

Mount Arlington, NJ Newton, NJ Bridgewater, NJ

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Independent Member BKR International

# PUBLIC INSPECTION COPY

## **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.



Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023								
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number			
	Addre	ARC FOUNDATION OF SOMERSET COUNTY INC						
	Name			30-02054	74			
	Initial returr		oom/suite	E Telephone number	r			
	Final returr	141 COUDIL MAIN CODEED		908-252-	6653			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	442,007.			
	Amer	MANVILLE, NO 00055		H(a) Is this a group re				
	Appli tion pendi			for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
<u> </u>	Tax-ex	empt status: $X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or$	527	lf "No," attach a	list. See instructions			
	Websi			H(c) Group exemption				
		f organization: X Corporation Trust Association Other	L Year o	of formation: 1999	State of legal domicile: ${f NJ}$			
Pa	art I	Summary			COMEDCEE			
e	1	Briefly describe the organization's mission or most significant activities: THE AL	RC FO	UNDATION OF	SOMERSET			
Activities & Governance		COUNTY IS DEDICATED TO ENHANCING THE QUAL						
/err	2	Check this box if the organization discontinued its operations or disposed			sets. 8			
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			7			
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			0			
tie	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		25				
tivi	6	Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		581,452.	335,005.			
nue	9			0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,533.	15,353.			
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-15,275.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		578,710.	350,358.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	1,944,456.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		103,068.	50,759.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe	b		0.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,304.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		254,372.				
	19	Revenue less expenses. Subtract line 18 from line 12		324,338.				
s or			Beg	ginning of Current Year	End of Year			
Fund Balances	20	Total assets (Part X, line 16)		2,352,282.	995,654.			
et A:	21	Total liabilities (Part X, line 26)		23,468.	453,929.			
Ž <sup>i</sup>	22	Net assets or fund balances. Subtract line 21 from line 20		2,328,814.	541,725.			
	art II							
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	y 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	Date
Here	CHRISTOPHER CORVINO, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	ANTHONY RISPOLI ANTHONY RISPOLI	05/15/24 <sup>if</sup> self-employed P02467381
Preparer	Firm's name NISIVOCCIA LLP	Firm's EIN 22-1914888
Use Only	Firm's address 200 VALLEY RD. SUITE 300	
	MT. ARLINGTON, NJ 07856	Phone no. (973) 328-1825
May the I	S discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) ARC FOUNDATION OF SOMERSET COUNTY INC 30-0205474 Page 2
Pa	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE ARC FOUNDATION OF SOMERSET COUNTY IS DEDICATED TO ENHANCING THE
	QUALITY OF LIFE AND EXPANDING PROGRAMS AND SERVICES FOR INDIVIDUALS
	WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH THE
	PROCUREMENT OF GRANTS, FUNDRAISING, AWARENESS, EDUCATION, AND PUBLIC
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses 2,163,783. including grants of 1,944,456.) (Revenue \$ PROMOTE AND SUPPORT THE INTERESTS AND PURPOSES OF THE ARC OF SOMERSET
	COUNTY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:         ) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     2,163,783.
-+0	Form <b>990</b> (202:
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110	2 515 784010 085149001 2022 05090 ARC FOINDATION OF SOMFRSET 08514901

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⊢orm	990	(2022)

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	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	_		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		- 23
0		8		x
9	Schedule D, Part III	0		
9	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	-		
10	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	Х	
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
	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		17
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	0.0.0
232003	12-13-22	Form	220	(2022)

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Form 990 (2	2022)	ARC	FOUNDATION	OF
Part IV	Checklist	of Require	d Schedules (cont	inued)

			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	Х	
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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
C		24c		
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
		240		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	· · · · · · · · · · · · · · · · · · ·	30		x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	↓ 12-13-22	Form	990	(2022)
	4			,

2022.05090 ARC FOUNDATION OF SOMERSET 08514R01

Form 990	(2022)	ARC	FOUNDATION	OF	SOMERSET	COUNTY	INC
Part V	Statements	Regard	ing Other IRS Fil	ings	and Tax Com	oliance (cont	tinued)

