TAJC 05/14/2014 9:35 AM

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.

OMB No. 1545-0047 2013 Open to Public

Department of the Treasury Internal Revenue Service Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning , and ending Employer identification number C Name of organization THE ARC - JEFFERSON, CLEAR CREEK Check if applicable: & GILPIN COUNTIES Address change 23-7162049 Doing Business As Counties Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 303-232-1338 8725 W 14th Ave., Suite 100 Terminated City or town, state or province, country, and ZIP or foreign postal code Lakewood 80215 888,830 Amended return G Gross receipts\$ Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Lori A. Ropa, CAE 8725 W 14th Ave., Suite 100 H(b) Are all subordinates included? If "No," attach a list. (see instructions) Lakewood CO 80215 **X** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Tax-exempt status: www.arcjc.org Website: H(c) Group exemption number ▶ Form of organization: X Corporation Trust Year of formation: 1963 Other > Association M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: The Arc promotes and protects the human rights of people with intellectual Activities & Governance and developmental disabilites and actively supports their full inclusion and participation in the community throughout their lifetimes. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 9 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 799,768 895,511 8 Contributions and grants (Part VIII, line 1h) Revenue 1,580 1,358 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 33,406 -13.493439 3,817 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 193 887,193 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,119 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 567,181 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 620,449 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 37,836 250,742 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 272,894 895,301 819,042 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 16,151 -8,108 Beginning of Current Year End of Year 1,002,559 947,105 20 Total assets (Part X, line 16) 51,850 63,522 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 895,255 939,037 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Executive Director Here Lori A. Ropa, CAE Type or print name and title Print/Type preparer's name Preparer's signature Paid Ken Roth 05/14/14 self-employed P01389203 Preparer Taylor Roth and Compan Firm's EIN Firm's name **Use Only** 800 Grant St Ste 205

Denver, CO

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

80203-2944

303-830-8109 X Yes

Form	990 (2013) THE ARC - JEFF	ERSON, CLEAR CREEK	23-7162049	Page 2
Pa		Service Accomplishments		
		tains a response or note to any	/ line in this Part III	<u></u>
	Briefly describe the organization's missio			
	he Arc promotes and			
	nd developmental dis nd participation in			
a	nd participation in	the community throu	ignout their life	crilles.
	Did the organization undertake any signif	icant program services during the yea	r which were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on			100 <u></u> 100
3	Did the organization cease conducting, o		onducts, any program	
	services?			Yes X No
	If "Yes," describe these changes on Sche			
4	Describe the organization's program serv	rice accomplishments for each of its th	ree largest program services, as	measured by
	expenses. Section 501(c)(3) and 501(c)(4	4) organizations are required to report	the amount of grants and allocati	ons to others,
	the total expenses, and revenue, if any, f	or each program service reported.		
4a	(Code:) (Expenses \$	766,590 including grants o	f\$ 1,958)(Revenue \$)
T	he Arc Jefferson, Cl	ear Creek & Gilpin	Counties helps p	eople with
	evelopmental disabil			
е	ducation, resources,	community-building	g, policy change,	and family
	upport. We assist in			
	ducation, health care			
	nd systems navigation nclusion.	n, as well as socia	ii, recreationai,	and religious
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	• • • • • • • • • • • • • • • • • • • •			
4b	(Code:) (Expenses \$	including grants o	f\$)(Revenue \$
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	(Code:) (Expenses \$	including grants o	F \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Revenue \$
40	(Code:) (Ελροίίσεο Ψ	g grants o	γ) (Ττενεπαε ψ
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			The state of the s	
4d	Other program services. (Describe in Sch	nedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	766,590		

0000#000	Onecklist of Nedulied 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	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	. 5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		ĺ
	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,"			ĺ
	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			ĺ
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			ĺ
	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 temporarily restricted			ĺ
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ĺ
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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
е	Did 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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	ĺ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	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			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
.0	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	.		
10	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	· 10		
17		17		х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		-25
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
00-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			(2013)

P	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	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		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
Lou	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	16 Wyor II garantete Cabadrila I Dout I	25b	-	х
00	If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ŀ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			х
	disqualified persons? If so, complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			İ
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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			
	and a resting contributions 2.15 "Voc." computer Cohodula M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.		31		X
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32		32		х
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33.		33		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	24		x
	or IV, and Part V, line 1	34		X
35a		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	ĺ

