Form 990

Department of the Treasury

mal 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.

2024

OMB No. 1545-0047

Open to Public

	OI LIE	ZVZ4 Calend	ai year, or to	ax year begin	marg			ZUZ4, and e	maing			, 20
B 0	heck if a	applicable:	C Name of org	anization T H	E ARC OF ADA	MS COUNTY	INC			D	Emplo	yer identification number
	ddress	change	Doing busine	ess as								84-0679337
	lame cha	ange	Number and	street (or P.O. bo	x if mall is not delivered t	o street address)		Roo	m/suite	E	Teleph	one number
	nitial retu	ırn	641 E	112TH AV	/E						-	(303) 428-0310
	inal retu	rn/terminated	City or town,	state or province	, country, and ZIP or fore	ign postal code				G	Gross	<u> </u>
	mended	return		R, CO 802	•	•					s	1,370,926
\equiv		n pending		ddress of principa					H/a\	le this a grou	in rotura fo	or subordinates? Yes X No
ш .	4 P H T T T T T T T T T T T T T T T T T T	portuning	Trains and a	adioso o principa					•			s included? Yes No
	av avam	npt status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527		—) ⁽¹⁰⁾			- -
	Vebsite:		. ARCADAM) (msert no.)	4947(a)(1) Or	<u> </u>		\dashv			, See instructions
			Corporation		П		1			Group exe		
Pai				Trust Ass	octation Other		L Year	of formation:	1962	M Stat	le of lega	d domicile: CO
Га	Т	Summar										
	1				ion or most significa							TE THE HUMAN
Φ												CTIVELY SUPPORT
Governance		THEIR FU	LL INCLU	SION AND	PARTICIPATIO	N IN THE CO	INUNMMC	TY THROU	GHOUT	THEIF	LIF	ETIMES.
Ĕ												
š	2	Check this be	ox ∐ ifthe o	organization o	liscontinued Its ope	rations or dispose	ed of more	than 25% o	fits net a	assets.		
ڻ «×	3				erning body (Part V	•				f=	3	6
Š	4	Number of in	idependent v	oting member	s of the governing I	body (Part VI, line	e 1b)			[4	6
Activities &	5	Total numbe	r of Individual	ls employed in	n calendar year 202	4 (Part V, line 2a)			[5	13
ਓ	6	Total numbe	r of volunteer	s (estimate if	necessary)						6	4
⋖	7a	Total unrelat	ed business	revenue from	Part VIII, column (0	C), line 12				[7a	0
					from Form 990-T,						7b	0
										or Year		Current Year
· ·	8	Contributions	and grants (Part VIII, line	1h)				1	,236,	422	1,311,051
/	9			•	e 2g)					<u></u> <i>r</i>		0
Revenu	10			•	A), lines 3, 4, and 70					27,	501	59,075
Š	11				ies 5, 6d, 8c, 9c, 10			_			435	800
	12				must equal Part VII				1	,264,		1,370,926
	13				IX, column (A), lines					,204,	330	1,370,926
	14			-		•						<u>_</u>
	1								766	005	222 552	
Ś	15						-			766,	295	923,552
Expenses	1		_	•	column (A), line 11e	•) • • • • • •						<u> </u>
, D e	1			•	lumn (D), line 25)					<u> </u>		
Ш	17		-		nes 11a-11d, 11f-24	•		· · · · —		163,		189,018
	18	-		•	equal Part IX, colu	,				930,		1,112,570
	19	Revenue les	s expenses. 8	Subtract line 1	18 from line 12 .			· • • •		334,	234	258,356
t Assets or id Balances	1							<u> </u>		of Current		End of Year
Sets	20	Total assets	•	•	• • • • • • • • •		<i>.</i> .	⊢	1	,828,		2,104,348
d As		Total liabilitie	•	•		• • • • • • • •		· • • •		47,	375	65,342
Z.E	22			es. Subtract	line 21 from line 20				1	<u>,780,</u>	650	2,039,006
Par			re Block									
Unde.	r penaltie correct, a	es of perjury, I dec and complete. Dec	lare that I have e laration of prepa	examined this retu rer (other than off	m, including accompanyi icer) is based on all infor	ng schedules and stat nation of which prepar	ements, and to er has any kno	o the best of my owledge.	knowledge	and belief,	it is	
		•	• ,	•	· · · · · · · · · · · · · · · · · · ·						1	
<u> </u>			NDA WEBB									
Sigr	וי ו	Signature of office	er								Date	è
Here	∍	YOLA	NDA WEBB	, EXECUTI	VE DIRECTOR							
		Type or print nam	ne and title									
		Preparer's nar	ne		Preparer's signature		Date			Check	if	PTIN
Paid	i	Charles	Poysti,	CPA	Charles Poys	ti, CPA	b6-3	30-2025		self-emplo	yed	P00070003
^-ei	oarer				Poysti LLC	•	, <u>, , , , , , , , , , , , , , , , , , </u>		Firm's I			-
e	Only	Firm's address	3	PO Box 3					Phone			
~	•			Denver C							303-2	85-2500
May f	he IRS	discuss this	return with th		own above? See ir	nstructions						X Yes No
					parate Instruction		· · · · ·					Form 990 (2024

