Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning

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.

2019, and ending

OMB No. 1545-0047

Open to Public Inspection

В	Check if ap	pplicable:	С					D Emplo	yer ident	ification number
	Addre	ess change	THE ARC O	F LARIN	ER COUNTY IN	C		11-	3803	178
	Name	change			RD UNIT 101			E Teleph	one numl	per
	Initial	return	FORT COLL	INS, CO	80526			970	4841	019
	Final re	eturn/terminated								<u> </u>
	-	nded return						G Gross	receints	\$ 842,344.
	\vdash	cation pending	F Name and addre	ass of princing	al officer:		l H	(a) Is this a group retu		
	Applic	cation penuing			di officer.			• •		
_	Tay ava	mank akakuas	Same As C		\d (incort no)	4047(0)(1) 07	1 1507	(b) Are all subordinate If "No," attach a lis	t. (see in	structions)
÷		mpt status:	X 501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527		_	
J	Websi				RCOUNTY.ORG			(c) Group exemption n		
K		organization:	X Corporation	Trust	Association Other	LY	ear of formation	: 2007 M	State of I	egal domicile: CO
Pa	rt I	Summar	У			1 11 11	1 6	T 1 0		
										promotes and
9	p				<u>s_and_overal</u>					
Governance	<u>a</u>				<u>es through ir</u>				y and	<u>education</u>
ē					<u>sion in every</u>					
Š	2 Ch 3 Nu				on discontinued its o rning body (Part VI,				net as	
	-				s of the governing b				4	<u>11</u> 11
es					n calendar year 2019				5	11
Activities &					necessary)				6	57
ᅙ					Part VIII, column (C				7a	0.
_					from Form 990-T, li	•			7b	0.
								Prior Year		Current Year
	8 C	ontributions	and grants (Pa	rt VIII. line	: 1h)			760,		816,309.
ne					e 2g)			700,	700.	010,303.
Revenue					A), lines 3, 4, and 7			-7,	516	11,035.
æ			•		nes 5, 6d, 8c, 9c, 10	•			531.	11,000.
					(must equal Part V			752,		827,344.
					IX, column (A), lines			152,	121.	027,344.
					X, column (A), line	•				
				-	e benefits (Part IX,	•		384,	-02	4EO 120
es S			•		•	• •	384,	503.	459,120.	
Expenses	16a Pr	rofessional	fundraising fees	(Part IX,	column (A), line 11e	:)				
x	b To	otal fundrais	sing expenses (F	Part IX, co	lumn (D), line 25) ►	7	7,407.			
Ш	17 Of	ther expens	ses (Part IX, coli	umn (A), I	nes 11a-11d, 11f-24	e)		185,	698.	240,374.
	18 To	otal expense	es. Add lines 13	3-17 (must	equal Part IX, colun	nn (A), line 25)		570,		699,494.
					8 from line 12			182,		127,850.
- 8 6			· · · · · · · · · · · · · · · · · · ·					Beginning of Curre		End of Year
ets or lances	20 To	otal assets	(Part X, line 16)					1,227,		1,360,257.
t Ass Id Bal	21 To		s (Part X, line 2					235,		191,333.
Fet.	22 Ne	et accets or	fund halances	Subtract I	ine 21 from line 20.			992,		1,168,924.
	rt II	Signatur		Oubtract	inc 21 from fine 20.			992,	555.	1,100,924.
com	er penalties olete. Decla	s of perjury, I de aration of prepa	eclare that I have exa arer (other than office	mined this ret r) is based on	urn, including accompanyir all information of which pr	ig schedules and stater eparer has any knowled	nents, and to the dge.	e best of my knowledge	and beli	ef, it is true, correct, and
C!		Signatu	ire of officer					Date		
Siç He	jn "									
пе	re	Bet.	h Higgins print name and title					President		
		71			Dropororio signatura		Data		1 1	DTIN
		Print/Type preparer's name Preparer's signature Date					Check		PTIN	
Pa			Hodge, EA		Ryann Hodge			self-employ	red .	P00788772
Pre	eparer	Firm's name			& Financial	LLC				
Us	e Only	Firm's addre		Mason				Firm's EIN		-2549087
		1	Fort C	Collins	, CO 80524			Phone no.	970-	-797-3402