Part V Statements Regarding Other IRS Filings and Tay Compliance

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part	V			<u></u>	
		١.	1 10		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1c	X	
2-	reportable gaming (gambling) winnings to prize winners?				<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	e O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other					
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financi	al Accou	ınts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or				
	gifts were not tax deductible?		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	6b		
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	r goods				
	and services provided to the payor?			7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				х
	required to file Form 8282?		1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	+2	7e	33333333 	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f	-	X
f ~	If the organization, during the year, pay premiums, directly of indirectly, of a personal benefit collection of qualified intellectual property, did the organization file			7g	-	
g	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, did the organization of cars, airp		• • •			
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ie a i 01111 1030-0	· · · · · · · · · · · · · · · · · · ·		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			١.	1000000000	*********
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the approximation makes and to able distributions and approximation 40000			9a		
b				0.5		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	ī			
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand	13c				
14a					<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O		14b		<u> </u>

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A Governing Body and Management

Sec	tion A. Governing Body and Management			
		£3000000000000000000000000000000000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ode.) </u>		
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u></u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ Sarah Kim 8725 W 14th Ave., Suite 100			

Form **990** (2013)

Form 990 (2013)	THE	ARC	_	JEFFERSON,	CLEAR	CREEK	2:

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than or s both a r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	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)	(W-211099-WISC)	organization and related organizations
(1)Deb Karsell									,	
	4.00		-					. 0	•	
Immediate Past Pres.	0.00	X						0	0	0
(2)Mark Lancaster								•		
	2.00	.								
Director	0.00	X						0	0	0
(3) Helen Pietranczy										
	2.00	.							_	
Director	0.00	X						0	0	0
(4) Theresa Gonzales								•		
	4.00	.]								
Vice President	0.00	X		X				0	0	0
(5) Aaron Gonzales										
	2.00							•		
Director	0.00	X						0	0	0
(6) Jessica Melson										
	2.00							1		
Director	0.00	X						0	0	0
(7) Betty Sweeney										
	2.00									,
Director	0.00	\mathbf{x}						0	0	0
(8) Derek Otte										
. ,	4.00									
Treasurer	0.00	X		X				0	0	0
(9) Robin Vint										
(-,	2.00					1 1				
Director	0.00	X						0	0	0
(10) Gabriel Valles										
	6.00									
President	0.00	X		x				О	0	0
(11) Sandy Russalesi	1			T		$\dagger \exists \dagger$				
,	2.00									
Director	0.00	X						0	0	0
DAA			.l			<u>. </u>				Form 990 (2013)

12 Lori Ropa	(A) Name and title	(B) Average hours per week (list any hours for	(di bo	o not o x, unle	Pos check ess pe	C) sition more erson	than o	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
11, 255 11,		related organizations below dotted	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and related
11, 255	(12)Lori Ropa	40.00									
(14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10)	Executive Director				х				77,895	0	11,255
(14) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10)	(13)										
(15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (10)											
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(16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19) (10) (10) (11) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (16) (17) (18) (19) (19) (10)	,										
(16) (17) (18) (19) 1b Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the organization from the organization from the organization or five highest compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the organization or from the organization or five highest compensation from the organization or from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and business address Correctination. 2 Total number of independent contractors (including but not limited to those listed above) who	(15)										
(17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (10) (11) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10)										·	
(18) 1b Sub-total	(16)		 			 		ļ			
(18) 1b Sub-total											
(18) 1	(17)					ļ					·
(19) 1b Sub-total											
1	(18)					<u> </u>					
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization signater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation Compens											
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d Total (add lines 1b and 1c) ▶ 77,895 11,255 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ilst any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 3 Did the organization ilst any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3	1b Sub-total						J	>	77,895		11,255
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employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation Total number of independent contractors (including but not limited to those listed above) who	reportable compensation fron	n the organization	1 🕨	0					· ·		Yes No
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	4 For any individual listed on lir organization and related orga	e 1a, is the sum	of re	port	able	com	pen	satio	n and other compensation	from the	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		1a receive or acc	rue o	 comp	oens	atio	i fror	 n∙an	 ny unrelated organization or	individual	4 A
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation			'es,"	com	plet	e Sc	hedu	ıle J	for such person		5 X
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	1 Complete this table for your fi	ive highest comp	ensa	ted i	inde	pend	lent (conti	ractors that received more	than \$100,000 of	
2 Total number of independent contractors (including but not limited to those listed above) who			ompe	ensa	tion	for t	he ca	alend			
	name and	d dusiness address						T	Descrip	tion of services	Compensation
								-			
		,									
recensed more than \$100 000 of companyation from the ergonization									se listed above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (B) Related or (D) Revenue Total revenue exempt business excluded from tax function under sections 512-514 revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 895,511 1f g Noncash contributions included in lines 1a-1f: 895,511 h Total. Add lines 1a-1f Revenue Busn. Code 900099 825 825 Fee for Service 900099 533 533 Membership Dues Program Service f All other program service revenue g Total. Add lines 2a-2f 1,358 3 Investment income (including dividends, interest, -13,493 -13,493 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 5,075 b Less: direct expenses 1,637 3,438 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 900099 11a 379 379 Miscellaneous All other revenue e Total. Add lines 11a–11d 379 887,193 1,737 -13,493