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,"			
1	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	_ X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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	١.		
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١.,
9	complete Schedule D, Part III	8		X
J	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		x
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<u>'`</u>		
•	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,"	1		ĺ
	complete Schedule D, Part VI	11a	х	
	b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
'n	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	11c		х
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	e Dld the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12				
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
J	Was the organization included in consolidated, independent audited financial statements for the tax year? If	l		1
	"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
14a	, , , , , , , , , , , , , , , , , , , ,	14a	-	X
•	, , , , , , , , , , , , , , , , , , , ,			
	fundralsing, 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	111		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	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			A
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	· · ·	†	
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	į	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			T -
-	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		х
? 0a		20a		х
الأرا		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

4) THE ARC OF ADAMS COUNTY INC Checklist of Required Schedules (continued) Part IV

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
اب	to defease any tax-exempt bonds?	24c		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
250	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule		:	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
)	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
70	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
JZ	complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J_		-
•	sections 301,7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	"		
	or IV, and Part V, line 1	34		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	L	L
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			_Ц_
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
> b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		. : 1 :	1 13
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

Form 990 (2024) THE ARC OF ADAMS COUNTY INC 84-0679337 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. Section A. Governing Body and Management Yes Νo 6 1a 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. 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 3 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 х 5 5 X Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х d8 Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a Х Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 13 X 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Colorado 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. Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 9 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

YOLANDA WEBB (303)428-0310, 641 E 112TH AVE, DENVER, CO 80233

-orm	aan	(2024)
CH I I I	7770	12024

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

				((C)	•				
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average	•				nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Insti	Officer	Key	emp High	Former	1099-MISC/	1099-MISC/	organization and
	related	idua recto	utior	ġ.	emp	est c	턴	1099-NEC)	1099-NEC)	related organizations
	organizations	r trus)al tr		Key employee	omp				
	below dotted line)	tee	Institutional trustee			Highest compensated employee				
	1					Ē.				
,	[
(1) KARI EASTERLY	40.00									
EMPLOYEE						х		113,891	0	0
(2) CARRIE MORRIS										
MEMBER		Х						0	0	0
(3) JESSICA SCHEIHING										
MEMBER		X						0	0	0_
(4) JEFF_ALTHAUS										
MEMBER		X						0	0	0_
(5) DANA_HOLINKA	[
PRESIDENT		Х		X				0	0	0
_(6) STEVE_TIEMANN										
SECRETARY		x	\Box	Х					0	0
(7) ALBERT NATICCHIONI								_	_	_
TREASURER		х	_	X				0	0	0
(8) YOLANDA WEBB	40.00							_	_	_
EXECUTIVE DIRECTOR			-	X				0	0_	0
_(9)										
(10)										
1443									•	
(11)										
(12)										
ÿ13)										
<u>(14)</u>										