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

No

Par	: III <u> </u>	Statement of Program Service Accomplishments			37
	D: - 41	Check if Schedule O contains a response or note to any line in this Part III.			Х
	-	ly describe the organization's mission:			
	<u>see</u>	_Schedule_O	. – – –		
			. — — —		
2	Did th	ne organization undertake any significant program services during the year which were not listed on the prior			
_		n 990 or 990-EZ?	Yes	X	No
		es," describe these new services on Schedule O.		21	
		he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X	No
		es," describe these changes on Schedule O.			
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measu ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	red by e total e	expen	ses. ses,
4 a	(Code	e:) (Expenses \$ 505,953. including grants of \$) (Revenue \$)
	ADV	OCACY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES SCHOOL DISTRICTS, IEP'	S, C	OURT	S,
		PLOYMENT OPPORTUNITIES, COMMUNITY AWARENESS. SERVED OVER 150 FAMILIES.			
4 b	(Code)
		<u>ecial education law and advocacy training program presenting parents' an</u>	<u>d st</u> ı	<u>ıden</u>	ts'_
	<u>rıg</u>	hts to access free and appropriate public education	. – – –		
			. – – –		
			. — — —		
			. — — —		
			. – – –		
4.0	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
		/ELOPED AND CONDUCTED EDUCATIONAL PROGRAMS FOR BOTH FAMILIES OF INDIVIDU	AT.S. T	NTTH	
		VELOPMENTAL DISABILITIES AND THE COMMUNITY.			
	===				
			. — — —		
					. — — —
4 d	Other	r program services (Describe on Schedule O.)			
	(Ехре	enses \$ including grants of \$) (Revenue \$)	
4 e	Total	program service expenses ► 558,159.			

Form 990 (2019) THE ARC OF LARIMER COUNTY INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a	Х	
t	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.	11 b		Х
c	: 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.	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2019) THE ARC OF LARIMER COUNTY INC Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	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		
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ļ	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
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? 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		X
I	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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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		Yes	. No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
R۸٨		Earm	aan ((2010)

THE ARC OF LARIMER COUNTY INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	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?	3 a		X
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	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)?	4 a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 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?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	124		
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	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
10		16		X
ıb	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Λ

Form 990 (2019) THE ARC OF LARIMER COUNTY INC 11-3803178 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.......... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* ... See .Schedule .Q Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15 a **b** Other officers or key employees of the organization..... 15 b 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 with a X taxable entity during the year?..... 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CO 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 Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

FORT COLLINS CO 80525 970-223-2727

BUSH & ASSOCIATES PC 2032 CARIBOU DR

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

C	heck this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
					(C))					
	(A) Name and title	(B) Average hours	thar	one both	box,	unles		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	James P Hackney	40									
	Executive Dir.	0	Χ						39,100.	0.	0.
(2)	Phil Beers	2									
	President	0	Χ		Χ				0.	0.	0.
(3)	LORI_SNIDER	2									
	Vice President	0	Χ		Χ				0.	0.	0.
(4)	RYANN HODGE	2									
	Treasurer	0	Χ		Χ				0.	0.	0.
(5)	TENA GREEN	1									
	Director	0	Χ						0.	0.	0.
(6)	Kendal Nolan	1									
	Director	0	Χ						0.	0.	0.
(7)	JOYCE SAFFEL	1									
	Director	0	Χ						0.	0.	0.
(8)	DANI TAYLOR	1									
	Director	0	Χ						0.	0.	0.
(9)	BETH HIGGINS	1									
	Secretary	0	Χ						0.	0.	0.
(10)	Jeff McCubbin	1									
	Director	0	Χ						0.	0.	0.
(11)	Brad Smith	1									
	Director	0	Х						0.	0.	0.
(12)											
(13)											
(14)											

