Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2018 Open to Public Inspection

<u>A</u> _	For the 2018 c	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Employe	er identification number
	Address change	Arc of Arapahoe & Douglas			
	Name change	Doing business as			272795
	·	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	
	Initial return Final return/	6538 S Racine Circle  City or town, state or province, country, and ZIP or foreign postal code		303-	220-9228
	terminated				
	Amended return	Centennial CO 80111	-	<b>G</b> Gross rec	eipts\$ 1,334,551
		F Name and address of principal officer:	H(a) Is this a gr	oun return for s	subordinates? Yes X No
Ш	Application pending	Carol Meredith	ri(a) is also a give	oup rotain for t	
		6538 S Racine Circle	H(b) Are all sub	oordinates inc	luded? Yes No
		Centennial CO 80111	If "No,	" attach a list.	(see instructions)
1	Tax-exempt status:	<b>X</b> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
J	Website:	ww.arc-ad.org	H(c) Group exe	emption numb	er <b>&gt;</b>
K	Form of organization:	X Corporation Trust Association Other ▶ L	Year of formation: 1		M State of legal domicile: CO
P	art I Su	ımmary			
		escribe the organization's mission or most significant activities:			
a	The	Arc provides individual and systems change advocac	v for per	SONS W	i +h
Š		lopmental disabilities.	¥7.7.7 <b>\$</b> .7.7.		
& Governance					
Ş	0.051.45				
ဖွ		is box   if the organization discontinued its operations or disposed of more than 2			
త	3 Number	of voting members of the governing body (Part VI, line 1a)		3	9
Activities	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	9
₹	5 Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	9
ट्		nber of volunteers (estimate if necessary)			31
•	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 38		7b	0
			Prior Ye		Current Year
~	8 Contribut	ions and grants (Part VIII, line 1h)	1,10	6,933	
ğ	9 Program			4,859	
Revenue		nt income (Dort VIII) askins (A) lines (A and 7d)		2,660	
8				5,768	
		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,14	0,220	1,334,551
		nd similar amounts paid (Part IX, column (A), lines 1–3)			0
		paid to or for members (Part IX, column (A), line 4)			0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	64	<u>6,571</u>	740,139
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
8		draising expenses (Part IX, column (D), line 25) ▶ 67 , 682			
ω	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	19	9,647	256,612
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,218	
		less expenses. Subtract line 18 from line 12		4,002	
2 8	i tovolide		Beginning of Cu		End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)		1,728	2,404,004
Ass	21 Total liah	llities (Part X, line 26)		3,886	
ž S	22 Net asse	is or fund balances. Subtract line 21 from line 20		7,842	
		gnature Block	2,03	7,042	2,333,023
		· · · · · · · · · · · · · · · · · · ·			
tra	nder penalties of p	perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer	ents, and to the b	est of my ki	nowledge and belief, it is
		Property Comments and Comments	nas any knowledg	<del>y</del> √.	
	_				
Sig	)''   [	gnature of officer		Date	
He			tive Di	recto	r
	T	ype or print name and title			
	Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN
Paid	d Ken Ro	th last	04/26	/19 self-er	
Pre	parer Firm's nar	Marsley Doth and Company		· · · ·	T
	Only	800 Grant St Ste 205		Firm's EIN	
	- 1	D GO 00003 0044			202_020_0100
	Firm's add		[ F	Phone no.	303-830-8109
way	rine IKS discus	s this return with the preparer shown above? (see Instructions)	<u></u> ,		X Yes No