^s. 	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son la	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/		con	(F) ated ame of other appensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organization: 1099-MIS 1099-NE	3C/	orgar	om the nization organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
(18)														
<u>(19)</u>														
(20)														
<u>(21)</u>														
(22)														
(23)														
(24)														
(25)													·····	~~~
1b c d	Subtotal	ion A .		• •	• •		• • •		113,891		0			0
2	Total number of individuals (including but n reportable compensation from the organiza	ot limited to								nan \$100,				:
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu.						-					3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the individual	an \$150,000)? <i>If</i> "Y	'es, "	con	plet	e Sch	edu	le J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes						-					5		х
Section	on B. Independent Contractors													
1	Complete this table for your five highest co- compensation from the organization. Report	•	•										tax v	ear.
	(A) Name and business addres	•							(B) Description of service			(C) Compens		
<u> </u>														
2	Total number of independent contractors (in	-					ose li	ste	d above) who					

Form 990 (2024)
Part VIII Statement of Revenue

		Check if Schedule O	contains a res	ponse	e or note to any l	ine in this Part V	<u>/III</u>		<u> </u>
					•	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							function revenue	business revenue	from tax under sections 512–514
					1				Sections 512-514
	1a	Federated campaigns .		1a			1		
ង ស	b	Membership dues		1b					
<u> </u>	C	Fundraising events		1c				* * * * * * * * * * * * * * * * * * * *	
9,5	d	Related organizations .		1d	1,303,017				
重	e	Government grants (contr		1e					
Š, Ï	f	All other contributions, gift	ts, grants,						
ig is		and similar amounts not in	ncluded above	1f	8,034				
혈충	g	Noncash contributions inc							
ig of		lines 1a-1f		1g	\$	10 m			, /
	h	Total. Add lines 1a-1f				1,311,051			
					Business Code				
_	2a								
ice	b								
E en	c								
E §	d				1				
Re	l e								
م	f	All other program service r							
	g	Total. Add lines 2a-2f .							
	3	Investment income (includi							
	-	other similar amounts) .				59,075			59,075
	4	Income from investment of	tax-exempt bond	l proce	eds				
Miscenarious Program Service Contributions, Gifts, Grants Revenue Revenue Amounts Land Other Similar Amounts	5	Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents	6a			1			
	b	Less: rental expenses	6b						
$\frac{I}{r}$	l	Rental income or (loss)	6c						
	I	Net rental income or (loss)							
		Gross amount from	(i) Securiti		(li) Other				
	'''	sales of assets			, ,				
		other than inventory	7a						
	b	Less: cost or other basis							
<u>o</u>		and sales expenses	7b						
ä	C	Gain or (loss)	7c						
Šev	1	Net gain or (loss)							
9	I	Gross income from fundrai							
Ě		events (not including \$	9						
Ü		of contributions reported o	n line	-					
		1c). See Part IV, line 18		8a					
	h	Less: direct expenses .		8b					
	I	Net income or (loss) from f			Innue				
		Gross income from gaming		~ i				<u> </u>	
	30	activities. See Part IV, line		9a					
		Less: direct expenses .		9a 9b					
	1	Net income or (loss) from g							
	ł			j :	<u> </u>				
	10a	Gross sales of inventory, le returns and allowances .		10a			La traine à		
	h	Less: cost of goods sold		10b					
	l	Net income or (loss) from s				<u> </u>		<u> </u>	
	⊢ ¯	The mount of those indities	case of inventory	<u> </u>	Business Code				1.1. Tu 1.1. Tu
υ _λ	11a	OTHER			900099	800	800		
e ne	b					- 550	550		
9	c								<u> </u>
Sc.	_	All other revenue							
≥	l	Total. Add lines 11a-11d				800		THE WITTER	
		Total revenue. See instru				1,370,926	800	0	59,075