Part VII Section A. Officers, Directors, Tru		Key	Em		_	es,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
	(B)			((•							
(A)		Position (do not check more than one box, unless person is both an					one	(D)	(E)		(F)	
Name and title	hours per week	offic	cer ar	nd a	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from	C	ated amo	
	(list any hours	Indi or d	isni	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the o	nsation i rganizati	ion
	for related	Individual or director	utio	cer	emp	iest i	ner				d related anization	
	organiza - tions	al tr	nalt		Key employee	comp						
	below dotted	ndividual trustee or director	Institutional trustee		ðí	Highest compensated employee						
	line)		ά			ated						
(15)												
	1	•										
(16)												
(17)												
(18)												
(19)												
(20)												
(20)												
(21)												
	1	•										
(22)												
(23)	l											
(24)												
(25)												
		-										
1 b Subtotal								39,100.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.			0.
d Total (add lines 1b and 1c)								39,100.	0.			0.
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0												
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, truste	ee, ke	ey er	mplo	oyee	e, or	high	nest compensated	employee	3		Х
· ,												Λ
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	1e coi	mpe 30?	ensa If '}	ition <i>es.</i>	and com	oth <i>ole</i>	er compensation te Schedule J for	from			
such individual										4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	n fr	om	any	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors	s, comple	16 30	JIEU	luie	3 10	Suc	πρ	ersorr				Λ
1 Complete this table for your five highest compen	sated ind	epen	dent	t cor	ntrad	ctors	tha	t received more th	nan \$100,000 of			
compensation from the organization. Report compen		the ca	alen	dar <u>i</u>	year	endıı	ng v	i	Ť i		•	
(A) Name and business address (B) Description of services Col									Compe	C) :nsatio	n	
2 Total number of independent contractors (including to		ited to	o the	se I	isted	abo	ve)	who received more	than			
\$100,000 of compensation from the organization	D 0											

Form 990 (2019) THE ARC OF LARIMER COUNTY INC 11-3803178 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (C) Unrelated (A) Total revenue (D) Revenue excluded from tax business exempt under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b 1,863 c Fundraising events..... 1 c d Related organizations..... 1 d 729,071 e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 85,375. g Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f 816,309 Program Service Revenue Business Code f All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 11,035 11,035. Income from investment of tax-exempt bond proceeds... Royalties..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 15,000 7b and sales expenses 15,000 c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c).

See Part IV, line 18	8 a	ı		
b Less: direct expenses	8 t	o l		
c Net income or (loss) from fundraising	ng e	vents ▶		
9 a Gross income from gaming activities. See Part IV, line 19	9 a	1		
b Less: direct expenses	9t	o l		
c Net income or (loss) from gaming a	ctiv	ities		
10 a Gross sales of inventory, less returns and allowances	10a	a		
b Less: cost of goods sold	10 t	b		
c Net income or (loss) from sales of i	nve	ntory		

Business Code

Miscellaneous

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).

Do i	Check if Schedule O contains a re not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3					
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	397,705.	324,661.	26,347.	46,697.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,686.	1,349.	163.	174.
9	Other employee benefits	27,074.	21,826.	2,437.	2,811.
10	Payroll taxes	32,655.	26,835.	2,133.	3,687.
11	Fees for services (nonemployees):	,	,	,	•
á	Management				
ŀ) Legal				
(: Accounting				
(Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	24,656.	20,128.	1,633.	2,895.
12	Advertising and promotion	17,317.	14,137.	1,147.	2,033.
13	Office expenses	31,060.	25,355.	2,058.	3,647.
14	Information technology	·	·	·	
15	Royalties				
16	Occupancy				
17	Travel	10,130.	10,130.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,090.		9,090.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,510.	15,111.	1,226.	2,173.
23	Insurance	10,534.	8,646.	787.	1,101.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	PROGRAM EXPENSE	57,283.	57,283.		
ŀ	Other operating expenses	26,009.	18,228.	7,089.	692.
	FUNDRAISING EXPENSES	14,689.	1,230.	3,115.	10,344.
	Memberships & Licenses	12,206.	6,021.	6,043.	142.
	All other expenses	8,890.	7,219.	660.	1,011.
25	Total functional expenses. Add lines 1 through 24e	699,494.	558,159.	63,928.	77,407.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any li	ne in this Part X	<u></u>	<u></u>	<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			191,365.	1	274,195.
	2	Savings and temporary cash investments			132,946.	2	165,465.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			55,104.	4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	I contril	butor, or 35%		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	-			7	
S	8	Inventories for sale or use		L		8	
Assets	9	Prepaid expenses and deferred charges			7,432.	9	3,968.
As					7,432.		3, 900.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	550,328.			
	b	Less: accumulated depreciation		71,054.	496,230.	10 c	479,274.
	11	Investments — publicly traded securities			338,936.	11	433,082.
	12	Investments – other securities. See Part IV, line 11			,	12	,
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets	5,827.	14	4,273.		
	15	Other assets. See Part IV, line 11			,	15	,
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,227,840.	16	1,360,257.
	17	Accounts payable and accrued expenses	7,283.	17	13,379.		
	18	Grants payable		L		18	
	19	Deferred revenue		ļ-	16,015.	19	
	20	Tax-exempt bond liabilities		-		20	
lies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or	35%		22	
_	23	Secured mortgages and notes payable to unrelated th	nird par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	l partie:	S		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re iplete F	lated third parties, Part X of Schedule D.	211,887.	25	177,954.
	26	Total liabilities. Add lines 17 through 25			235,185.	26	191,333.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	>	X			
ılar	27	Net assets without donor restrictions			960,325.	27	1,110,419.
B	28	Net assets with donor restrictions			32,330.	28	58,505.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e ►			
ō	29	Capital stock or trust principal, or current funds				29	
e ts	30	Paid-in or capital surplus, or land, building, or equipm				30	
SS	31	Retained earnings, endowment, accumulated income,				31	
t.A	32	Total net assets or fund balances			992,655.	32	1,168,924.
Se	33	Total liabilities and net assets/fund balances			1,227,840.	33	1,360,257.
				÷	· '		