Form	990 (2018)	Arc of Arapa	hoe & Douglas	23-7272795	Page <b>2</b>
	irt III	Statement of Prograi	n Service Accomplishments		
1		cribe the organization's mis			4
T	he Ar		lividual and system	ns change advocacy	for persons with
2	Did the org	ganization undertake any si	gnificant program services during the	year which were not listed on the	
	prior Form	990 or 990-EZ?			Yes X No
		escribe these new services			
3	·-	•	g, or make significant changes in hov	vit conducts, any program	
	services?				Yes X No
_		escribe these changes on S			
4				its three largest program services, as r	-
			c)(4) organizations are required to re y, for each program service reported	port the amount of grants and allocatio	ns to otners,
	ine iolai e	cpenses, and revenue, ir an	y, for each program service reported	•	
T C W i C T m e d	his yeshildrendividentidrendivi	ear in our income or adults we to our organization and adults ar we support ional programs lities (IDD) a	lividual advocacy points developmental unization. Addition On average, our owith disabilities and 531 people with on and counseling for people with and their family means.	and their family mondisabilities and we sponsored seventellectual and desembers this year.	e to assist 180 heir families who 2,045 with es advocacy for 300 embers per month. their family n different velopmental
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	* * * * * * * * * * * * * * * * * * * *	**************************			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				2	
		) (Expenses \$	including gran	nts of \$)(F	Revenue \$)
N	/ <u>A</u>				
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	* * * * * * * * * * * * * * * * * * * *				
4d	Other prog	ram services (Describe in S	Schedule O.)		
	(Expenses		including grants of \$	) (Revenue \$	,
4e		am service expenses	830,385	/ (	

#### **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 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 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 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 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a 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 X 11b 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 X 11c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <u>11e</u> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a 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 X 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 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ......

<b></b>	artive Checklist of Required Schedules (continued)			
20	Did the annual setting and the setting of 000 of grants as ather positions to set for democitie individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			ļ
	omployees? If "Vee " complete Schedule I	23		х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	Absorbed Advand complete Cobadule IV If the 7 go to time 250	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	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	**********	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			7.7
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	1		<del></del>
32	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>     </del>		
00	acations 201 7701 2 and 201 7701 22 If "Van " complete Schodule D. Dort I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	"		<del></del>
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
2022222	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	L
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		<del>(((((((((((((((((((((((((((((((((((((</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		Fo	m サザ(	(2018)

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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X За 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? X 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 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 X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а 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 12a 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 Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X If "Yes," complete Form 4720, Schedule O.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent 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? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section 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? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

6538 S Racine Circle

CO 80111

303-220-9228

Centennial

Arc of Arapahoe & Douglas

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 compe								npensated any current officer, director, or trustee.			
(A) Name and Title	(B) Average hours per week (list any hours for related	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)    Highest   Former   Former			s both r/truste	an ee)	(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	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(,		and related organizations	
(1)Terri Barnhart	2.00										
President	0.00	X		X				0	0	0	
(2)Lisa Noar	2.00										
Vice President	0.00	X		x				0	o	0	
(3) Erin Jones	2.00										
Treasurer	0.00	X		x				0	0	0	
(4) Lynn Meyer	0.00	1		A				0			
(4) 22 1111 120 4 0 2	2.00										
Secretary	0.00	X		x				0	0	0	
(5) Tom Francen	0.00										
Secretary	2.00 0.00	x		x				О	0	. 0	
(6) Catherine O'Brie	n Crum										
	1.00					Ιİ					
Member	0.00	X						0	0	0	
(7)Kian Phair											
Member	1.00	x						o	o	o	
(8) Michael Simms									·		
Member	1.00	x						o	o	o	
(9) Marc Malamud							-				
	1.00								1		
Member	0.00	X			ļ			0	0	0	
(10) Helene Schmidt											
Member	1.00	x						o	o	o	
(11) Karen Glenn											
Member	1.00	x						0	0	0	
						_		<del></del>	·	<u></u>	