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a response or r			(0)	
ı	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		-	* * *	
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
٠	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	737,094	631,463	105,631	
8	Pension plan accruals and contributions (include	751755	332,333		
•	section 401(k) and 403(b) employer contributions)	13,878	11,872	2,006	
9	Other employee benefits	102,651	86,991	15,660	
10	Payroll taxes	69,929	59,724	10,205	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
Ç	Accounting	20,652		20,652	
d	Lobbying	, , , , , , , , , , , , , , , , , , , ,		•	
е	Professional fundraising services. See Part IV, line 17				
] f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	1,303	1,303		
12	Advertising and promotion	,	,		
13	Office expenses	54,230	44,188	10,042	
14	Information technology	13,125	11,225	1,900	
15	Royalties				_
16	Occupancy	16,615	13,790	2,825	
17	Travel	9,637	8,530	1,107	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,531	22,149	7,382	
23	Insurance	11,076	9,193	1,883	
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.)				
а	COMMUNITY AND MEMBER SERVICE	32,849	32,088	761	
þ	#P. #				
C	- <u></u> -				
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,112,570	932,516	180,054	0
76	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)	·			

Form 990 (2024) THE ARC OF ADAMS COUNTY INC
Part X Balance Sheet 84-0679337 Page 11

		Check if Schedule O contains a response or note	∍ to ar	iy iine in this Part X	(A)	• • •	
					Beginning of year	ļ	End of year
)——	1	Cash - non-interest-bearing			Beginning or year	1	Life of year
	2	Savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	1,145,657	2	1,447,001
	3	Pledges and grants receivable, net			1,143,637	3	1,441,001
	4	Accounts receivable, net		ř		4	
	5	Loans and other receivables from any current or former		· · · · · · · · · · · · · · · · · · ·			
	•	trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified pers		ŀ	. :		
		under section 4958(f)(1)), and persons described in sec	-		44 (1997)	6	
	7	Notes and loans receivable, net				7	
र्	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			12,526	9	10,204
⋖	10a	Land, buildings, and equipment: cost or other	<i>i</i> · · · ·		12,326	3	10,204
	IVa	basis. Complete Part VI of Schedule D	10a	949,969		٠. ٠	
	b	Less: accumulated depreciation			669,842	10c	647,143
	11	Investments - publicly traded securities		·	009,042	11	047,143
	12	Investments - other securities. See Part IV, line 11 .		li di		12	
	13	Investments - program-related. See Part IV, line 11 .		F		13	
	14	Intangible assets		The state of the s		14	
	15	Other assets. See Part IV, line 11				15	
	16			*	1 000 005	16	2 104 240
	17	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses			1,828,025	17	2,104,348 65,342
	18	Grants payable	ľ	47,375	18	65,342	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
ı	21	Escrow or custodial account liability. Complete Part IV of				21	
)	22	Loans and other payables to any current or former office		1		21	
Liabilities	22	trustee, key employee, creator or founder, substantial co					
Ĭ		controlled entity or family member of any of these person				22	
Lia	23	Secured mortgages and notes payable to unrelated thin				23	
	24	Unsecured notes and loans payable to unrelated third		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables			,	2-7	
	20	parties, and other liabilities not included on lines 17-24)					
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25		· · · · · · · · · · · · · · · · · · ·	47,375		65,342
		Organizations that follow FASB ASC 958, check her			4,7,5,7,5		03,512
		and complete lines 27, 28, 32, and 33.					
Ses	27				1,780,650	27	2,039,006
lau	28	Net assets with donor restrictions	• • •		1,700,030	28	2,033,000
Ва	20	Organizations that do not follow FASB ASC 958, che	eck he	r _α Π			
pur		and complete lines 29 through 33.	COR HG			V 20	
Net Assets or Fund Balances	29					29	
<u>8</u>	30	Paid-in or capital surplus, or land, building, or equipmen				30	
Se	31	Retained earnings, endowment, accumulated income, or				31	
ŧ As	32	Total net assets or fund balances			1,780,650	32	2,039,006
Ş	33	Total liabilities and net assets/fund balances			1 828 025	_	2,039,000

_		34-067933	7	Pa	age 1
Pa	rt 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)	1	1,	370,	926
. 2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	112,	570
3	Revenue less expenses. Subtract line 2 from line 1	3		258,	356
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	780,	650
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
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, column (B))	10	2,	039,	006
Pa	rt 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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	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				l : .
	reviewed on a separate basis, consolidated basis, or both.		.		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2¢	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				T

Form 990 (2024)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
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 on Schedule O and describe any steps taken to undergo such audits

Schedule O.