22         Exter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,         2a         0           b         If a test one's reported on line 2a, did the organization file at required tedral employment tax returns?         2b           c         Main Tax Statements         2a         0           d         Main Tax Statements         2a         2b           d         Main Tax Statements         2a         Xa           d         Main Tax Statements         3a         Xa           d         Main Tax Statements         Xa         Xa         Xa				Yes	No	
b         If a test one is reported on line 2a, did the organization file all required testrat employment tax returns?         2b           3a         Did the organization have unnelated business gross income of \$1,000 or more during the year?         3a         X           4a         At my time during the calendar year, did the organization have an interest in, or a signature or other nautical occurit?         4a         X           b         If "Nes," intert the name of the foreign country         4a         X           b         If "Nes," intert the name of the foreign country         5a         X           b         D da ny taxation for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (ERAF).         5a         X           5b         D da ny taxation all gross receipts that are on mail grost receipts that are on regular top architotic tax sheller transaction at any time during the tax year?         5a         X           cit "Ves' to line 5a or 5b, did the organization till twa or is a parity to a prohibited tax sheller transaction?         5b         X           di If "ves', if did the organization near that are on mail greater that as contributions or gifts were not ax deductible contributions under section 170(c).         7a         X           di If wes, if didta organization near that are omail approprint for which it was required to the sparo?         7b         Te         X           di If wes, if didta organization include with overy solicitatio	2a					
b         It is est one is reported on line 2a, did the organization file all required federal exployment tax returns?         2b           a         Ad any time during the calendar year? If 'Mo' to line 3b, provide an exploration on Schedub 0         3b           a         At any time during the calendar year? If 'Mo' to line 3b, provide an exploration on Schedub 0         3b           a         At any time during the calendar year? If 'Mo' to line 3b, provide an exploration on Schedub 0         3b           b         I' 'Yes, ' reter the name of the foreign country (such as a bank account, securities account, or other inancial accounts (FBAR).         5a           5e instructions for fing requipments for FRCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a         X           b         D dary taxasing reparts on the engineation this FOR 8867.?         5c         X           c         D dary taxasing reserves that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible contributions on apersos alternent that such contributions or gifts were not tax deductible?         7a         X           7         Organization setue apprent in access of \$75 made party as contribution and party for prodes and services provided to the payor?         7a         X           11 'Yes, ' did the organization notify the dorn of the value of the goods or services provided to the payor?         7a         X           11 'Yes, ' dintate organization, secret set advectib			)			
b       If Yas, 'has it liked a form 390 To the yas,' if Yao''to fane 30, provide an explanation on Schedule O       3b         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authenty over, a financial account's outh as a bank account, sourthes account, or other financial account's outh as a bank account sourthy is a bank account sourthy is a bank account sourthy is a bank account sourthy to a prohibited tax shelter transaction?       4a       X         b       Did any taxation for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         6       Did any taxation to fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         6       Did any taxation be organization have an any taxa or is a party to a prohibited tax shelter transaction?       5a       X         1       If Yes,' to the organization have engineatin that tax or is a party to a prohibited tax shelter transaction?       6a       X         0       Dif we regularization shell exclusible contributions and explexes taxation that souring approximation selecation and party to a prohibited tax shelter transaction?       6b       7a       X         1       If Yes,' did the organization induce with every solutation and explexes taxation and explexes taxation and explexes taxation and explexes taxation and party taxation and party taxation and explexes taxation and explexes taxation and explexes taxation and explexes taxatis and explexes taxation and explexes taxation and exple	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
4a       Arry time during the calendary year, dif the organization have an interest in, or a signature or other submerty over, a financial accountly is when the foreign country.       4a       X         b       If "ves," enter the name of the foreign country.       5a       X         c       If "ves," enter the name of the foreign country.       5a       X         c       If any tasket party notify the organization that it was or is a party to a prohibited tax shellser transaction?       5a       X         c       If "ves," is in 6a or 5b, dif the organization from 886-7.       5a       X         c       If "ves," is in 6a or 5b, dif the organization in 6m 886-7.       5a       X         dif any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles calentable contributions?       6a       X         dif "ves," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       0b       17a       X         dif "ves," idd the organization include with every solicitation and party for goads and services provided to the party or particutation scient association scient association receive a spin memory instruction and party for goads and services provided to the party or particutation express and party as a continuous on a personal benefit contract?       7a       X         dif "ves," indicate the number of Forms 8820 for under ty to party	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
If Yes,* inter the name of the foreign country     4a     X       b If Yes,* inter the name of the foreign country     5a     X       5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?     5a     X       5b Dd any taxebulger transaction at any time during the tax year?     5a     X       6b Dd any taxebulger transaction at any time during the tax year?     5a     X       7b Dd any taxebulger transaction at any time during the tax year?     5a     X       9b If Yes,* ide the organization that tax or is a party to a prohibited tax shefter transaction?     5c     Sc       9b If Yes,* ide the organization that tax or is a party to a prohibited tax shefter transaction?     5c     Sc       9b If Yes,* ide the organization toxide with every solicitation an express statement that such contributions or gifts     6b     Sc       9b If Yes,* ide the organization include with every solicitation and express statement that such contributions or gifts     6b     Sc       9b If Yes,* ide the organization neutry tennes (lacces of the value of the goods or services provided to the payor?     7a     X       9b If Yes,* ide the organization neutry tennes of forms \$222 Eled during the year     7d     Z       9b If the organization neutry tennes of forms \$222 Eled during the year     7d     Z       9b If the organization neutry tennes of advised unds.     7d     Z       9b If the organization neutry tennes.	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O				
b       If "Yes," enter the name of the toraign country       If "Yes," enter the name of the toraign country         See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Francial Accounts (FBAR).       5a       X         D       Use the organization in party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         D       D off any toxable party notify the organization in from 8886 7:       5b       X         E1       Yes," toil the organization include with every solicitation an express statement that such contributions or gifts were not tax docuttible can chartable contributions?       6a       X         D       If "Yes," toil the organization include with every solicitation an express statement that such contributions or gifts were not tax docuttible can travalue contributions?       7a       X         D       If "Yes," iddite organization include with every solicitation and party for goods and services provided to the payo?       7a       X         D       If Yes," iddite organization include with every or otherwise dispose of tangible personal property for which it was required the file Form 8880 ar required?       7c       X         D       If Yes," iddicate the number of Forms 8282?       Idd during the year.       Zd       7f       Zd       7f       Zd         D       If the organization received a contribution of goods.       a personal benefit contraci?       7f       Zd	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6b       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       X         7       Organization sele, example deducetible contributions under social party is a contribution an express statement that such contributions or gifts       7a       X         7       Organization sele, example, or otherwise discose of tangible personal property for which it was required to the inform 282?       7c       X         7       Did the organization and, example, or otherwise, directly or indirectly, on a personal benefit contract?       7c       X         7       Did the organization and example deal during the year?       7d       7d       7d         7       Did the organization and example maintain donor advised funds.       9a       9a       9d       9d       <		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
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 transaction?         5b         X           c         I'Yea' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?         5c         5c           d         Description have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible?         5c         X           b         I'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         7c         X           b         I'Yes,'' did the organization notify the doors of the values of the ogods are services provided?         7c         X           d         I'Yes,'' did the organization notify the doors of the values of the ogods are services provided?         7c         X           d         I'Yes,'' did the organization notify the doors of the values of the ogods are services provided?         7c         X           d         I'Yes,'' did the organization necesive any funds, directly or indirectly, to pay premiums on a personal benefit contract?         7c         X           d         I'Yes,'' did the organization necesive any funds, directly orindirectly, on a personal benefit contract?	b	If "Yes," enter the name of the foreign country				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?       50         c       If 'Yes' to line 5a or 5b, did the organization the form 8888-17.       50         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societti any contributions?       6a       X         b       If 'Yes' to line 6a or 5b, did the organization tax educutble as charitable contributions?       6b       7a       X         b       If 'Yes, 'did the organization neave payment in excess of 57 made party as a contribution and party for gods and services provided to the pary?       7a       X         d       If 'Yes, 'did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         d       If 'Yes, 'did the organization receive a pary tonds. discretly or indirectly, to pay premums on a personal benefit contract?       7c       X         d       If 'Yes, 'did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7d       7d       7d         f       It do aganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?       7d       7d       7d         f       It do aganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
If "Yes" to line 6a or 6b, 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 solitit any contributions that were not tax deductible as charitable contributions?       5c         7b "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b         7c Organizations that may receive deductible contributions under section 170(c).       7a       X         8 If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c         7c Ub the organization receive a permetine, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d         9 Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       7d         9 If the organization receive any touchs, directly or indirectly, on a personal benefit contract?       7d       7d         9 Bonsoring organization neaves ab contribution or cans, bods, anjanaes, or other vehices, did the organization file a Form 1098 C?       7e       7d         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         9 Scon	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			
6a     Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soluti any contributions that were not tax deductible as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6a       c     Organization stat may receive deductible contributions under section 170(c).     6b     6b     7a       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       d     Did the organization receive any thread, directly or indirectly, on a personal benefit contract?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     2d     7d     7d       d     Did the organization received a contribution of qualified intelectual property, did the organization file a Form 1088-C?     7d     7d       d     B Sponsoring organization maintaining door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9a       9     Sponsoring organization make any taxable distributions under source against     10d     10d       10     the sognanization maintaining door advised fund any the year     10d     10d       9<			5b		X	