1.00	Part VII Section A. Office	rs, Directors, Tru	ustee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	d Employees (continued)	
reparted to the proposed of t		Average hours per week (list any	of	x, uni	Pos check ess pe ind a c	sition more erson	ls both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
Mamber   1,00   X   0   0   0   C		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		( =	organization and related
Mamber											
Member			X							0	0
1.00   X	·		X	<u> </u>		ļ	<u> </u>		0	0	0
Member   0.00   X   0   0   0   0   0   0   0   0	(14) Candice Racl										
112,163   15,405	Member		x						o	o	0
Total mumber of independent Contractors   Section B. Independent Contractors   Secure    (15) Carol Mered:											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (B)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	Executive Director				x				112,163	0	15,409
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (B)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (B)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (B)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (B)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	· · · · · · · · · · · · · · · · · · ·		_	ļ							
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (B)  Name and business address  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who											
d Total (add lines 1b and 1c) ▶ 112,163								▶	112,163		15,409
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1    Yes								<b>&gt;</b>	112.163		15.409
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who	2 Total number of individuals	including but not	imite	d to	thos	e lis	ted a	bov			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	3 Did the organization list any	former officer, dir	ecto	r, or	trust	ee, l	key e	empl	oyee, or highest compensa	ated	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	organization and related org	anizations greater	thar	1 <b>\$</b> 15	50,00	0? /	f "Ye	s," c	complete Schedule J for su		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (C)  Compensation  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	5 Did any person listed on line	e 1a receive or acc	rue (	com	oens	atior	1 fron	n an	iy unrelated organization oi		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation				41							
2 Total number of independent contractors (including but not limited to those listed above) who	compensation from the orga	nization. Report c	ensa omp	ensa	ition	for t	he ca	elenc	dar year ending with or with	nin the organization's tax ye	
2 Total number of independent contractors (including but not limited to those listed above) who	Name a	nd business address						_	Descrip	(B) otion of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who								_			
2 Total number of independent contractors (including but not limited to those listed above) who											
2 Total number of independent contractors (including but not limited to those listed above) who  received more than \$100,000 of compensation from the exceptation.											
2 Total number of independent contractors (including but not limited to those listed above) who								-			
FORCEWOR THOSE \$1000 NOT COMPROPOSITION FOR AN ARABITATION \$	2 Total number of independen	t contractors (inclu	uding	but	not	limite	ed to	thos	se listed above) who	·	

Pa	πV	III Staten	nent of Reve if Schedule (	enue O cont	ains a	response (	or note to any line	in this Part VIII		
		Official	ii concade (	<u> </u>	uno u	Соролос	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated can	npaigns	1a						
Sra	b	Membership d	lues	1b		5,445				
Am, (	С	Fundraising ev	vents	1c						
Fig	d	Related organ	izations	1d						
is,	е	Government grants	(contributions)	1e						
S	f	All other contribution	ns, gifts, grants,							
the the		and similar amounts	not included above	1f	1,	188,084				
ES	g	Noncash contributio	ns included in lines 1a-	-1f: \$						
SE	h	Total. Add line	es 1a–1f				1,193,529			
e			•			Busn, Code				
le le	2a	Program	revenue			611710	3,726	3,726		
8	þ	·								
<u>i</u>	С									
Š	d									
É	e									
E G	f		am service reve							
됩	a		es 2a-2f				3,726			
$\neg$	3		come (including							
	_	and other simi	, -		,	<b>•</b>	21,808			21,808
	4		nvestment of tax	-exemp	t bond p	roceeds >	· · · · ·			,
	5		· · · · · · · · · · · · · · · · · · ·	•						-
- 1	•	rioyanaco	(i) Real	1		Personal				
	6a	Gross rents								
ì		Less: rental exps.		$\overline{}$						
		Rental inc. or (loss)		-						
			me or (loss)			•				
		Gross amount from				Other				
1		sales of assets	(i) Goodinado	_	(,					
	h	other than inventory Less; cost or other				_				
	U	basis & sales exps.								
	_	Gain or (loss)			-					
		• • •	ss)							
			om fundraising eve			1,,,,,,,				
e n	oa		on fundialising eve	31105						
Ven		(not including \$	reported on line 1c	···· [						
Re										
Other Revenue			18	a_						
ਰ		Less: direct ex		~∟	aanta					
			(loss) from fund		events .					
	уа		om gaming activitie							
	_		19							
i			cpenses		***					
			(loss) from gam	ııng actı F	vities					
	10a		f inventory, less	- 1						
-		returns and all								
			goods sold					1		
}	<u>C</u>		(loss) from sale	s of inv	ептогу	Busn. Code				
}			cellaneous Revenue			<del> </del>	114 400	114 400		
		Insurance				900099	· · · · · · · · · · · · · · · · · · ·			
	b	* * * * * * * * * * * * * * * * * * * *	eous income				989	989	-	
	C									<del> </del>
			nue				115 400			
			es 11a-11d				115,488		-	01 000
	12	Total revenue	<ol> <li>See instruction</li> </ol>	ns			1,334,551	119,214	1 0	21,808