EEA

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection Name of the organization Employer identification number THE ARC OF ADAMS COUNTY INC 84-0679337 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 on 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, C 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) d that is not functionally integrated. The organization must generally 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 III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (v) Amount of monetary (Iv) is the organization (vl) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

84-0679337 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	956,373	1,162,839	1,139,630	1,236,422	1,311,051	5,806,315
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the	•					
	organization without charge						
4	Total. Add lines 1 through 3	956,373	1,162,839	1,139,630	1,236,422	1,311,051	5,806,315
5	The portion of total contributions by	333,3.3	#/#OE/005	1			0,000,020
•	each person (other than a						
	governmental unit or publicly			- 1.			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						4,559,069
6	Public support. Subtract line 5 from line 4.				· .		1,247,246
	on B. Total Support		<u> </u> -	· .			1,241,240
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	956,373	1,162,839	1,139,630	1,236,422	1,311,051	5,806,315
8	Gross income from interest, dividends,		1-7-0-70-7				5,444,625
_	payments received on securities loans,						
	rents, royalties, and income from						
ì	similar sources	3,245	384	201	27,501	59,075	90,406
9	Net income from unrelated business		303	1	27,501	35,013	30,400
•	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.)		11,452	50	435	800	12,737
11	Total support. Add lines 7 through 10		11,452	30	433	800	5,909,458
12	Gross receipts from related activities, etc.	/eaa instructio	ne\	4.5 - 5	1 2 2 2	12	3,303,430
13	First 5 years. If the Form 990 is for the or						-)/3)
1.5	organization, check this box and stop her	_			•		, , ,
Secti	on C. Computation of Public Suppor				• • • • • • • •		····
14				11. column (f))		14	21.11 %
15	Public support percentage from 2023 Sch					15	99.13 %
16a	33 1/3% support test - 2024. If the organ						
	box and stop here. The organization qual						
b	33 1/3% support test - 2023. If the organ						
.,	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 202	•		_			
	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	_					
	in Part VI how the organization meets the					-	•
	-			_	· · · · · · · · · · · · · · · · · · ·		· ·
10	organization						
18	_						
	instructions						· · · · · L

84-0679337

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

	~	1 f1 f	
(Complete only	if you checked the bo	x on line 10 of Part I or if the organization failed to qualify under Part	: II.
If the organization	on fails to qualify und	er the tests listed below, please complete Part II)	

Section	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 fumished in any activity that is related to the					1	
	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						<u>_</u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b		<u> </u>		<u></u>		
8	Public support. (Subtract line 7c from				*		
- "	line 6.)					}	
	on B. Total Support	(.) 2000	4.3.0004	(.) 0000	(4) 0000	(-) 0004	/f) T-4-1
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6			<u> </u>			
10a	Gross income from Interest, dividends,						
	payments received on securities loans, rents,						
Į.	royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b				 		
С 11	Net income from unrelated business						
11						ļ	
	activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or				1		- MA
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				<u> </u>		
. •	and 12.)						
14	First 5 years. If the Form 990 is for the or	canization's fi	rst. second. thi	rd. fourth, or fi	fth tax vear as	a section 501(:)(3)
• •	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8			I3, column (f))		15	%
16	Public support percentage from 2023 Sch		-			16	%
	on D. Computation of Investment Inc						-
17	Investment income percentage for 2024 (I			v line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2023		• •	•		18	%
19a	33 1/3% support tests - 2024. If the orga	-					
1	17 is not more than 33 1/3%, check this b						_
b	33 1/3% support tests - 2023. If the organizati						
	line 18 is not more than 33 1/3%, check this bo						_
20	Private foundation. If the organization di	-	-				