ary contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7     Organizations that may receive deductible contributions under section 170(c).     7c       a     Did the organization noticely asymetmic incesses of \$57\$ made party as a contribution and party for goods and services provided to the payor?     7c       Visit "Yes," did the organization notic y symmetrin excess of \$57\$ made party as a contribution and party for goods and services provided to the payor?     7c       Visit "Yes," indicate the number of Forms 8282 filed during the year     Zd     7c       0     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       10     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7c       11     the organization receive any funds, directly or indirectly, on a personal benefit contract?     7c       12     Td     7d     7d       13     Bonsoring organization maintaining door advised funds. Did a donor advised fund maintained by the seponsoring organization maintaining door advised funds.     10a       14     organization maintaining door advised funds.     10a     10a       14     Did the sponsoring organization maintaining door advised funds.     10a       15     Did the sponsoring	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       10         a       bit the organization notity the donce of the solue of the goods or services provided to the pary?         7.0       Z         2       Did the organization notity the donce of the value of the goods or services provided?       7c         2       Did the organization notity the donce of the value of the goods or services provided?       7c         2       Did the organization receive any tunks, directly or indirectly, to pay premiums on a personal benefit contract?       7f         4       Did the organization received a contribution of qualified intelectual property, did the organization file a Form 1088-C?       7n         5       Sponsoring organization maintaining door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a done, donor advised fund maintained by the sponsoring organization make any taxable distributions under sources against in the sponsoring organization. Enter:       10a         10       Beschin 501(c)(27) organizations. Enter:       10a       10b       10b         11       Section 501(c)(27) organizations. Enter:       10a       10b       10b	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     70       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     70       b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     70       c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       d If 'Yes,'' indicate the number of Forms 8282 filed during the year     Td     7c     X       d If 'Yes,'' indicate the number of Forms 8282 filed during the year     Td     7c     X       d If 'Yes,'' indicate the number of Forms 8282 filed during the year     Td     7c     X       g If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required?.     7g     7g       g If the organization meake any taxable distributions to donor, donor advised fund maintained by the sponsoring organization make any taxable distributions on take secton 4966?     9a     9b       9     Sponsoring organization meake any taxable distributions on donor, donor advised fund fund     10a     10a       10     Borts received from them.     10a     10a     10a       10     Gross income from mothers or shareholders     11a     10a     10a       11     Section 501(c)(12) organizati		·				
7       Organizations that may receive deductible contributions under section 170(c).       Image: the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         0       Did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         0       Did the organization notify the donor of the value of the goods or services provided?       7c       X         0       Did the organization units excess of \$25 made partly as a contribution or a personal benefit contract?       7c       X         0       Did the organization during the year, pay permiums, directly or indirectly, or a personal benefit contract?       7r       7r         1       Did the organization during the year, pay permiums, directly or indirectly, or a personal benefit contract?       7r       7r         1       Did the organization more evice a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C7       7h       7h         1       Byposoring organization make and good and sevice during the year?       9       Sponsoring organization make a aignt stibutions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       the sponsoring organization make a aigntable distributions under section 4966?       9a	b					
a bit the organization receive a payment in excess of \$75 made party as a contribution and party for pools and services provided to the payor?       7a       X         b if 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b if 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7c       X         b if 'Yes,'' indicate the number of Forms 8282 filed during the year       7d       7c       X         e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7d       7d         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8099 as required?       7h       2g         h If the organization maintaining door advised funds.       8       9       9ponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9 Sponsoring organization make any taxable distribution to a doner, doner advisor, or related person?       9a       9a </th <th></th> <th></th> <th>6b</th> <th></th> <th></th>			6b			
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums, on a personal benefit contract?       7e       X         d       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 Cf       8         Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization. Ther:       10a       10b         10 the sponsoring organization. Ther:       11a       10a       10b         2 Section 501(c)(2) organizations. Encler:       11a       12a       12a         11       Section 501(c)(2) organization. Encler:       12a       12a </th <th>7</th> <th></th> <th></th> <th></th> <th>37</th>	7				37	
c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d     11° Yes, "Indicate the number of Forms 8282 filed during the year     7d     7e     X       e     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7e     X       f     Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     X       g     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       8     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9     Did the sponsoring organization make a distribution to a donor advisor, or related person?     9b     9b       10     the sponsoring organizations. Enter:     10a     10b       a     Gross income from members or shareholders     11a     10a       11     12a     10b     11a     10a       12a     Section 501(c)(7) organizations. Enter:     11a     10a       a     Gross income from members or shareholders     11a     10a       12a     Section 501(c)(2) organizations. Enter:     12a     12a       3     Section 501(c)(2) organizations included on Part VIII, line 12, for public	a					
to file Form 8282?       7c       X         d If 'Yes," indicate the number of Forms 8282 filed during the year       7d       7d         D dt the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       7f         g If the organization receive a contribution of a sublex suble			7b			
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7e         f Did the organization received a contribution of qualified intellectual property, did the organization file FOrm 8899 as required?       7f         h If the organization received a contribution of qualified intellectual property, did the organization file FOrm 8899 as required?       7f         h If the organization received a contribution of qualified intellectual property, did the organization file FOrm 8899 as required?       7f         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b         0       Soction 501(c)(7) organizations. Enter:       10a         1       10b       10b       10b         12       Section 501(c)(7) organizations. Enter:       11a       10a         13       Section 501(c)(72) organizations. Enter:       11a       10b         13       Section 501(c)(72) organizations. Enter:       11a       12a         14       Section 501(c)(22) organization fluerest received or accrued during the year       12b       13a	С		_		v	
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations. Enter:       8       9         10       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(2) organizations. Enter:       10a       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b       10b       10c         12       Section 501(c)(2) organizations. Enter:       11a       10b       10c			70			
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make access business holdings at any time during the year?       7th         9       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations maintaining door advised runds.       9a         9       Sponsoring organizations. Enter:       10a         10       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(7) organizations. Enter:       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization file or more 1017?       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       12b       13a         14       Did the sponsoring organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       13a <th>a</th> <th></th> <th>7-</th> <th></th> <th></th>	a		7-			
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make any taxable distribution to a donor, donor advised funds.       9a         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from other sources. (Do not net amounts due or paint to the organization filing Form 990 in lieu of Form 1041?       12a         12 Section 501(c)(12) organizations. Enter:       11b       11b         13a       11b       12a         14a       Section 501(c)(12) organization sci. (Do not net amounts due or painization filing Form 990 in lieu of Form 1041?       12a         15       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a         15       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       14a       X         16       1	e 4				<u> </u>	
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       Image: Control of Contreconteric of Control of Contr	1				<u> </u>	
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14       Did the sond creaves on hard       13a         15       Section 501(c)(29) qualified health plans in more than one state?       13a         14       Did       13a       13a         14       Did the amount of reserves on hard       13a       13a         15       Section 501(c)(29) qualified health plans in more than one state?       13b       13a         15       Section 501(c)(29) qualified health plans in more than one state?       13a       13a       13a <th>y b</th> <th colspan="4"></th>	y b					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         D       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross income from members or shareholders       11a       10b       10b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       If "Yes," has it field a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4968 excise tax on net investment income?       15       X         if "Yes," see the instructions and file Form 4720, Schedule O.       14a <th></th> <th colspan="4"></th>						
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?   9 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10 Section 501(c)(7) organizations. Enter:   a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(2) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   c Inter the amount of reserves on hand   14a X   b If "Yes," has it field a Form 720 to report these payments? if "No," provide an explanation or Schedule O   15 Is the organization and file Form 4720, Schedule N.   16 X   17   18 Is the organization and file Form 4720, Schedule N.   19 Is the organization. Instructions and file Form 4720, Schedule N.   16 X   17	0		8			
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders       10b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12a Section 501(c)(7) organizations Enter:       11a         a 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 501(c)(29) qualified nonprofit health insurance issuers.       12a         3 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.       14a         b If "Yes," has it field a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a         14       13c       14a         15       Is the organization and file Form 4720, Schedule N.       14a         15       X       14         16       Y.**, see the instructions and file Form 4720, Schedule N.       15         16       X       14a       X         17	9					
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12						
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         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         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         15       Is the organization subject to the section 4968 excise tax on net investment income?       15						
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         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         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13a       13b       13c       14a       X	10					
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:       11a         a       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       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         14       Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization and file Form 4720, Schedule N.       16       X         17       Yes," see the instructions and file Form 4720, Schedule N.       16       X         14a       X       16       X       17	а					
a Gross income from members or shareholders       11a       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       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a       13a         c Enter the amount of reserves on hand       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," set the instructions and file Form 4720, Schedule N.       15       15       X         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         16       Is the organization an educational institution subject to the section 4964 excise tax on net investment income?	b					
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       If "Yes," complete Form 4720	11	Section 501(c)(12) organizations. Enter:				
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12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 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.       13a         a       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.       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule O.       16       X         17       If "Yes," complete Form 4720, Schedule O.       16       X         18       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         16       X	b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
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.       13a         a       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.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X       17		/				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       17         17       In the imposition of an excise tax under section 4951, 4952 or 4953?       17       17			12a	·		
a 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.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13b       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       16       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       14b       16       X       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17			-			
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the serves on hand       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of the serves on payments? If "No," provide an explanation on Schedule O       Image: Construction of the serves on the serves on payment of the serves on payment (s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Construction of the serves on the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Construction of the trust or the serves on						
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17	а		13a	<u> </u>		
organization is licensed to issue qualified health plans       13b       13b       13c         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       16       X						
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b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         17       If "Yes," complete Form 4720, Schedule O.       17			140		x	
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17				-	- 23	
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17			140	<u>'</u>	<u> </u>	
If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.         If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	.0		15		x	
16       X         17       If "Yes," complete Form 4720, Schedule O.         18       If "Yes," complete Form 4720, Schedule O.         19       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			13			
If "Yes," complete Form 4720, Schedule O.         17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		16		Х	
17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
			17			