********	n 990 (2013) THE ARC - JEFFEE Int IX Statement of Functional Ex		REEK 23-71	62049	Page 10
211211211	ion 501(c)(3) and 501(c)(4) organizations must c	·	ther organizations must co	molete column (A)	
0000	Check if Schedule O contains a resp			mpiete delarim (7 ty.	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,958	1,958		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	4			
5	Compensation of current officers, directors,				
	trustees, and key employees	77,895	68,548	5,842	3,505
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	432,857	381,695	31,819	19,343
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,083	8,873	756	454
9	Other employee benefits	60,350		4,526	2,716
10	Payroll taxes	39,264	34,721	2,806	1,737
11	Fees for services (non-employees):				
а	Management			·	
b	Legal				
С	Accounting	34,925		34,313	612
	Lobbying				1
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,505	7,498	627	380
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	35,824	32,103	1,667	2,054
12	Advertising and promotion				
13	Office expenses	28,776	26,096	1,571	1,109
14	Information technology	10,505	9,685	510	310
15	Royalties				
16	Occupancy	51,852	46,305	3,572	1,975
17	Travel	8,376	7,700	390	286
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings	10,550	9,706	475	369
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,837	1,619	136	82
23	Insurance	3,978	3,507	293	178
24	Other expenses. Itemize expenses not covered	,	'		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Meals	23,740	22,810	227	703
b	Events	22,566		73	
C	Dues and subscriptions	15,339		1,039	
d	Bad Debts Expense	7,234	7,234		
	All other expenses	8,887	8,512	233	142
25	Total functional expenses. Add lines 1 through 24e	895,301	766,590	90,875	
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		, 33, 33	307070	3,,000
	following SOP 98-2 (ASC 958-720)				

P	art)	Balance Sheet						
		Check if Schedule O contains a response or note	to any line	in this Part X		<u> </u>		
						(A)		(B)
						Beginning of year		End of year
	1	Cash—non-interest bearing			,	112,188		135,724
	2	Savings and temporary cash investments				52,400	2	52,479
	3	Pledges and grants receivable, net				79,551	3	64,719
	4	Accounts receivable, net				57,449	4	66,346
	5	Loans and other receivables from current and former of	ficers, direc	tors,				
		trustees, key employees, and highest compensated em						
		Complete Part II of Schedule L			5			
	6	Loans and other receivables from other disqualified per						
		4958(f)(1)), persons described in section 4958(c)(3)(B),						
		sponsoring organizations of section 501(c)(9) voluntary		•				
Assets	l _	organizations (see instructions). Complete Part II of Sci			6			
ASS	7	Notes and loans receivable, net			• • • •	5,294	7	
_	8	Inventories for sale or use				13,883	8 9	10,906
	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or				13,663		10,900
	Iva		100	41,	412			
	h	other basis. Complete Part VI of Schedule D	10a	23,	<u>712</u>	2,136	100	18,369
	11	Less: accumulated depreciation Investments—publicly traded securities	[100]			624,204		654,016
	12	Investments—other securities. See Part IV, line 11	• • • •	02-1/20-1	12	001/010		
	13	Investments—program-related. See Part IV, line 11	• • • •		13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)			947,105	16	1,002,559
	17	Accounts payable and accrued expenses		50,350		63,522		
	18	Grants payable			18			
	19	Deferred revenue				1,500	19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV	of Schedule	D			21	
es	22	Loans and other payables to current and former officers						
Ħ		trustees, key employees, highest compensated employ						
Liabilities		disqualified persons. Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated thin					23	
	24	Unsecured notes and loans payable to unrelated third p					24	
	25	Other liabilities (including federal income tax, payables						
		parties, and other liabilities not included on lines 17-24)					25	
	26	of Schedule D Total liabilities. Add lines 17 through 25				51,850	25 26	63,522
	20	Organizations that follow SFAS 117 (ASC 958), chec				31,030	20	03,322
S		complete lines 27 through 29, and lines 33 and 34.	A HOIC P	and				
ž,	27	Unrestricted net assets				855,994	27	899,908
Sale	28	Temporarily restricted net assets				39,261	28	39,129
β	29	Permanently restricted net assets					29	
표		Organizations that do not follow SFAS 117 (ASC 95	B), check he	ere ▶ 🗍 ar				
ō		complete lines 30 through 34.	•					
ets	30	Capital stock or trust principal, or current funds					30	
Ass	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, of			32			
_	33	Total net assets or fund balances		895,255		939,037		
	34	Total liabilities and net assets/fund balances				947,105	34	1,002,559