84-0679337

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A

	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			е
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part '	V.)	
Secti	on 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		٠	
_	lines 3b and 3c 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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	17		
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1.2		
	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			1 . 1
	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	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		2.5	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		- 21	
	benefit one or more of the filing organization's supported organizations? If "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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	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			1.
	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 on 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		<u></u>
C	Did a disqualified person (as defined on 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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
٠	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	7		
	supporting organizations)? If "Yes," answer line 10b below.	10a		

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

2b

3a

3b

Schedule A (Form 990) 2024

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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

have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

EEA

Schedu	ile A (Form 990) 2024 THE ARC OF ADAMS COUNTY INC		84-06793	37 Page 6
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Company of the Type III Non-Functionally Integrated 509(a)(3)	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explair</i>	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	s A through E.
Soci	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
360	don A - Adjusted Net Income		(A) PROFESSI	(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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	ļ		
	instructions for short tax year or assets held for part of year):	ļ		
a	Average monthly value of securities	1a	·	
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount,			
100	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
- 5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
				1

emergency temporary reduction (see instructions).

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

7

Part V Type III Non-Functionally integrated 509(a)(5) Supporting Organizations (Continued)							
Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish ex	rempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part	/I)	5	·		
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2024 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ıs	(iii) Distributable Amount for 2024		
1	Distributable amount for 2024 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2024						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2024						
а	From 2019						
b	From 2020						
C	From 2021						
d	From 2022		·				
e	From 2023						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years		······································		<u> </u>		
<u>h</u>	Applied to 2024 distributable amount			·.			
i	Carryover from 2019 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	Anneanneathallannanneann ampleannealasteannishannismapate	www.				
4	Distributions for 2024 from						
	Section D, line 7: \$			5.			
	Applied to underdistributions of prior years	a terratoren de filoso de la participa de la p					
	Applied to 2024 distributable amount				**************************************		
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h			÷.			
	and 4b from line 1. For result greater than zero, explain in			. :			
	Part VI. See instructions.						
7	Excess distributions carryover to 2025. Add lines 3j						
	and 4c.		<u></u>				
8	Breakdown of line 7:						
a	Excess from 2020						
b	Excess from 2021						
C	Excess from 2022						
d	Excess from 2023						
е	Excess from 2024						

EEA

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number Name of the organization THE ARC OF ADAMS COUNTY INC 84-0679337 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ■ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 鞀 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

THE ARC OF ADAMS COUNTY INC

Employer Identification number 84-0679337

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	THE ARC THRIFT STORES 12345 W ALAMEDA PKWY STE 111 DENVER, CO 80228	\$1,303,017 	Person Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization

THE ARC OF ADAMS COUNTY INC

Employer Identification number 84-0679337

Part II	Noncash Property (see instructions). Use duplicate cop	nes or Hart II II additional space	s is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization Employer identification number THE ARC OF ADAMS COUNTY INC 84-0679337 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024)

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 Inspection

Name o	f the organization		Employer identification number
THE A	RC OF ADAMS COUNTY INC		84-0679337
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	ccounts
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
	· · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor a	•	
	only for charitable purposes and not for the benefit of the do		
	conferring Impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
Par			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organiza		
-	Preservation of land for public use (for example, recreation		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali-	fied conservation contribution in the form o	f a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
G	Number of conservation easements on a certified historic str		
d	Number of conservation easements included on line 2c acqu		
ч	on a historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, re		Law
•			
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
J	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
U			
7	Amount of expenses incurred in monitoring, inspecting, hand		h + h + + + +
•			\$
0	- · ·	to action the requirements of action 170/h	
8	Does each conservation easement reported on line 2d abov		
9	In Part XIII, describe how the organization reports conserva	•	
	sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that o	escribes the
Pari	organization's accounting for conservation easements. III Organizations Maintaining Collections	of Art Historical Transcures, or	Other Similar Accets
Fair			Other Sillilar Assets
	Complete if the organization answered "Yes" o		- d b d see a back weeks
1a	If the organization elected, as permitted under FASB ASC 9	· · · · · · · · · · · · · · · · · · ·	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9	•	
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	erance 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 tre		al gain, provide the
	following amounts required to be reported under FASB ASC	•	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<i>.</i> \$