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2022.05090 ARC FOUNDATION OF SOMERSET

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Form **990** (2022)

08514R01

Form 990 (20)	22)
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#### ARC FOUNDATION OF SOMERSET COUNTY INC

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	v	
	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.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Δ	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	Х	
10	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	17	
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?			
-	The organization's CEO, Executive Director, or top management official	15a		Х
		15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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 NJ			
18	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	) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.	, . <i>.</i> <b>j</b>	,	
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial	
	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 CHRISTOPHER CORVINO - 908-725-8544

141	SOUTH	MAIN	STREET,	MANVILLE,	NJ	08835	

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2022.05090 ARC FOUNDATION OF SOMERSET

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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 VI

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 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.

				(C)		(D)	(E)	(F)			
Name and title	Average	(do r	(do not check more than one		Reportable	Reportable	Estimated				
h	nours per	box,	unles er and	s per	rson i	s botł	n an	compensation	compensation	amount of	
	week	- 1	erand	au	recio	r/trus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	nours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the	
	ganizations	rustee	trus		ee	npen		1099-NEC)	1099-1120)	organization and related	
5	below	dual ti	tiona		nploy	st cor yee	-	1000 NEO)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) CHRISTOPHER CORVINO	1.00	_	_	_							
SECRETARY/EXECUTIVE DIRECTOR		x		x				Ο.	116,331.	58,553.	
(2) SANDEE MILLER	1.00										
MEMBER		Х						0.	56,185.	29,086.	
(3) MATTHEW ADAMS	1.00										
PRESIDENT		X		X				0.	0.	0.	
(4) VINCENT LOMBRADO	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(5) MARK MCDONOUGH	1.00										
TREASURER		Х		Х				0.	0.	0.	
(6) ROBERT BERINGER	1.00										
MEMBER		Х						0.	0.	0.	
(7) PATRICIA CARLSON	1.00										
MEMBER		Х						0.	0.	0.	
(8) MIKE DEBIASI	1.00										
MEMBER		Х						0.	0.	0.	
			$ \rightarrow$								
			_								
		$\rightarrow$	$\rightarrow$								
		_	_								
		-+	-+	-+							
		-+	-+	-+							
232007 12-13-22										Form <b>990</b> (2022)	

232007 12-13-22

Form **990** (2022)

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7 2022.05090 ARC FOUNDATION OF SOMERSET

	990 (	2022) AI	RC FOUNI	DATION (	OF	SC	OME	SRS	SEI	<u>' (</u>	COUNTY INC	30-02	2054	174	P	age <b>8</b>
Par	t VII	Section A. Officers, D	irectors, Trus	tees, Key Em	ploy	vees,	and	d Hi	ghes	st C	Compensated Employe	es (continued)				
		(A)		(B)			(0		-		(D)	(E)			(F)	
		Name and title		Average			Posi				Reportable	Reportable		Fs	timate	ed
				hours per					than c is both		compensation	compensatio			ount	
				week	offi	cer an	d a di	irecto	or/trust	ee)	from	from related			other	
				(list any	ctor						the	organization	s	com	pensa	ation
				hours for	r dire				ted		organization	(W-2/1099-MIS	SC/	fr	om th	е
				related	stee c	ustee			en sa		(W-2/1099-MISC/	1099-NEC)		orga	anizat	ion
				organizations	altru	onal ti		loyee	e comp		1099-NEC)				d relat	
				below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizati	ons
				1110)	Ē	Ĕ	0Ħ	Key	ĒĒ	£			$\rightarrow$			
													$ \rightarrow $			
													$ \rightarrow $			
					1											
					1											
					1											
					1											
1b	Subt	otal			-						0.	172,53	16.	8	7,6	39.
		I from continuation she									0.		0.			0.
		l (add lines 1b and 1c) .									0.	172,53	16.	8	7,6	39.
2		number of individuals (ii									eceived more than \$10	-				
-		pensation from the organ	-		1000	note		0010	<i>s</i> ,							0
	00111	seneation nom the organ	Lation												Yes	No
3	Did tl	he organization list any <b>f</b>	former officer	director trust	ee I	kev e	empl	love	e or	hic	hest compensated em	plovee on	— Г			
•		a? If "Yes," complete So								-				3		х
4	For a	ny individual listed on lir	ne 1a is the s	um of reportab	 חם כו		anea	ntion	d		her compensation from	the organization	·····  -	-		
-		related organizations gre										the organization		4	Х	
5		ny person listed on line										idual for convicos		-		
5		ered to the organization?						-			-			5		x
Sec		. Independent Contrac		piele Schedul	eji	UI SL	icn	Ders	SOIT				·····	5		21
		· ·		magazatad in	dan	ndo	<b>nt</b> 0	ontr	to		that reactived more than	¢100.000 of com		tion f		
1		plete this table for your f	-	-	-								ipensa	ation i	rom	
	the o	rganization. Report com		the calendar y	lear	enuii	iy w			1		year.				
		Name	(A) and business	address	N	ONE	7				(B) Description of	services	Cc	(C mper		n
					TAA					$\neg$						
										$\neg$						
										-						
										$\neg$						
										$\dashv$						
2	Total	number of independent	contractore (	ncluding but :		mitor	d to	the	eo lie		abovo) who received	more than				
2		number of independent		-		mile	u 10		se iis )	lec	a above, who received f	nore triall				
	φτυυ	,000 of compensation fr	on the organi	zaliuii					<u> </u>				r	orm		2022)

232008 12-13-22

			ARC FOUNDATIC	ON OF SOM	ERSET COUN	TY INC	30-0205	474 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	( <b>D</b> )		
					(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue excluded
					rotarrevenue		business revenue	from tax under
(0, (0								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a					
Dou Dou			Membership dues 1b	FC 100				
Å,			Fundraising events 1c	56,182.				
iar Iar			Related organizations 1d					
Sin's,			Government grants (contributions) 1e					
er (		f	All other contributions, gifts, grants, and					
ight			similar amounts not included above 1f	278,823.				
ont		-	Noncash contributions included in lines 1a-1f					
<u>a</u> O		h	Total. Add lines 1a-1f	1	335,005.			
				Business Code				
Program Service Revenue	2	а						
ne v		b						
n S eni		С						
Rev		d						
roç		е						
₽.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere-	est, and	1 0 1 0			1 0 0 1 0
			other similar amounts)		16,019.			16,019.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)	1				
	7	а	Gross amount from sales of assets other than inventory <b>7a 54</b> , <b>499</b> .	(ii) Other				
Ō		D	Less: cost or other basis and sales expenses 7b 55,165.					
evenue								
					-666.			-666
Other R			Net gain or (loss) Gross income from fundraising events (not		0000			-000.
Ę	°	d	including \$ 56,182. of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18	36,484.				
		h	Less: direct expenses 8b	0.6 1.0 1				
			Net income or (loss) from fundraising events		0.			
			Gross income from gaming activities. See					
	_		Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
S				Business Code				
eon	11	а						
lan		b		ļ				
Miscellaneous Revenue		С		ļ				
Mis			All other revenue					
			Total. Add lines 11a-11d			0		15 252
	12		Total revenue. See instructions		350,358.	0.	0.	15,353.
23200	9 12	-13	-22					Form <b>990</b> (2022)

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2022.05090 ARC FOUNDATION OF SOMERSET 08514R01

Part IX Statement of Functional Expenses

ARC FOUNDATION OF SOMERSET COUNTY INC

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<b>D</b> -	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 044 456	1 044 456		
	and domestic governments. See Part IV, line 21	1,944,456.	1,944,456.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	41,821.	41,821.		
8	Pension plan accruals and contributions (include	,	,		
2	section 401(k) and 403(b) employer contributions)	1,939.	1,939.		
9	Other employee benefits	2,381.	2,381.		
10	Payroll taxes	4,618.	4,618.		
11	Fees for services (nonemployees):	-	-		
а	Management				
b	F				
с	•	2,200.	2,200.		
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	32,622.	32,622.		
12	Advertising and promotion				
13	Office expenses		1		
14	Information technology	1,852.	1,852.		
15	Royalties	00.045	00.045		
16	Occupancy	20,345.	20,345.		
17	Travel	129.	129.		
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	5,195.	5,195.		
23 24	Insurance Other expenses. Itemize expenses not covered	5,155.	5,155.		
24	above. (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TUITION EXPENSES	84,017.	84,017.		
b	MANAGEMENT EXPENSES	9,407.	9,407.		
c	CAPITAL CAMPAIGN EXPENS	6,850.	6,850.		
d	MEMBERSHIP DUES	3,162.	3,162.		
e		2,789.	2,789.		
25	Total functional expenses. Add lines 1 through 24e	2,163,783.	2,163,783.	0.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (	2022)	ARC	FOUNDATION	OF	SOMERSET	COUNTY	INC	30
Part X	Balance Sheet	t						

		Check if Schedule O contains a response or note to any line in this Part X			
	-		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	383,957.	2	432,231.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
<	9	Prepaid expenses and deferred charges	10,520.	9	500.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	529,963.	12	562,923.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,427,842.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,352,282.	16	995,654.
	17	Accounts payable and accrued expenses	12,987.	17	453,899.
	18	Grants payable		18	
	19	Deferred revenue	10,481.	19	30.
	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 any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	02.460	25	452.000
	26	Total liabilities. Add lines 17 through 25	23,468.	26	453,929.
S		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	2 000 670		
ala	27	Net assets without donor restrictions	2,098,678.	27	541,725.
d B	28	Net assets with donor restrictions	230,136.	28	0.
n		Organizations that do not follow FASB ASC 958, check here			
orF		and complete lines 29 through 33.			
ts (	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0 000 014	31	
Ň	32	Total net assets or fund balances	2,328,814.	32	541,725.
	33	Total liabilities and net assets/fund balances	2,352,282.	33	995,654.