Form **990** (2013)

orm	1990 (2013) THE ARC - JEFFERSON, CLEAR CREEK 23-7162049			Pag	ge 12
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		87,:	
2	Total expenses (must equal Part IX, column (A), line 25)	2		95,	
3	Revenue less expenses. Subtract line 2 from line 1	3		-8,:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		95,2	
5	Net unrealized gains (losses) on investments	5		51,8	<u>890</u>
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	9:	39,0	037
Рa	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	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				
	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	X	
	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?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		***********	0.0000000000000000000000000000000000000	200000000000
Ju	the Single Audit Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

THE ARC - JEFFERSON, CLEAR CREEK & GILPIN COUNTIES

Employer identification number 23-7162049

P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) Se	e inst	ructio	ns.		
ſhe	orgai	nization is not	a private foundation because	se it is: (For lines 1 through 11,	check only	y one box	(.)						
1		A church, co	nvention of churches, or ass	sociation of churches described	in section	170(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E.)									
3				ice organization described in se	ction 170	(b)(1)(A)	(iii).					*	
4	H			d in conjunction with a hospital)(1)(A)(i	iii). Ente	er the h	ospital's nan	ne	
		city, and stat	a.	-				·/(·/(· ·/(·	,		oopital o han	,	
5		• .		of a college or university owned			overnm	ental uni	it descri	hed in			
J		-	b)(1)(A)(iv). (Complete Part	•	or operat	ca by a g	OVCITIIII	ciitai uiii	it descri	bed iii			
c				*	antion 17	70/h\/4\/A	116.4						
6	X		-	governmental unit described in s				c					
7	Δ	_		substantial part of its support fr	om a gove	ernmenta	i unit or	from the	genera	ai public	;		
_			section 170(b)(1)(A)(vi). (C										
8	\vdash			170(b)(1)(A)(vi). (Complete Par									
9				1) more than 33 1/3% of its sup						-	oss		
			· ·	npt functions—subject to certain									
				nd unrelated business taxable in				x) from t	ousines	ses			
			-	30, 1975. See section 509(a)(2)									
10	Щ	-	-	exclusively to test for public saf	-								
11		•	•	exclusively for the benefit of, to	•		•		•				
				ted organizations described in s						section) ·		
			,	the type of supporting organizat									
•		a Type		c Type III–Function			d				tionally integ	rated	
е		-	· ·	ganization is not controlled direc									
				er than one or more publicly sup	ported or	ganizatio	ns descr	ibed in s	section	509(a)(1)		
		or section 50	, , , ,										
f				ermination from the IRS that it is	s a Type I,	Type II,	or Type	III suppo	orting				
		•	check this box										
g		Since Augus	t 17, 2006, has the organiza	ition accepted any gift or contrib	ution from	any of the	he						
		following per											1
				ontrols, either alone or together								Yes	No
				supported organization?							11g(i)	ļ
			member of a person descri								11g(i	i)	
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?							11g(i	ii)	
h		Provide the	following information about t	the supported organization(s).									
(i	•	of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii) Amoun		tary
	org	anization		(described on lines 1–9 above or IRC section	1	sted in your document?		nization in of your		ion in col. zed in the	sup	port	
				(see instructions))	governing			port?		S.?			
					Yes	No	Yes	No	Yes	No			
A)													
		·											
B)													
												·	····
C)													
D)												-	
E)													
								1	1				

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 THE ARC - JEFFERSON, CLEAR CREEK