Pan	t III Organizations Maintaining	COII	ections of a	Art, HIS	<u>toricai i</u>	reasures	, or Ut	ner Similar As	sets (<u>contin</u>	iuea)
3	Using the organization's acquisition, access	ion, an	nd other records	s, check a	ny of the fo	ollowing that r	nake siç	nificant use of its			
	collection items (check all that apply).										
а	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 of	collection	ons and explair	n how they	further the	e organizatio	n's exen	npt purpose in Part			
	XIII.										
5	During the year, did the organization solicit	or rece	eive donations o	of art, histo	rical treas	ures, or other	r similar				
	assets to be sold to raise funds rather than	to be r	maintained as p	oart of the	organizatio	on's collection	n? .		. □Y	es	No
Pari	t IV Escrow and Custodial Arra	angei	ments								
	Complete if the organization 990, Part X, line 21.	ansv	vered "Yes"	on Forn	n 990, P	art IV, line	9, or 1	eported an am	ount o	ı Forr	n
1a	Is the organization an agent, trustee, custod	lian, or	other intermed	iary for co	ntributions	or other ass	ets not				
	included on Form 990, Part X?								. 🗌 Y	es [No
b	If "Yes," explain the arrangement in Part XI	II and d	complete the fo	llowing tab	ole.						
								Am	ount		
C	Beginning balance						. 10	:			
d	Additions during the year						. 10			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е	Distributions during the year						. 16	·			
f	Ending balance						. 1f				
2a	Did the organization include an amount on F							ty?	. Пү	es [No
b	If "Yes," explain the arrangement in Part XII							-	_		์ โ
Par				· · · · · · · · · · · · · · · · · · ·		•					
•	Complete if the organization	ansv	vered "Yes"	on Forn	n 990. P	art IV. line	10.				
			Current year	(b) Pri	,	(c) Two years		(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance			(-7	,	(=, === ,====		(1)	1	/	
b	Contributions									-	
ç	Net investment earnings, gains,										
١	and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and								+		
Ģ	·										
f	programs	-									
	•								+		
g	End of year balance	L		- /!! 4		\\ \LL-\					
2	Provide the estimated percentage of the cui	rent ye		e (line 1g,	column (a))) neid as:					
a	Board designated or quasi-endowment		%								
b	Permanent endowment%)									
С	Term endowment%		1.4000/								
0-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the poss	ession	of the organiza	ation that a	are held an	id administer	ed for th	Ð		T-4	Т.,
	organization by:								-	Yes	No
	(i) Unrelated organizations?								. 3a(i		
_	(ii) Related organizations?								. 3a(i		+
b	If "Yes" on line 3a(ii), are the related organi		•					• • • • • • • • •	. 3b		
4	Describe in Part XIII the intended uses of the			owment fu	nds.						
Par				_							
	Complete if the organization	ansv	vered "Yes"	on Forn	n 990, P	art IV, line	: 11a, \	see Form 990,	Part X	, line	10.
	Description of property		(a) Cost or othe (investme			r other basis other)		Accumulated epreciation	(d) B	ook value	3
1a	Land				:	102,000				102,	,000
b	Buildings			<u> </u>	•	739,209		302,826		436	, 383
C	Leasehold improvements										
d	Equipment					108,760				108,	,760
е	Other										
Total.	Add lines 1a through 1e. (Column (d) must	equal i	Form 990, Par	t X, line 10	Oc, column	(B))				647	,143
EEA								Schedule D (F	orm 990)	(Rev.	12-202/