Form **990** (2022)

Form	ARC FOUNDATION OF SOMERSET COUNTY INC	30-0	205474	Pag	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)         Total expenses (must equal Part IX, column (A), line 25)         Revenue less expenses. Subtract line 2 from line 1         Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))         Net unrealized gains (losses) on investments         Donated services and use of facilities         Investment expenses         Prior period adjustments         Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	350 2,163 -1,813 2,328	3,7 3,4 3,8	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		541		25.
Pa	column (B)) rt XII Financial Statements and Reporting	10	541	L,/	20.
1 4					X
	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 on Schedul	e O.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer 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 separat				
	consolidated basis, or both:				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

Total

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nam	e of t	the organization	do to www.ii3.gov/			, latest in		Employer	identification number
	ARC FOUNDATION OF SOMERSET COUNTY INC 30-0205474								
Pa	tΙ	Reason for Public (							
The	proan	ization is not a private found			-				
1		A church, convention of ch							
2		A school described in secti					•,,,•,,,•		
3		A hospital or a cooperative				(b)(1)( <b>A</b> )(i	ii)		
4		A medical research organiz					-	)(iii) Enter	the hospital's name
-		city, and state:		injunotion with a noopita	000011000				the hospital e hame,
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	init descrit	ned in
5		section 170(b)(1)(A)(iv). (C				icu by a g	overnmentar		
6				montal unit described in	nantion 17	0(h)(4)(A)	(1)		
-	Х	A federal, state, or local gov	•				. ,	ha ganaral	public described in
'	21	An organization that norma	-	antial part of its support i	rom a gov	enninentai		ne general	public described in
•		section 170(b)(1)(A)(vi). (Co		(1)(A)(vi) (Complete Der	ь II \				
8		A community trust describe				بالمعالمة الم		المربح والمراجع	
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	r the colleg	je or
10		university:		··· 00.4/00/ 6''					
10		An organization that norma	•	-				-	-
		activities related to its exem		-					-
		income and unrelated busir		e (less section 511 tax) th	om busine	sses acqu	lired by the o	rganization	atter June 30, 1975.
		See section 509(a)(2). (Cor	• •	Same and the set of the second set of the second	(-t- 0		20(-)(4)		
11		An organization organized a	-		•				
12		An organization organized a		-	-			-	
		more publicly supported or							Sneck the box on
		lines 12a through 12d that	• •			-		-	
а		<b>Type I.</b> A supporting orga							
		the supported organization		• • • • •	a majority o	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c							
b		<b>Type II.</b> A supporting orga							
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus							
С		☐ Type III functionally inte	• • •					lly integrat	ed with,
	_	its supported organization							
d		☐ Type III non-functionally						-	
		that is not functionally int			•		-	d an attent	liveness
	_	requirement (see instruct	,	•					
е		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, or		onally integrated support	ing organiz	zation.			
f	f Enter the number of supported organizations								
g		vide the following informatior (i) Name of supported	i about the supporte	ed organization(s).	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	(	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))	165	INU		,	

#### 30-0205474 Page 2 ARC FOUNDATION OF SOMERSET COUNTY INC Schedule A (Form 990) 2022 Part II

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

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	652,359.	663,115.	417,876.	581,452.	335,005.	2,649,807.
2	Tax revenues levied for the organ-						
	ization'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	652,359.	663,115.	417,876.	581,452.	335,005.	2,649,807.
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)						370,130.
6	Public support. Subtract line 5 from line 4.						2,279,677.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	652,359.	663,115.	417,876.	581,452.	335,005.	2,649,807.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	22,271.	21,274.	11,363.	10,175.	16,019.	81,102.
9	Net income from unrelated business	,	,	,	- / -		- / -
Ũ	activities, whether or not the						
	business is regularly carried on	28,507.	3,541.				32,048.
10	Other income. Do not include gain		- , -				- ,
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,762,957.
	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax	vear as a section !		
10	organization, check this box and <b>stor</b>				-		
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	82.51 %
	Public support percentage from 2021		•			15	78.49 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual						
<b>1</b> 7a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
					.,		(Form 990) 2022

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#### Schedule A (Form 990) 2022 ARC FOUNDATION OF SOMERSET COUNTY INC 30-0205474 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
k	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
k	<b>33 1/3% support tests - 2021.</b> If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
2320	23 12-09-22			15		Schedule A	A (Form 990) 2022

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<sup>2022.05090</sup> ARC FOUNDATION OF SOMERSET

### 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 I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

#### 30-0205474 Page 5 ARC FOUNDATION OF SOMERSET COUNTY INC Schedule A (Form 990) 2022 Part IV Supporting ationa

10	Continued)		
		Ye	s No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11:		
b	A family member of a person described on line 11a above? 11	,	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11	;	
Sec	tion B. Type I Supporting Organizations		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported

	and of type in cupper any enganizations
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control

5 11 5 (7 7		i	
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	structions)
---	-------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c 🗋	The organization supported	l a governmental entity	. Describe in Part VI how	you supported a go	overnmental entity	(see instructions).
-----	----------------------------	-------------------------	---------------------------	--------------------	--------------------	---------------------

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

Schedule A (Form 990) 2022

2a

2b

3a

3b

Yes

No

Yes No

1

2

Yes No

17

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2022.05090 ARC FOUNDATION OF SOMERSET 08514R01

Sche	dule A (Form 990) 2022 ARC FOUNDATION OF SOMER	SET	COUNTY INC	30-0205474 Page 6					
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (explain ir	Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	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,								
	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	ion C - Distributable Amount			Current Year					

Sec	ion 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

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2022.05090 ARC FOUNDATION OF SOMERSET 08514R01

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#### Schedule A (Form 990) 2022

#### ARC FOUNDATION OF SOMERSET COUNTY INC 30

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsiv	e		
	(provide details in <b>Part VI</b> ). See instructions.	•		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				
-	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

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2022.05090 ARC FOUNDATION OF SOMERSET 08514R01

Part VI	(Form 990) 2022			OF SOME				05474 Pa
	Supplemental   Part IV, Section A, li	intormation. Pro	ovide the explana	tions required I	by Part II, line	10; Part II, lin	e 17a or 17b; Part I	II, line 12;
	line 1; Part IV, Section A, I	on D, lines 2 and 3;	Part IV, Section	E, lines 1c, 2a, 3	2b, 3a, and 3l	o; Part V, line	1; Part V, Section B	, line 1e; Part V
	Section D, lines 5, 6	6, and 8; and Part V	, Section E, lines	2, 5, and 6. Als	o complete th	is part for an	y additional informat	tion.
	(See instructions.)							
2028 12-09-2	22						Schedule	e A (Form 990)
				20			Conedun	
	784010 085						F SOMERSET	08514F

SCHEDULE D

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form	990)
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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.