#### 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 (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 7,851 trustees, and key employees ..... 112,163 95,339 8,973 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 37,720 Other salaries and wages ..... 538,860 458,031 43,109 Pension plan accruals and contributions (include 36,114 30,697 2,528 2,889 section 401(k) and 403(b) employer contributions) Other employee benefits ..... 49,944 42,452 3,496 3,996 214 3,058 2,600 Payroll taxes Fees for services (non-employees): Management 22,754 22,754 **b** Legal 7,640 7,640 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Q Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 344 4,918 4,574 12 Advertising and promotion 2,970 18,083 505 14,608 13 Office expenses Information technology ..... 15,052 14,027 1,025 14 Royalties 15 44,207 3,095 37,576 3,536 16 Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 22,114 14,248 5,828 2,038 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ..... 21 22,529 1,577 Depreciation, depletion, and amortization 19,150 1,802 22  $6, \overline{270}$ 7,377 517 590 Insurance 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.) 31,453 31,453 Community outreach/educ. 17,067 17,067 Staff development 12,960 907 12,053 Events 12,210 Grant expense 12,210 e All other expenses 18,248 18,030 218 996,751 98,684 67,682 830,385 Total functional expenses. Add lines 1 through 24e ... Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 286,932 158,997 Cash—non-interest bearing 1 Savings and temporary cash investments 373,050 676,425 2 Pledges and grants receivable, net 2,736 1,300 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8,185 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 993,282 111,172 918,639 10c 882,110 551,421 Investments—publicly traded securities 648,037 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 28,950 28,950 Other assets. See Part IV, line 11 15 15 2,161,728 2,404,004 Total assets. Add lines 1 through 15 (must equal line 34) ..... 63,886 10,179 Accounts payable and accrued expenses 17 17 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 63,886 10,179 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > X and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 2,072,385 2,364,382 27 Unrestricted net assets \_\_\_\_\_ 25,457 29,443 28 Temporarily restricted net assets Permanently restricted net assets ..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 2,097,842 2,393,825 Total net assets or fund balances 2,161,728 2,404,004 Total liabilities and net assets/fund balances .....

Form **990** (2018)

Form **990** (2018)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits......

**SCHEDULE A** (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

**Employer identification number** 

			Are or Arapa	moe & Douglas			23-121	2195	
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.	
The	orga	nization is not	a private foundation becaus	se it is: (For lines 1 through 12,	check onl	y one box	.)		
1		A church, co	nvention of churches, or ass	sociation of churches described	in section	n 170(b)(	I)(A)(i).		
2		A school des	scribed in section 170(b)(1)	( <b>A)(ii).</b> (Attach Schedule E (Forr	n 990 or 9	990-EZ).)			
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(	iii).		
4		A medical re	search organization operate	d in conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,	
		city, and stat	te:						
5		An organizat	ion operated for the benefit	of a college or university owned	or operat	ed by a g	overnmental unit described in		
		section 170	(b)(1)(A)(iv). (Complete Part	t II.)					
6		A federal, sta	ate, or local government or g	governmental unit described in s	section 17	70(b)(1)(A	.)(v).		
7	X	-	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II.)	om a gov	ernmenta	unit or from the general public		
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10		An organizat receipts from support from	n activities related to its exen gross investment income a	1) more than 33 1/3% of its sup npt functions—subject to certain nd unrelated business taxable in 10, 1975. See section 509(a)(2)	n exception	ns, and (2 ss sectior	2) no more than 33 1/3% of its 1511 tax) from businesses	oss	
11		An organizat	ion organized and operated	exclusively to test for public saf	ety. See s	section 5	09(a)(4).		
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
			• , ,	complete Part IV, Sections A a		y or the di	rectors or trustees or the		
	b	Type II. a	A supporting organization surmanagement of the support	pervised or controlled in conne rting organization vested in the	ction with			ed	
	_		` '	Part IV, Sections A and C.	d:		and functionally intermeted w	:4L	
	С	its suppo	orted organization(s) (see ins	supporting organization operate structions). <b>You must complete</b>	Part IV,	Sections	A, D, and E.		
	d			<ul> <li>d. A supporting organization open e organization generally must se</li> </ul>					
				must complete Part IV, Sectio			-		
	e	Check th	is box if the organization rec	ceived a written determination front from the comment of the comme	om the IR	S that it is			
	f		mber of supported organizat	ione					
	g	Provide the f	ollowing information about the	ne supported organization(s).					
(		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
					-				
(B)	1								
(C)	-								
(D)									
(E)									
Tota	al .		<u> </u>		: <b>!</b> :::::::::::::::::::::::::::::::::::	<b>#</b>		l	