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	630,577	678,224	799,209	799,768	895	,511	3,803,289
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	630,577	678,224	799,209	799,768	895	,511	3,803,289
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							45,685
6	Public support. Subtract line 5 from line 4.							3,757,604
	tion B. Total Support			r				
	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
7	Amounts from line 4	630,577	678,224	799,209	799,768	895	,511	3,803,289
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,005	6,385	-41,741	33,406	38	,397	62,452
9	Net income from unrelated business activities, whether or not the business is regularly carried on				· .			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							3,865,741
12	Gross receipts from related activities, etc.	(see instructions)					12	6,812
13	First five years. If the Form 990 is for the	organization's firs						
	organization, check this box and stop her			<u> </u>		<u> </u>		
Sec	tion C. Computation of Public Sเ							
14	Public support percentage for 2013 (line 6	, column (f) divided	d by line 11, colum	ın (f))			14	97.20%
15	Public support percentage from 2012 Sch	edule A, Part II, lin	e 14			L	15	97.09%
16a	33 1/3% support test—2013. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this		
	box and stop here. The organization qual							▶ X
b	33 1/3% support test—2012. If the organ				5 is 33 1/3% or m	ore,		
	check this box and stop here. The organic							▶ ∐
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet				-			
	Part IV how the organization meets the "fa organization							▶ □
b	10%-facts-and-circumstances test—201	If the organizati	on did not check a	box on line 13, 16	8a, 16b, or 17a, an	d line		
	15 is 10% or more, and if the organization				-			
	Explain in Part IV how the organization me	eets the "facts-and	-circumstances" te	st. The organization	on qualifies as a pu	ıblicly		. , , , , , , , , , , , , , , , , , , ,
								▶ ∐
18	Private foundation. If the organization die							. —
	instructions							▶ ∐

Page 3

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

(Complete only if you checked the box on line 9 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	quality arraci t	TIC TOOLS HOLEGE	ciow, piedoe e	ompiete i aren	1.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			X = 7			· · · · · · · · · · · · · · · · · · ·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			-			
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	T () 2000	// N 0040	4.3.0044	T (D 0040	1 () 2040	(0 T. (-)
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				L		
14	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	, \Box
~	organization, check this box and stop her	<u> </u>					P
	tion C. Computation of Public St			(5)		15	0/
15 46	Public support percentage for 2013 (line 8	s, column (t) alvide	a by line 13, colum	ın (т))		16	<u>%</u> %
16 Soc	Public support percentage from 2012 Sch tion D. Computation of Investme				 	16	
17	Investment income percentage for 2013 (column (f))		17	%
18	Investment income percentage for 2013 (III. C 47			ا مد ا	
19a	33 1/3% support tests—2013. If the orga				s more than 33 1/3		70
. Ja	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2012. If the orga						لـا
	line 18 is not more than 33 1/3%, check the						>
20	Private foundation. If the organization di						

Schedule A (F	Form 990 or 990-EZ)	2013 THE	ARC -	JEFFERSON	, CLEAR	CREEK	23-7162049	Page 4
Part IV	Supplemental Part III, line 12	I Information Also comple	n. Provide ete this pa	the explanation rt for any addition	s required bonal informa	y Part II, line tion. (See ins	23-7162049 10; Part II, line 17a or structions).	17b; and
						\		
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			•••••					

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

23-7162049

2013

Name of	the organ	ization	
mur	A D.C	דור או היה היה היד	CT TO A

& GILPIN COUNTIES

Organization type (check one):

THE ARC - JEFFERSON, CLEAR CREEK

Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

THE ARC - JEFFERSON, CLEAR CREEK

Employer identification number 23-7162049

	are outside of the second		7101010
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	McDonnell Family Foundation PO Box 16909 Golden CO 80402-6015	\$ 27,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Arc Thrift Store 12345 W Alameda Parkway Suite 111 Lakewood CO 80228	\$ 761,211	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	GILPIN COUNTIES		23-7162049
	art I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or	
0000000	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	_
	conferring impermissible private benefit?		Yes No
Pá	art II Conservation Easements.		
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	k all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant land area
	Protection of natural habitat	Preservation of a certified histori	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b			2b
С			2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organiza	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	- · · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the y	<i>r</i> ear
			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy		
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	·	
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that c	describes the
	organization's accounting for conservation easements.	Historical Traceures or Other	Cimilar Accate
	irt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		Similar Assets.
4-			halanaa ahaat
та	If the organization elected, as permitted under SFAS 116 (ASC 958), r works of art, historical treasures, or other similar assets held for public	·	
L	public service, provide, in Part XIII, the text of the footnote to its finance.		
D	If the organization elected, as permitted under SFAS 116 (ASC 958), t		
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in futth	iciance ui
	public service, provide the following amounts relating to these items:		• •
	(i) Revenues included in Form 990, Part VIII, line 1		\$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or	r other similar assets for financial asia.	ovide the
2			ovide tile
_	following amounts required to be reported under SFAS 116 (ASC 958)		• •
a h	Revenues included in Form 990, Part VIII, line 1		\$

1a Land **b** Buildings 11,891 11,891 c Leasehold improvements 29,521 11,152 18,369 d Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 18,369

1.	(a) Description of liability	(b) Book value		
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990. Part X. col. (B) line 25.)			