Employer identification number

	t I Organizations Maintaining Donor Advise		r Similar Funds	s or A	ccounts.Complete if the	e
	organization answered "Yes" on Form 990, Part IV, line		onniar i anac			5
		(a) Donor advi	sed funds	(	(b) Funds and other accour	nts
1	Total number at end of year	( )				
2	Aggregate value of contributions to (during year)					
23	Aggregate value of grants from (during year)					
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	with a that the second	le a la line, al a ve a ve a al via			
5	-	-				
~	are the organization's property, subject to the organization's of					
6	Did the organization inform all grantees, donors, and donor as					
	for charitable purposes and not for the benefit of the donor of		• • • •			
Dai	t II Conservation Easements. Complete if the org					
				Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	· · · -	<u>, , , , , , , , , , , , , , , , , , , </u>			
	Preservation of land for public use (for example, recreat	tion or education)			orically important land area	
	Protection of natural habitat	L	Preservation of	a certi	ified historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribution in the form	of a co		
	day of the tax year.				Held at the End of the	
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic stru-				2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and	l not on a			
	historic structure listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or terminated by the	e orgar	nization during the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	ection, handling of			
	violations, and enforcement of the conservation easements it		· •		Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting,					ear
		0 ,	0		0,	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conserva	tion ea	asements during the year	
		<b>č</b>	C C			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirem	ents of section 170	(h)(4)(E	B)(i)	
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn		•			
	organization's accounting for conservation easements.					
	t III Organizations Maintaining Collections of	FArt, Historical T	reasures, or O	ther	Similar Assets.	
Pa			,			
Pa		990, Part IV, line 8.				
	Complete if the organization answered "Yes" on Form		evenue statement :	and ha	lance sheet works	
	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95	8, not to report in its r				
	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub	8, not to report in its r lic exhibition, educati	on, or research in fu	urthera		
<b>1</b> a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan	8, not to report in its r lic exhibition, education icial statements that c	on, or research in fu lescribes these iten	urthera ns.	ance of public	
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95	8, not to report in its r lic exhibition, educati- ncial statements that c 8, to report in its rever	on, or research in fu lescribes these iten nue statement and	urthera ns. balanc	ance of public ce sheet works of	
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	8, not to report in its r lic exhibition, educati- ncial statements that c 8, to report in its rever	on, or research in fu lescribes these iten nue statement and	urthera ns. balanc	ance of public ce sheet works of	
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	8, not to report in its r blic exhibition, educati incial statements that o 8, to report in its rever exhibition, education	on, or research in fu lescribes these iter nue statement and or research in furth	urthera ns. balanc neranc	ance of public ce sheet works of ce of public service,	
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1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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	8, not to report in its r lic exhibition, educati- icial statements that c 8, to report in its rever exhibition, education	on, or research in fu lescribes these iter nue statement and or research in furth	urthera ns. balanc neranc	ance of public ce sheet works of ce of public service, \$ \$	
1a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	8, not to report in its r blic exhibition, educati- icial statements that c 8, to report in its rever exhibition, education asures, or other simila	on, or research in fu lescribes these iten nue statement and or research in furth r assets for financia	urthera ns. balanc neranc	ance of public ce sheet works of ce of public service, \$ \$	
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea- the following amounts required to be reported under FASB ASC	8, not to report in its r olic exhibition, educati- ncial statements that of 8, to report in its rever exhibition, education asures, or other simila SC 958 relating to the	on, or research in fu lescribes these iten nue statement and or research in furth r assets for financia se items:	urthera ns. balanc heranc Il gain,	ance of public ce sheet works of ce of public service, \$ \$ provide	
1a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	8, not to report in its r olic exhibition, educati- ncial statements that of 8, to report in its rever exhibition, education asures, or other simila SC 958 relating to the	on, or research in fu lescribes these iten nue statement and or research in furth r assets for financia se items:	urthera ns. balanc heranc Il gain,	ance of public ce sheet works of ce of public service, \$ \$ provide	
1a b 2 a	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea- the following amounts required to be reported under FASB ASC	8, not to report in its r plic exhibition, education incial statements that of 8, to report in its rever exhibition, education asures, or other simila SC 958 relating to the	on, or research in fu lescribes these iten nue statement and or research in furth r assets for financia se items:	urthera ns. balanc neranc Il gain,	ance of public ce sheet works of ce of public service, \$ \$ provide \$	
1a b 2 a b	Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat the following amounts required to be reported under FASB ASC Revenue included on Form 990, Part VIII, line 1	8, not to report in its r olic exhibition, education incial statements that of 8, to report in its rever exhibition, education asures, or other simila SC 958 relating to the	on, or research in fu lescribes these iten nue statement and or research in furth r assets for financia se items:	urthera ns. balanc neranc Il gain,	ance of public ce sheet works of ce of public service, \$ \$ provide \$	990

		NDATION OF						30-02			age <b>2</b>
Pai	t III Organizations Maintaining (	Collections of A	rt, Histo	rical Tr	reasures, or 0	Other	Simil	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	iny of the	e following that ma	ake sigr	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change program						
b	Scholarly research	e	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's of	ollections and explai	n how they	/ further 1	the organization's	s exemp	ot purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	of art, histo	orical trea	asures, or other s	imilar as	ssets		-		-
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arrar		ete if the o	rganizatio	on answered "Yes	s" on Fo	orm 990	), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custoo		2						7		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	ole:					A		
									Amoun	τ	
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
T	Ending balance Did the organization include an amount on F						<b>1</b> f		Yes		Na
	If "Yes," explain the arrangement in Part XIII					-		L			」No │
Pa								<u></u>			_
		(a) Current year	(b) Pric		(c) Two years ba			ears back	(e) Fou	r vears	back
1a	Beginning of year balance		(-)	<b>, , .</b>	(-) 5		, ,		(-)	<u> </u>	
h	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu		ce (line 1q,	column (	a)) held as:						
а	Board designated or quasi-endowment	•	%	,							
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the poss	ession of the organiz	ation that a	are held a	and administered	for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Sch	nedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		owment fur	nds.							
Pai	t VI Land, Buildings, and Equip										
	Complete if the organization answere	1	· · ·								
	Description of property	(a) Cost or c basis (investr		. ,	t or other (other)	c) Accu depre	umulate ciation	ed	(d) Boo	k valu	e
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment										
	Other										
Tota	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column	(B), line	10c.)	<u></u>					0.

Schedule D (Form 990) 2022

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Complete if the organization answered "Yes"			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
Financial derivatives			
Closely held equity interests			
		000	
(A) OTHER SECURITIES	562,923.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (1)			
(H)	562,923.		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) art VIII Investments - Program Related.	J02,923.		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
		(c) Method of Valuation. Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9) tal (Col (b) must equal Form 990, Part X, col, (B) line 13.)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
art IX Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)           Other Assets.           Complete if the organization answered "Yes"           (1)		11d. See Form 990, Part X, line 15.	
at . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	
art IX       Other Assets.         Complete if the organization answered "Yes"         (1)         (2)         (3)         (4)		11d. See Form 990, Part X, line 15.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	
art IX       Other Assets.         Complete if the organization answered "Yes"         (1)         (2)         (3)         (4)         (5)         (6)		11d. See Form 990, Part X, line 15.	
art IX       Other Assets.         Complete if the organization answered "Yes"         (1)         (2)         (3)         (4)         (5)         (6)         (7)		11d. See Form 990, Part X, line 15.	
<ul> <li>(a) (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</li> <li>(a) (Dther Assets. Complete if the organization answered "Yes"</li> <li>(a) (1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul>		11d. See Form 990, Part X, line 15.	
ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
art IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line art X         Other Liabilities.	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         art IX       Other Assets. Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)	Description		(b) Book value
art IX       Other Assets. Complete if the organization answered "Yes"         (a)       (1)         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)         art X       Other Liabilities.         Complete if the organization answered "Yes"         (a)       (2)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         (1)       (2)         (3)       (4)         (4)       (5)         (5)       (3)	Description		(b) Book value
art IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	Description		(b) Book value
art IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (a)         (b)       must equal Form 990, Part X, col. (B) line         (a)       (b)         (c)       (c)         (b)       must equal Form 990, Part X, col. (B) line         (a)       (c)         (b)       must equal Form 990, Part X, col. (B) line         (a)       Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)	Description		(b) Book value
art IX       Other Assets. Complete if the organization answered "Yes"         (a)       (1)         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)         art X       Other Liabilities. Complete if the organization answered "Yes"         (a)       (b)         (c)       (c)         (b)       (c)         (c)       (c)         (c)       (c)         (a)       (c)         (b)       (c)         (c)       (c)	Description		(b) Book value