Schedule A (Form 990 or 990-EZ) 2018 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>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	910,498	1,000,075	1,080 <u>,</u> 034	1,106,933	1,193,529	5,291,069
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						
<b>4 5</b>	Total. Add lines 1 through 3  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)	910,498	1,000,075	1,080,034	1,106,933	1,193,529	5,291,069
6	Public support. Subtract line 5 from line 4						5,291,069
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	910,498	1,000,075	1,080,034	1,106,933	1,193,529	5,291,069
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	589	585	1,525	12,660	21,808	37,167
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						5,328,236
12	Gross receipts from related activities, etc.						139,841
13	First five years. If the Form 990 is for the	•					. —
	organization, check this box and stop her	re					
	tion C. Computation of Public S						
14	Public support percentage for 2018 (line 6			ın (f))			99.30%
15	Public support percentage from 2017 Sch	•		40 111 441 4			99.68%
16a	33 1/3% support test—2018. If the organ				33 1/3% or more, o	check this	<b>►</b> ▼
	box and stop here. The organization qual						<b>▶ X</b>
b	33 1/3% support test—2017. If the organ			!			▶ □
170	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	-					
	Part VI how the organization meets the "fa			•	•		
	organization.			•	, ,		▶ □
h	10%-facts-and-circumstances test—20						·····
b	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization m				•		
				<del>-</del>		-	▶ □
18	Private foundation. If the organization di						········· 💆 🗀
	instructions						<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2018 Arc of Arapahoe & Douglas

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.
	fails to qualify under				

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						**
8	Public support. (Subtract line 7c from						
Sac	line 6.) tion B. Total Support				<u> </u>		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2011	(3) 2010	(0) 2010	(4) 20 11	(6) 2010	(i) rotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ve	ear as a section 50	1(c)(3)	_L
•	organization, check this box and stop her						▶ □
Sec	tion C. Computation of Public St	pport Percen	tage				
15	Public support percentage for 2018 (line 8	, column (f), divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2017 Sch	edule A, Part III, li	ne 15				%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2018 (I			3, column (f))			<del></del>
18	Investment income percentage from 2017						%_
19a	33 1/3% support tests—2018. If the orga						
	17 is not more than 33 1/3%, check this b		-		, -		▶ ⊔
b	33 1/3% support tests—2017. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		-	•			
20	riivate roundation. II the organization di	A HOLOHOOK & DOX	oiriiii <del>o</del> 14, 19a, 0f	TOD, CHECK THS D	un anu see misuuc	uoiio	🖊 📙

### Part IV Supporting Org

**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?
- 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**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pai	t.IV. Supporting Organizations (continued)	, ago o
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
с	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
Sect	ion B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	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.	2
Sect	ion C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sect	ion D. All Type III Supporting Organizations	
	·	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_
	the organization 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	
<u> </u>	supported organizations played in this regard.	3
	ion 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 instruction)	ns).
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	tructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
2 / a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	163 140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	A-G
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
•	Parent of Supported Organizations Answer (a) and (b) below	

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

trustees of each of the supported organizations? Provide details in Part VI.