	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 11b	. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book	value	(c) Method o Cost or end-of-ye	
(1) Financial o	derivatives				
• •	eld equity interests				
(A)					
(B)					
(C)					
(D) (E)					
(E)					•
(G)					
(H)					
	n (b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related			-	
	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 11c	. See Form 99	0, Part X, line 13
	(a) Description of investment	(b) Book	value	(c) Method (Cost or end-of-ye	
(1)					
(2)	11.000 (\$.00				
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)	•				
(9)	n (b) must equal Form 990, Part X, line 13, col. (B))	1			
Part IX	Other Assets	• • • • •			· · · · · · · · · · · · · · · · · · ·
[Complete if the organization answered	"Yes" on Form 990. Pa	art IV. line 11d	. See Form 99	0. Part X. line 15
	(a) Des		,		(b) Book value
(1)					
(2)			•		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	·				
(9)					
	n (b) must equal Form 990, Part X, line 15, col. (B)		<u> </u>		
Part X	Other Liabilities Complete if the organization answered line 25.	"Yes" on Form 990, Pa	art IV, line 11e	or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book value			
	ncome taxes	(M) DOOR TAILO	\dashv		
(2)					
(3)					
(4)	***************************************				
(4) (5)					and the second of the second
					outer south property
(5)					
(5) (6)					
(5) (6) (7)					

Part	•	•	Return	•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		,			
1	Total revenue, gains, and other support per audited financial statements		1	1,370,926		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities		_			
С	Recoveries of prior year grants		<u> </u>			
d	Other (Describe in Part XIII.)		- <u> </u>			
e	Add lines 2a through 2d		2e	4 070 000		
3	Subtract line 2e from line 1	• • • • • •	3	1,370,926		
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 4a		-			
b	Other (Describe in Part XIII.)		40			
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5	1,370,926		
Part						
1 cut	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		oi itotai	••		
1	Total expenses and losses per audited financial statements		1	1,112,570		
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		1			
d	Other (Describe in Part XIII.)		1			
e	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3	1,112,570		
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 4a					
b	Other (Describe in Part XIII.)		1			
C	Add lines 4a and 4b		4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,112,570		
Part						
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	; Part V, line 4;	Part X, line	}		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormation.				
	MANUFACTURE CO.			· · · · · · · · · · · · · · · · · · ·		
				·		
}						

Schedule D (For	m 990) (Rev. 12-2THE ARC OF ADAMS COUNTY INC	84-0679337 Page 5
Part XIII	m 990) (Rev. 12-207HE ARC OF ADAMS COUNTY INC Supplemental Information (continued)	
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		A CONTRACTOR OF THE CONTRACTOR
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SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer Identification number				
THE ARC OF ADAMS COUNTY INC	84-0679337				
01. Members or stockholder classes and rights (Part VI, line 6)					
T THE ANNUAL MEMBERSHIP MEETING THE MEMBERS ELECT THE GOVERNING BOARD TO SERVE, STAGGERED					
THREE YEAR TERMS.					
02. Member election for additional members (Part VI, line 7a)					
AT THE ANNUAL MEMBER MEETING THE MEMBERS ELECT THE GOVERNING BOARD AND OF	FICERS TO SERVE				
AS PRESIDENT, VICE-PRESIDENT, SECRETARY, TREASURER, ETC.					
03. Form 990 governing body review (Part VI, line 11)					
REVIEWED BY THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR PRIOR TO FILING	•				
04. Conflict of interest policy compliance (Part VI, line 12c)					
ALL MEMBERS ARE QUERIED FROM TIME TO TIME FOR POSSIBLE AREAS OF CONFLICT	OF INTEREST. THE				
BOARD IS SMALL ENOUGH SO THAT THEY ARE GENERALLY AWARE OF EACH OTHERS FIN					
AND IF A POTENTIAL CONFLICT ARISES SUCH BOARD MEMBER REFRAINS FROM VOTING	ON THOSE ISSUES.				
05. CEO, executive director, top management comp (Part VI, line 15a)					
ALL SALARIES ARE REVIEWED AND APPROVED AT LEAST ANNUALLY BY THE BOARD OF	DIRECTORS.				
06. Other officer or key employee compensation (Part VI, line 15b					
ALL SALARIES ARE REVIEWED AND APPROVED AT LEAST ANNUALLY BY THE FULL BOAR	D OF DIRECTORS.				
07. Governing documents, etc, available to public (Part VI, line 19)					
MADE AVAILABLE UPON REASONABLE REQUEST.					
THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND					
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