ARC FOUNDATION OF SOMERSET COUNTY INC

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Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 ARC FOUNDATION OF SOMERSET COUNTY IN	C 30-	0205474 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	376,694.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 2	6,336.	
b	Donated services and use of facilities 2b		
с			
d			
е		2e	26,336.
3	Subtract line 2e from line 1		350,358.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с			0.
E	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	350,358.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Fart 1, line 12.)		
	Int XII Reconciliation of Expenses per Audited Financial Statements With Expe		
	Reconciliation of Expenses per Audited Financial Statements With Expension           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nses per Retu	irn.
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Retu	
Pa	Image: Arror XII       Reconciliation of Expenses per Audited Financial Statements With Expendence         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nses per Retu	irn.
Pa 1	Image: Automatical State of Expenses Per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nses per Retu	irn.
Pa 1 2	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities	nses per Retu	irn.
<b>Pa</b> 1 2 a	Introduction of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b	nses per Retu	irn.
Pa 1 2 a b	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expenses         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       2a	nses per Retu	ırn. 2,163,783.
Pa 1 2 a b	Image: Network State (Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1	ırn. 2,163,783. 0.
Pa 1 2 a b c d	Image: Network State (Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	1 2e	ırn. 2,163,783.
Pa 1 2 a b c d e	Image: Network State (Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	1 2e	ırn. 2,163,783. 0.
Pa 1 2 a b c d e 3	Image: Network State in the second	1 2e	ırn. 2,163,783. 0.
Pa 1 2 a b c d e 3 4	Image: Note of the system o	1 2e	ırn. 2,163,783. 0.
Pa 1 2 a b c d e 3 4 a	Image: Network State (Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	1 2e 3	ırn. 2,163,783. 0. 2,163,783. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Int XII       Reconciliation of Expenses per Audited Financial Statements With Expendence         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         Investment expenses not included on Form 990, Part VIII, line 7b       4a	1 2e 3 4c	ırn. 2,163,783. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A
NONPROFIT ORGANIZATIONS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND
IS THEREBY EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO
SECTION 501 (A) OF THE CODE. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE
15 OF THE STATE OF NEW JERSEY CORPORATIONS AND ASSOCIATIONS NOT FOR PROFIT
ACT. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN
PRESENTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

#### THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE

#### STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT

### METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

28

232054 09-01-22

16140515 784010 08514R001 2022.05090 ARC FOUNDATION OF SOMERSET 08514R01

Schedule D (Form 990) 2022ARC FOUNDATION OF SOMERSET COUNTY INC30-0205474 Page 5Part XIIISupplemental Information (continued)RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE CONSOLIDATEDFINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION,CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2023. HOWEVER, THE ORGANIZATION IS SUBJECT TO REGULAR AUDIT BY TAX AUTHORITIES, INCLUDING A REVIEW OF ITS NONPROFIT STATUS, WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. THE ORGANIZATION ALSO BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS.

NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH FEDERAL AND NEW JERSEY STATE AUTHORITIES ON AN ANNUAL BASIS. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THESE AUTHORITIES WITHIN CERTAIN STATUTORILY DEFINED PERIODS FOR FEDERAL AND FOR NEW JERSEY STATE.

Schedule D (Form 990) 2022

232055 09-01-22

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SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming A	Activ	vities 0	DMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2022	
	0	rganization entered more than \$1 Attach to Form 990 o	-		-			Open to Public	
Department of the Treasury Internal Revenue Service	Go te	o www.irs.gov/Form990 for instru				n.		Inspection	
Name of the organization	n	NDATION OF SOMERSE						ntification number	
	30-0205								
	complete this part	Complete if the organization answe t.	ered "Y	'es" oi	n Form 990, Part IV, I	ine 17	7. Form 990-E2	Z filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o red in Form 990, P ) highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (oi fi	mount paid retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total 3 List all states in wh	ich the organizatio	n is registered or licensed to solicit	contrib	ution	or has been notified	t it is d	exempt from r	egistration	
or licensing.	ion the organizatio			Jution	s of has been notified	11110		egistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

30-0205474 Page 2 ARC FOUNDATION OF SOMERSET COUNTY INC

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

_		of fundraising event contributions and gr	oss income on Form 990	0-EZ, lines 1 and 6b. List 6 (b) Event #2	c) Other events	ots greater than \$5,000.
					NONE	(d) Total events
			GOLF EVENT	ARC WALK		(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	74,215.	17,601.		91,816.
	2	Less: Contributions	46,509.	9,839.		56,348.
	3	Gross income (line 1 minus line 2)	27,706.	7,762.		35,468.
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		7,762.		35,468.
	10	Direct expense summary. Add lines 4 throug		·		35,468
	11	Net income summary. Subtract line 10 from I				0
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
нечепие			(,3	bingo/progressive bingo	(-,	col. (a) through col. (c
2 L						
	1	Gross revenue				
ses	2	Cash prizes				<u> </u>
Ulrect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	-	Her gaming meene caninary. Cabractime r				
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a				
b	lf "	No," explain:				
		ere any of the organization's gaming licenses r				. Ves No
b	lf "	Yes," explain:				
3208	82 10	D-27-22			Sche	edule G (Form 990) 202
				31		

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Sch	edule G (Form 990) 2022	ARC	FOUNDATION	OF	SOMERSET	COUNTY	INC	<u> 30 - 0</u>	<u>205</u> 47	4 Page 3
11	Does the organization conduct	gaming ac	tivities with nonmemb	ers?					Yes	No
12	Is the organization a grantor, be	eneficiary o	r trustee of a trust, or	a men	nber of a partners	nip or other en	tity formed			
	to administer charitable gaming								Yes	s 🛄 No
	Indicate the percentage of gami								Т	
	The organization's facility								13a	%
	An outside facility								13b	%
14	Enter the name and address of	the persor	i who prepares the org	ganiza	tion's gaming/spe	cial events do	oks and record	IS:		
	Name									
	Address									
<b>1</b> 5a	Does the organization have a co	ontract with	n a third party from wh	nom th	e organization rec	eives gaming	revenue?		Yes	s 🛄 No
b	If "Yes," enter the amount of ga						and the amo	unt		
	of gaming revenue retained by t				_					
C	If "Yes," enter name and addres	s of the th	ind party:							
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	n \$								
		J								
	Description of services provided									
	Director/officer	Em Em	nployee	Inc	dependent contrac	ctor				
17	Mandatory distributions:									
а	Is the organization required und		w to make charitable of	distribı	utions from the ga	ming proceeds	s to			
	retain the state gaming license?								Yes	s ∟ No
b	Enter the amount of distribution	-		distrik	outed to other exe	mpt organizati	ons or spent i	n the		
Pa	organization's own exempt active Int IV Supplemental Info			itions r	required by Part I	line 2b. colum	ns (iii) and (v):	and Par	t III lines	9 9b 10b
	15b, 15c, 16, and 17b, a		•				., .,	andra	,	0,00,100,
	, , , , , , , , , , , , , , , , ,		1 7							
2320	83 10-27-22							Schedu	le G (For	m 990) 2022
1 4 4		D001			32					

2022.05090 ARC FOUNDATION OF SOMERSET 08514R01

Schedule G	(Form 990) Supplemental In	ARC	FOUNDATION	OF	SOMERSET	COUNTY	INC	30-0205474 Page 4
Part IV	Supplemental In	iformation	(continued)					
								Schedule G (Form 990)
232084 04-01-	22				33			

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SCHEDULE I (Form 990) Department of the Treasury		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	er Assistance t d Individuals in answered "Yes" on F Attach to Form 990.	ce to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047 <b>2022</b> Open to Public
Internal Revenue Service Name of the organization			Go to www.irs.	5	the latest informa	tion.		Inspection Employer identification number
Part I General Ir	ARC FOUNDATION OF General Information on Grants and Assistance	ATION OF Id Assistance	SOMERSET CO	COUNTY INC				30-0205474
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	istance, and the select	
	criteria used to award the grants or assistance?	tance?		and the set of the set				Yes X No
Part II Grants an	Describe in Part IV the organization's procedures for monitoring the use or grant funds in the United States.	Domestic Organiz	oring the use of grant zations and Domestic	Governments. Co	a states. omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient t	recipient that received more than \$5,000. Part II can be duplicated	5,000. Part II can	be duplicated if addition	if additional space is needed	ed.			
1 (a) Name and ac or go	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ARC OF SOMERSET COUNTY INC. 141 SOUTH MAIN STREET	SET COUNTY INC. TREET		501 ( 7 / 2 )	1 011 155	c			
MANVILLE, NJ U8835	C 2		DUT(C)(3)	т, У44, 456.	• •			OPERATIONS
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government or	ganizations listed in the	e line 1 table				
3 Enter total numb LHA For Paperwork	Enter rotal number of other organizations listed in the line 1 table	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022 ARC FOUNDATION OF		SOMERSET COUNTY INC	. INC		30-0205474 Page 2
Part III       Grants and Other Assistance to Domestic Individuals.       Complete if the organization answered "Yes" on Form 990, Part IV, line 22.         Part III       Grants and Other Assistance to Domestic Individuals.       Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	s. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	le 2; Part III, column	(b); and any other ac	iditional information.	
		L			
232102 10-31-22		35			Schedule I (Form 990) 2022