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

3 4

5

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exempt purpos	ses			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations			
4	Amounts paid to acquire exempt-use assets		<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.	<del></del>		· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which the organiza	tion is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6			<del></del>	
10	Line 8 amount divided by line 9 amount	(1)	/::\		
	Out of Blackitodian Allegations (and instructions)	(i)	(ii)	(iii) Distributable	
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable	
	Distributable amount for 2018 from Section C. line 6		F16-2010	Amount for 2018	
1	Underdistributions, if any, for years prior to 2018				
2	(reasonable cause required-explain in <b>Part VI</b> ). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
	From 2014				
	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)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
	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 <b>Part VI</b> . 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				
7	and 4c.				
8	Breakdown of line 7:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016			-	
	Excess from 2017				
_	Excess from 2018				

Schedule A (For	m 990 or 990-EZ) 2018	Arc of	Arapahoe &	Douglas	23-7272795	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	ormation. Pro Section A, lin art IV, Section , line 1; Part V	ovide the explana es 1, 2, 3b, 3c, 4 a C, line 1; Part IV , Section B, line	tions required by F b, 4c, 5a, 6, 9a, 9b /, Section D, lines : le; Part V, Section	Part II, line 10; Part II, line 17a or 5, 9c, 11a, 11b, and 11c; Part IV, 2 and 3; Part IV, Section E, lines D, lines 5, 6, and 8; and Part V, 5 on. (See instructions.)	Section 1c, 2a, 2b,
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### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

### **Schedule of Contributors**

2040

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

2018

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

Arc of Arapan	oe & Douglas	23-7272795		
Organization type (check one):				
Filers of:	Section:			
110.00				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	ule. See		
General Rule				
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling property) from any one contributor. Complete Parts I and II. See instructions for deterributions.			
Special Rules				
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support testions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Fithat received from any one contributor, during the year, total contributions of the greate the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	Part II, line er of <b>(1)</b>		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.				
contributor, during the contributions totaled during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year			
Caution: An organization tha 990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its For coertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, o	Form 990, m 990-EZ or on its		

Page 1 of 1

age 2

Name of organization

Arc of Arapahoe & Douglas

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	Arc Thrift Store 12345 West Alameda Parkway Suite 111 Lakewood CO 80228	\$ 1,161,2 <b>4</b> 0	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## 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.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number 23-7272795 Arc of Arapahoe & Douglas Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ...... Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$ ...... Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 📗 🕨 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

280,540

698,316

14,426

Schedule D (Form 990) 2018

96,746

14,426

280,540

882,110

e Other

1a Land

**b** Buildings c Leasehold improvements .....

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	art VII Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.			
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	. 1		
*******************************	Complete if the organization answered "Yes" on	Form 990, Part IV I	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)	<del>-</del> · · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)				
(9)	<u></u>			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I	line 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value	
(1)		· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	<b>&gt;</b>	
Part X	Other Liabilities.	5 000 B 1811		
	Complete if the organization answered "Yes" on line 25.		line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book value	4	
	income taxes		_	
(2)				
(3)			_	
_(4)			_	
(5)			_	
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	uncertain tax positions. In Part XIII, provide the text of the foo	tnote 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 ........

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

Employer identification number Arc of Arapahoe & Douglas 23-7272795

Form 990, Part VI, Line 6 - Classes of Members or Stockholders The Arc of Arapahoe & Douglas Counties is a membership organization whose members receive services, information, advocacy assistance and support from the organization. Form 990, Part VI, Line 7a - Election of Members and Their Rights Members of the Arc of Arapahoe & Douglas Counties elect all members of the Board of Directors. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is provided to all board members by email prior to submitting. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Members of the Board of Directors are required to disclose any conflict of interest on a yearly basis. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors hires and sets the salary for the Executive Director based on the salary survey of the Mountain States Employers Council. Salaries for staff employees are set by the Executive Director based on the Mountain States Employers Council salary survey. Staff salaries are approved in total by the Board of Directors. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, conflict of interest policy, and financial statements

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization  Page 2  Employer identification number				
Arc of Arapahoe & Douglas	Employer identification number 23-7272795			
are made available to the public at the corporate off	ices.			
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