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

Schedule D (Form 990) 2013 THE ARC - 3	JEFFERSON, CLE	AR CREEK	23-7162049	Page 4
Part XI Reconciliation of Revenue pe			•	
Complete if the organization an				041 094
1 Total revenue, gains, and other support per audit				941,084
2 Amounts included on line 1 but not on Form 990.		_{2a}	51,890	
a Net unrealized gains on investmentsb Donated services and use of facilities		2b	2,001	
c Recoveries of prior year grants		2c	2,001	
d Other (Describe in Part XIII.)		2d		
- 4 1 1 2 4 4 4 6 1			2e	53,891
3 Subtract line 2e from line 1				887,193
4 Amounts included on Form 990, Part VIII, line 12	2, but not on line 1:			
a Investment expenses not included on Form 990,	Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)		4b		
c Add lines 4a and 4b			4c	
5 Total revenue. Add lines 3 and 4c. (This must ed				887,193
Part XII Reconciliation of Expenses part Complete if the organization and				
1 Total expenses and losses per audited financial	statements		1	897,302
2 Amounts included on line 1 but not on Form 990				
a Donated services and use of facilities			2,001	
b Prior year adjustments	·	2b		
c Other losses				
d Other (Describe in Part XIII.)		2d		0 001
				2,001
3 Subtract line 2e from line 1				895,301
4 Amounts included on Form 990, Part IX, line 25,				
a Investment expenses not included on Form 990,				
b Other (Describe in Part XIII.)c Add lines 4a and 4b			40	
5 Total expenses. Add lines 3 and 4c. (This must e	equal Form 990 Part I line		4c 5	895,301
Part XIII Supplemental Information	244411 01111 000, 1 4111, 11110	10.)		000,002
Provide the descriptions required for Part II, lines 3, 5,	and 9; Part III, lines 1a and	4; Part IV, lines 1b and	I 2b; Part V, line 4; Part X, line	 e
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4				
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Schedule D (F	orm 990) 2013	THE AR	C - JEFFEI	RSON, CI	EAR C	CREEK	23-7162049	Page 5
Part XIII	Suppleme	ntal Informa	ition (continued)				
• • • • • • • • • • • • • • • • • • • •								
					• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspired ADC - TEFERSON CLEAR CREEK

Open to Public Inspection

Name of the organization THE ARC - JEFFERSON, CLEAR CREEK & GILPIN COUNTIES

23-7162049

Form 990, Part VI, Line 6 - Classes of Members or Stockholders Members
Form 990, Part VI, Line 7a - Election of Members and Their Rights
The rights of membership are not related to the amount received, each
person gets one vote and each household gets two votes if they choose.
Although interim appointments are allowed, all members of the Board of
Directors are elected by the membership at our general membership meeting.
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
Membership must approve all changes to Articles of Incorporation and
Bylaws
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The Arc's executive director and accountant participate in the initial
review of the 990. Following that, the Finance Committee reviews and
approves the 990 prior to it being finalized. The Board of Directors
receives a copy of the 990 prior to it being filed.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
All Board members fill out a "conflict of interest" form and those are
reviewed on an annual basis. In addition, as each Board meeting begins, the
Board President asks if anyone has a conflict of interest based on the
meeting agenda. All disclosed conflicts are entered into the minutes of
the meeting and individuals disclosing conflicts of interest recuse

	THE ARC -	JEFFERSON,	CLEAR CREEK	23-7162	049
themselv	es from voti	ng on those	specific agend	a items.	
Form 990	, Part VI, L	ine 15a - Co	ompensation Pro	cess for Top Offic	ial
Our proc	ess included	hiring an o	outside consult	ant and conducting	, a salary
survey,	as well as l	ooking at lo	ocal salary dat	a for similar orga	nizations.
The Exec	utive Direct	or's compens	sation was appr	oved by the Board	of
Director	s, providing	an opportu	nity for delibe	ration. The Execu	ıtive
Director	was given a	salary inc	rease in 2013 t	hat was equivalent	to the
				Staff increases an	re based on
market d	ata and avai	lable funds	•.:		
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