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees		LU		
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organization		Employer ide			mber
		ARC FOUNDATION OF SOMERSET COUNTY INC	30-02	0547	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	charter travel Housing allowance or residence for person	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	3			
	Discretionary s	spending account Personal services (such as maid, chauffel	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		. 4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only costion E01	(2) = 5.1(a)(4) and = 5.1(a)(20) arganizations must complete lines = 5.2				
5		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	20			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation overheas of:				
-	contingent on the r			5a		x
		ation?				X
D		pr 5b, describe in Part III.		. 55		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
0	contingent on the r		<i></i>			
я	-			6a		x
		ation?				X
		pr 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
'		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
-	•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
-		1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	) 2022

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38 38 SCHEDULE O (Form 990)

## 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 the latest information.



08514R01

Department of the Treasury Internal Revenue Service Name of the organization

ARC FOUNDATION OF SOMERSET COUNTY INC

Employer identification number 30 - 0205474

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMS AND SERVICES FOR INDIVIDUALS WITH INTELLECTUAL AND

DEVELOPMENTAL DISABILITIES THROUGH THE PROCUREMENT OF GRANTS,

FUNDRAISING, AWARENESS, EDUCATION, AND PUBLIC RELATIONS ACTIVITIES. THE

VISION OF THE ARC FOUNDATION OF SOMERSET COUNTY IS TO ENSURE THE

FINANCIAL VIABILITY OF THE ARC OF SOMERSET COUNTY'S PROGRAMS WHICH

SUPPORT LIFETIME ACHIEVEMENT AND SUCCESS TO EACH OF THE INDIVIDUALS

SERVED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONS ACTIVITIES. THE VISION OF THE ARC FOUNDATION OF SOMERSET COUNTY IS TO ENSURE THE FINANCIAL VIABILITY OF THE ARC OF SOMERSET COUNTY'S PROGRAMS WHICH SUPPORT LIFETIME ACHIEVEMENT AND SUCCESS TO EACH OF THE INDIVIDUALS SERVED.

FORM 990, PART VI, SECTION B, LINE 11B:

ARC FOUNDATION OF SOMERSET COUNTY, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING. LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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ARC FOUNDATION OF SOMERSET COUNTY INC

FORM 990, PART VI, SECTION B, LINE 12C:

ARC FOUNDATION OF SOMERSET COUNTY, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION C, LINE 19:

ARC FOUNDATION OF SOMERSET COUNTY, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 141 SOUTH MAIN STREET MANVILLE, NJ 08835. IN ADDITION FORM 1023 AS WELL AS THE FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 141 SOUTH MAIN STREET MANVILLE, NJ 08835.

FORM 990, PART XII, LINE 2C:

THERE WAS NO CHANGE FROM THE PRIOR YEAR.

232212 10-28-22

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	anizations and Unrelated Partnerships on answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3 Attach to Form 990. Jov/Form990 for instructions and the latest information.	r <b>tnerships</b> ne 33, 34, 35b, 36 information.	, or 37.	°	OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization ARC FOUNDATION	N OF SOMERSET COUNTY	Y INC			Employer identification number 30-0205474	ication number 4 7 4
Part I Identification of Disregarded Entities. Complete if the organization	te if the organization answered "Yes"	answered "Yes" on Form 990, Part IV, line 33.				
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
<b>Part II</b> Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the organization a	inswered "Yes" on Form 990	, Part IV, line 34,	because it had on	e or more related tax-ex	empt
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
THE ARC OF SOMERSET COUNTY INC 22-1968555 141 SOUTH MAIN STREET MANVILLE, NJ 08835	DEV. ASSIST.	NEW JERSEY	501(C)(3)	LINE 7	N/A	
SOMERSET ARC APARTMENTS INC 22-2537989 141 SOUTH MAIN STREET MANVILLE, NJ 08835	HOUSING	NEW JERSEY	501(C)(3)	LINE 7	N/A	×
ARC HOUSING OF SOMERSET INC 22-2813769 141 SOUTH MAIN STREET MANVILLE, NJ 08835	SNISDOH	NEW JERSEY	501(C)(3)	LINE 7	N/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2022

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Page 2		(k) Percentage ownership			e related	(i) Section 512(b)(13) controlled entity? <b>Yes</b> No			990) 2022
05474	ore related	(j) General or managing partner? Yes No			one or mor	(h) Percentage ownership			Schedule R (Form 990) 2022
30-0205474	e it had one or m	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			, because it had	(g) Share of Pe end-of-year ov assets			Schedul
	34, because	(h) Disproportionate allocations? Yes No			rt IV, line 34				
	art IV, line	(g) Share of end-of-year assets			rm 990, Pa	(f) Share of total income			
	orm 990, F				Yes" on Fo	<b>(e)</b> Type of entity (C corp, S corp, or trust)			
	"Yes" on F	(f) Share of total income			answered "				
	n answered				ganization ;	(d) Direct controlling entity			
Y INC	organizatior	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ste if the or	n nicile رب			42
COUNTY	ete if the c				st. Comple	(c) Legal dor (state foreig countr			
SOMERSET (	<b>ership.</b> Comple	(d) Direct controlling entity			<b>iration or Trus</b> /ear.	<b>(b)</b> Primary activity			
OF SO	<b>as a Partn</b> ax year.	(c) Legal domicile (state or foreign country)			as a Corpo	Prime			
FOUNDATION	anizations Taxable tnership during the t	<b>(b)</b> Primary activity			anizations Taxable	Z _			
Schedule R (Form 990) 2022 ARC F	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	<b>(a)</b> Name, address, and EIN of related organization			14-22
Schedule	Part III				Part IV				232162 09-14-22

INC
COUNTY
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FOUNDATION
ARC
Schedule R (Form 990) 2022

30-0205474 Page 3

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<u>ې</u>		×
				1d	×	
e I oans or loan guarantees by related organization(s)				-		×
f Dividends from related organization(s)				¥		×
a Sale of assets to related organization(s)				10		×
Purchase of assets from related organization(s)				9 <del>4</del>		×
				Ŧ		×
<ul> <li>Excitating of assets with related organization(s)</li> <li>I asset of facilities antiinment or other assets to related organization(s)</li> </ul>				Ŧ		:  ×
ו בכמסק טו ומטווונים, הקטוטווהווני, טו טנוופו מססקנט נט ופומניט טו טמווובמנוטווט/				-		1
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			Ŧ	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			<del>1</del>		×
	tion(s)		ed organization(s)	1 L	×	
Sharing of baid employees with related organization(s)				9	×	
				2		
<b>b</b> Reimbursement paid to related organization(s) for expenses				f	×	
				2 -		×
				2		
r - Other transfer of cash or nronarty to related organization(s)				÷		×
				= ,		>
				IS		4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	lis line, including covered I	relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved	volved		
(1) THE ARC OF SOMERSET COUNTY INC.	В	1,944,456.				
(2)						
(3)						
(4)						
(5)						
(6)						
232163 09-14-22	43		Schedule R (Form 990) 2022	R (Form	066 L	) 2022

Page 4		enue)	(k) ercentage wnership					Schedule R (Form 990) 2022
74		ss rev	al or D	2				 orm (
54		r gros	(j) General or managing partner? Ves NO	8				R (F
30-0205474		oy total assets o	(i) (j) (k) Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) vss No					Schedule
		easured b	Dispropor- tionate allocations?					
	37.	nt of its activities (me	(g) Share of end-of-year assets					
	1 990, Part IV, line	e than five percen	(f) Share of total income					
	on Form	cted mor	(e) Are all partners sec. 501(c)(3) orgs.?	8				
COUNTY INC	zation answered "Yes"	he organization condu	(cd) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
SOMERSET (	mplete if the organi	hip through which t ision for certain inve	(c) Legal domicile (state or foreign country)					
ARC FOUNDATION OF	o <b>le as a Partnership.</b> Co	ntity taxed as a partners tructions regarding exclu	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2022 ARC FO	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	<b>(a)</b> Name, address, and EIN of entity					

Schedule R (Fo	orm 990) 2022
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1	Part VII	Supplemental Information	1
			-

Provide additional information for responses to questions on Schedule R. See instructions.

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6140515 784010 08514R001	2022.05090 ARC FOUNDATION OF SOMERSET 08514R01