 Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Image: Companization and gross-up payments Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) Image: Companization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
Part 1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	No
 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a 	
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence B Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
 Travel for companions Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	
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or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 1b 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a 2	
explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a 2	
1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	
Compensation committee Written employment contract	
Independent compensation consultant Compensation survey or study Form 990 of other organizations X	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	
a Receive a severance payment or change-of-control payment?	Х
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Х
c Participate in, or receive payment from, an equity-based compensation arrangement?	Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	
compensation contingent on the revenues of:	
a The organization?	Х
b Any related organization?	Х
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	
compensation contingent on the net earnings of: 6a a The organization? 6a	Х
a The organization? 6a b Any related organization? 6b	X
If "Yes" on line 6a or 6b, describe in Part III.	
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 	Х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	
in Part III	Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)? 9	

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

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Detiromont and	(D) Nontovohlo	(E) Total of columns	(E) Componention
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior
				compensation				Form 990
WILFRED ROMERO	Ξ	142,497.	0.	.0	2,781.	9,039.	154,317.	
1EXECUTIVE DIRECTOR	€	0.	0.	.0				
	Ξ							
2	(ii)							
	Ξ							
ę	(ii)							
	Ξ							
4	ii)							
	Ξ							
5	(ii)							
	Ξ							
9	(ii)							
	Ξ							
7	(
	Ξ							
8	(ii)							
	Ξ							
6	(ii)							
	Ξ							
10	(ii)							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
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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.

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Schedule J (Form 990) 2018

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.



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

Employer identification number 84-0530067

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.

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

.ISA 8E1228 1.000 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 PT XI LINE 9 OTHER CHANGES IN NET ASSETS: CHANGE IN FAIR MARKET VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST: (\$60,386).

FORM 990 PART XII LINE 2C

JSA

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

CHARGE OF OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT ACCOUNTANT.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	5	ATTACHMENT 1	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
POOLED INCOME TRUST- SEE SCHEDULE O		4,413.	31,745.
EDUCATION & RESEARCH- SEE SCHEDULE O		42,542.	
TOTALS		46,955.	31,745.

SCHEDULE R (Form 990)		nizations a	Related Organizations and Unrelated Partnerships	Partnersh	ips ^{36. or 37.}		OMB No. 1545-0047
Donartmont of the Trees		 Attach 	► Attach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service		s.gov/Form990 for	Go to www.irs.gov/Form990 for instructions and the latest information.	ttest information.		Ľ	Inspection
THE ARC, PIKE	inzauon PIKES PEAK REGION					Employer lae 84-05	Employer Identification number 84-0530067
Part I Ider	Identification of Disregarded Entities. Complete if the	e organization a	the organization answered "Yes" on Form 990, Part IV, line 33	orm 990, Part I	V, line 33.	-	
	(a) Name, address, and 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, LL 12 N MEADE AVE	C COLORADO SPRING:	7-6861949 CO 80909	SEE PART VII	CO	28,707.	87,884.	SEE PART VII
(2)							
(3)							
(4)							
(5)							
(8)							
Part II one	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.	Complete if the tax year.	organization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	e it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)							Yes No
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Paperwork Re JSA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		-	-	-	Schedule	Schedule R (Form 990) 2018

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"Yes" on Foi
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Part V

Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Xe	Yes No
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d organizations listed	t in Parts II-IV?		
a	Received (1) interest (1) annuities (11) rovalies or (10) rent from a controlled entity	D		1a	
5 C				- - -	
2 (Consideration of computer sector of contraction of the manufactory of the sector of th	· · · ·	· · · · · ·		
ס נ	Ons, grans, or capital contribution from related organization(s)	· · · · · · · · · · · · · · · · · · ·		- - -	
	Loans or loan guarantees by related organization(s)			- - -	
)		· · · · · · · · · · · · · · · · · · ·		-	
ب	Dividends from related organization(s)	-		1f	
0				19	
ء د	Purchase of assets from related organization(s).			1 н	
	Exchange of assets with related organization(s).			1	
	Lease of facilities, equipment, or other assets to related organization(s).			1j	
¥	Lease of facilities, equipment, or other assets from related organization(s)	-		1k	
-	Performance of services or membership or fundraising solicitations for related organization(s)			1	
E	Performance of services or membership or fundraising solicitations by related organization(s).	-	-	- - -	
5	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- -	
0	Sharing of paid employees with related organization(s)	-	-	10	
ď	Reimbursement paid to related organization(s) for expenses				
σ	Reimbursement paid by related organization(s) for expenses				_
-	Other transfer of cash or property to related organization(s)				
s c	Other transfer of cash or property from related organization(s)	a including covere	d relations hins and transa	1s	
4					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	be be
Ē					
(2)					
(3)					
(4)					
(2)					
(9)					
ASL			Sch	Schedule R (Form 990) 2018	0) 2018
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Part VI	Unrelated Organizations Taxable as a Partnership.	axable as a Partne		Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	nization an	swered "Yes'	on Form 99	0, Part IV	, line 37.			
Provide the or gross r	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.	entity taxed as a pa janization. See instru	irtnership throug uctions regardin	ip through which the organization conducted more than regarding exclusion for certain investment partnerships.	ganization c certain inves	onducted mor tment partner	e than five pe ships.	rcent of its	s activities (meas	ured b	y total	assets
	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	I _	Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1	() General or managing partner?		(k) Percentage ownership
				from tax under sections 512-514)	Yes No			Yes No	-	Yes	0 N	
(1)												
(2)												
(3)												
(2)												
(4)												
(5)												
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THE ARC, PIKES PEAK REGION Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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Schedule R (Form 990) 2018

 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 CLIENTS OF THE

ARC, PIKES PEAK REGION

SCHEDULE R PART I COLUMN F

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