	() I'm into of minimin odomii into	0000.	- 10			9 -
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)			82	7,3	344.
2	Total expenses (must equal Part IX, column (A), line 25)					194.
3	Revenue less expenses. Subtract line 2 from line 1			12	7,8	350.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			99	2,6	555.
5	Net unrealized gains (losses) on investments.	5		4	8,4	119.
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1.0	_			
D	column (B))	10	1	,16	8,9	24.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	1			
ŀ	Were the organization's financial statements audited by an independent accountant?			2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate				
	basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
Ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA					aan /	(2019)
DAA	TEL OTTE OF THE OTTER		Г	OHILL	3 3 U ((2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization Employer identification number THE ARC OF LARIMER COUNTY INC 11-3803178 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) 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 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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.)

Section A. Public Support											
begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	601,798.	617,042.	686,441.	760,237.	782,448.	3,447,966.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
	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)	601,798.	617,042.	686,441.	760,237.	782,448.	3,447,966.				
6	Public support. Subtract line 5 from line 4						3,447,966.				
Sec	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	601,798.	617,042.	686,441.	760,237.	782,448.	3,447,966.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,911.	5,783.	5,406.	-7,516.	11,035.	22,619.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,,,,,,,	2,1000	2, 2000	.,		0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.				
	Total support. Add lines 7 through 10						3,470,585.				
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □				
Sec	tion C. Computation of Pul	blic Support P	ercentage								
	Public support percentage for 20						99.35 %				
	Public support percentage from 2					<u> </u>	99.49 %				
	33-1/3% support test—2019. If the and stop here. The organization	qualifies as a pub	olicly supported or	ganization			► <u>X</u>				
b	33-1/3% support test—2018. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, o	check this box				
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	e. Explain in Part	VI how				
	b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization										
. 5	ate roundation. If the organia	Ladon did not one	on a box on line 1	o, 10a, 10b, 17a,	or 175, cricon trii	S DON GITG SCC IIIS)				

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.)

Sec	tion A. Public Support	,	<u> </u>	,			
Calend	lar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
	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						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	similar sources						
	Add lines 10a and 10b. 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3))
	tion C. Computation of Pul					1	
	Public support percentage for 20	•	•		•		%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv	estment Inco	ne Percentage	•			
17	Investment income percentage for	•	• • •	-	***		%
18	Investment income percentage f						%
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check 23.1/3% support tests— 2019. If t	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization.	
	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	ualifies as a public	ly supported organ	ization ▶
20	Private foundation. If the organize	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	I see instructions	▶ │ │

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

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
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.	3с		
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.	4a		
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.	4b		
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.	4c		
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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If</i> 'Yes,' provide detail in Part VI .	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% 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	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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 instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.	ľ	Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2019 THE ARC OF LARIMER COUNTY INC		11-38	03178 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Sec	ction 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		
Sec	ction 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 shor tax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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		
Sec	tion 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		

Schedule A (Form 990 or 990-EZ) 2019

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

10 Line 8 amount divided by line 9 amount

8 Page 7

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D – Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
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 supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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.) Part VI

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE ARC OF LARIMER COUNTY INC 11-3803178 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit? Yes **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 (for example, 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..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 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, No 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 7 ▶\$ 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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..... 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. **b** Assets included in Form 990, Part X.....

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	r Other Similar As:	sets (contin	ued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	ny of the following that m	nake significant use of its	s collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Other				
c Preservation for future generations	_				
4 Provide a description of the organization's collect Part XIII.	ctions and explain how they	y further the organization	's exempt purpose in		
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m	aintained as part of the o	organization's collection	?	Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount o	ments. Complete if the Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, Pa	rt IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermediary	for contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII				□	
	·			Amount	
c Beginning balance			1c		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance			1f		
2a Did the organization include an amount on F	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part XIII	. Check here if the explain	nation has been provide	ed on Part XIII		
Part V Endowment Funds. Complete i					
(a) Curre	nt year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains,					
and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (lir	ne 1g, column (a)) held	as:		
a Board designated or quasi-endowment ▶	%				
	00				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession	on of the organization that a	are held and administered	d for the		1
organization by:				Yes	No
(i) Unrelated organizations				3a(i)	
(ii) Related organizations				3a(ii)	+
b If 'Yes' on line 3a(ii), are the related organizDescribe in Part XIII the intended uses of the	•			3b	
	-	ent iunus.			
Part VI Land, Buildings, and Equipment Complete if the organization an		m 990, Part IV, line	e 11a. See Form 99	90, Part X, I	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land					
b Buildings		333,480.	30,641.	302	2,839.
c Leasehold improvements		191,369.	17,583.	173	3,786.
d Equipment		9,253.	7,843.	1	,410.
e Other		16,226.	14,987.	1	,239.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)			,274.
DAA			Calaa	dula D (Farm 90	0.0010

Schedule D (Form 990) 2019

(5) BUILDING MORTGAGE (6) Rounding (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 177, 9	Part VII Investments — Other Securities.	l'Ves' on Form 991	N/A Deart IV line 11b See Form 99	00 Part V line 12
(2) Closely held equity interests. (3) Other (A) (5) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(2) Closely held equity interests. (3) Other (4) (5) (6) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(4) 2 3 3 3 3 3 3	(O) mounds or canadanin cook or one or	
(3) Other (5) (8) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(6) (7) (8) (8) (9) (9) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19				
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
(C) (D) (E) (F) (F) (G) (H) (D) (G) (H) (D) (G) (H) (D) (Total. (Column (0) must equal Form 990, Part X, column (B) line 15.) (A) (D) (D) (D) (D) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E				
(5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(E) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(G) (F) (D) (Column (a)) must equal Form 990, Part X, column (B) line 12) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Book value (f) Book value (f) Method of valuation: Cost or end-of-year market value (f) Book value (f) Book value (f) Method of valuation: Cost or end-of-year market value (f) Book value (f) Method of valuation: Cost or end-of-year market value (f) Book value (f) Method of valuation: Cost or end-of-year market value (f) Book value (
Part VI				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12).				
Total (Column (b) must equal Form 990, Part X, column (B) line 15.). Part VIII Investments				
Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, Line (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Met				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value) (d) Method			N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15) (b) Book value (c) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) (c) Book value (d) Pederal income taxes (a) Description of liability (b) Book value (c) (c) Book value (d) ACCRUED EXPENSES (a) Description of liability (b) Book value (c) Federal income taxes (a) Description of liability (b) Book value (c) Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (f) Form 990, Part X, column (B) line 25. 1. (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (f) Form 990, Part X, column (B) line 25. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Complete if the organization answered	l 'Yes' on Form 990	0, Part IV, line 11c. See Form 99	90, Part X, line 13
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) Part IX Other Assets. (a) Description (b) Book value (c) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	_ (1)			
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	(2)			
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(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 177, 9				±•
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(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). ▶ 177, 9				
		<u> </u>		
	Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		>	177,954.
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	2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fi	nancial statements that reports the organization's I	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
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	827,344.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	827,344.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	827,344.
		0=1/0111
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		02.70111
		02.70111
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	699,494.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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. 2 Donated Statements With Expenses 2 Donated S	per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 2 La 3 La 4	per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 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. 2 Donated Statements With Expenses 2 Donated S	per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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.	per Return.	699,494.
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab b Other (Describe in Part XIII.) 4 Ab	per Return. 1 2e 3	699,494.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	per Return. 1 2e 3	699,494.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE ARC OF LARIMER COUNTY INC

Employer identification number

11-3803178

Form 990, Part III, Line 1 - Organization Mission

The Arc of Larimer County promotes and protects the civil rights and overall wellbeing of people with intellectual and developmental disabilities through individual and systems advocacy and education to foster lifelong inclusion in every aspect of community life.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 presented at Board Meeting for review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are asked to report any conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Committee of The Board of Directors determines the compensation for the Executive Director. This compensation is reviewed annually and was last reviewed in December 2016.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990 is available on the organization's website ad all other financial and governing documents are available upon request.