** PUBLIC DISCLOSURE 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.

Department of the Treasury Internal Revenue Service

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

ΑF	or the	$^\circ$ 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and 6	ending J	UN 30, 2023	3
	heck if	C Name of organization		D Employer identif	
	Addres	THE ARC OF EAST CENTRAL IOWA			
	Name change			42-08053	377
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 680 2ND STREET SE	Room/suite	E Telephone numb	
	√return termin- ated			G Gross receipts \$	5,139,882.
	Ameno			H(a) Is this a group	
	Application	F Name and address of principal officer: IneresA Dewis		for subordinate	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
<u> 1 T</u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1) o	r 527	If "No," attach	a list. See instructions
	Vebsit			H(c) Group exempti	
		organization: X Corporation Trust Association Other	L Year	of formation: 1953	M State of legal domicile: IA
Ра		Summary	DG DD	OLLEDES SEDI	T.O.D.
g.		Briefly describe the organization's mission or most significant activities: THE A			ICE,
Governance		SUPPORT AND ADVOCACY TO INDIVIDUALS WITH I			
ern		Check this box if the organization discontinued its operations or dispose		I -	1 00
હુ				<u>3</u>	
જ		Number of independent voting members of the governing body (Part VI, line 1b)			
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			_
\neg		Net directated business taxable moone norm on 1000 1,1 arti, into 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,032,161.	2,682,694.
Jie		Program service revenue (Part VIII, line 2g)		2,398,368	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,752	
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-968.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,435,313.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	'
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
σ	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,229,670.	3,223,597.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 133,38	16.		
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		506,194.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,735,864.	
_	19	Revenue less expenses. Subtract line 18 from line 12		699,449.	
sor	20 21 22		Be	ginning of Current Year	
sset	20	Total assets (Part X, line 16)		7,333,018.	
ETAS ETAS	21	Total liabilities (Part X, line 26)		200,671.	
Ž:	rt II	Net assets or fund balances. Subtract line 21 from line 20		7,132,347.	8,592,237.
		1 -	and atatama	nto and to the heat of n	ny kaomindae and balief it is
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			iy kilowledge alld bellet, it is
uuc,	COLLEC	t, and complete. Declaration of preparet (other than officer) is based on an information of win	icii pi chai ci	ilas ally kilowieuge.	
Sigr	,	Signature of officer		I Date	
Sigi Here		THERESA LEWIS, EXECUTIVE DIRECTOR			
Here	5	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		DAVID LITTLE DAVID LITTLE	1	1/02/23 if self-empl	
Prep		Firm's name CLIFTONLARSONALLEN LLP	<u> </u>		41-0746749
Use		Firm's address 600 3RD AVENUE SE, SUITE 300		, and o Env	
-	•	CEDAR RAPIDS, IA 52401		Phone no. 3	L9-363-2697
May	the IF	S discuss this return with the preparer shown above? See instructions		1	X Yes No

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	Briefly describe the organization's mission:
	THE ARC OF EAST CENTRAL IOWA EMPOWERS INDIVIDUALS WITH DISABILTIES AND
	THEIR FAMILIES TO ENGAGE IN LIFELONG OPPORTUNITIES TO LIVE, LEARN,
	WORK, PLAY, AND ADVOCATE WITH FULL DIGNITY AND INCLUSION IN THEIR
	COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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 \$ 1,068,790 . including grants of \$) (Revenue \$ 833,460)
	IN-HOME AND COMMUNITY - DELIVERS CRITICAL SUPPORT AND SERVICES TO 277
	INDIVIDUALS AND THEIR FAMILIES IN THE COMMUNITY AND IN THEIR HOMES THAT
	INCLUDES RESPITE, INTERIM MEDICAL MONITORING AND TREATMENT,
	HABILITATION, AND SUPPORTED COMMUNITY LIVING.
	INDIBITATION, AND SUFFORTED COMMONTH BIVING:
4b	(Code:) (Expenses \$ 679,487. including grants of \$) (Revenue \$ 731,763.)
	DAY HABILITATION - YEAR-ROUND DAILY PROGRAM SERVING 88 ADULTS WITH
	INTELLECTUAL DISABILITIES. PROVIDES SERVICES IN A COMMUNITY-BASED
	SETTING THAT FOCUSES ON IMPROVING LIFE SKILLS AND PARTICIPATING
	MEANINGFULLY IN THE COMMUNITY.
	MEANINGFOLDI IN THE COMMONITI:
4c	(Code:) (Expenses \$ 537,159 • including grants of \$) (Revenue \$ 303,742 •)
	AFTERSCHOOL AND SUMMER CHILDCARE - CENTER-BASED INCLUSIVE SERVICES THAT
	PROVIDES A SAFE, STRUCTURED ENVIRONMENT FOR 88 INDIVIDUALS WHO HAVE
	INTELLECTUAL AND PHYSICAL DISABILITIES THROUGH SUPERVISED ACTIVITIES
	EMPHASIZING SOCIAL SKILL, RECREATIONAL AND COMMUNITY INCLUSION
	ACTIVITIES.
	ACTIVITIED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 739,527 • including grants of \$) (Revenue \$ 555,928 •)
4e	Total program service expenses 3,024,963.
	Form 990 (2022)

Form 990 (2022) THE ARC OF EAST CENTRAL IOWA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (EAST	
Part IV	Ch	ecklist of Require	d Sche	edule	s (contin	ued)

22 I bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX cournel, Nijne 22 if "Yes," complete Schedule (Part I and III) 23 Did the organization answer "Yes" to Part VII, Section A, Imp 3. 4, or 5, about compensation of the organization's current and formar difficant, directions, fusates, key employees, and highest compensated employees? If "Yes," complete Schedule R, If "No," go to Jine 25a		i (continued)		Yes	No
Part IX, column (Al, line 2? II "Yes," complete Schedule I, Parts I and III an	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
23 Did the organization answer "Yes" to Part VII, Section A, lies 3, 4, or 5, about compensation of the organization security and former offices, discriots, rustees, key employee, and highest compensated employeem? If "Yes," complete Schedule I, and the view of the view			22		Х
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and 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," arrawer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b 25b Did the organization mixet any proceeds of fax-exempt bonds beyond a temporary period exception? 24c 25c Schedule K. If "No," go to line 25a 25d Did the organization mixet any proceeds of fax-exempt bonds beyond a temporary period exception? 25d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25d Did the organization are that it engaged in an excess benefit transaction with a disqualified person of any of the organization. But the organization engage in an excess benefit transaction with a disqualified person of any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with the transaction with a prior or the prior of the prior of th	23				
Schedule J. Who, "got to line 256. 28					ı
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the list day of the year, it at was sixed after December 31, 2002 ff ""yes," arrawer lines 24b through 24d and complete Schedule K. If "No." ye to line 25a		, · · ·	23		X
Schedule K. If 'No.' go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d) bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d) bid the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year of defease any tax exempt bonds? d) Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a Section 501(x)3, 501(x)4, and 501(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? b is the organization avare 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 prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 's Schedule I, Part	24a				
Schedule K. If 'No.' go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d) bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d) bid the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year of defease any tax exempt bonds? d) Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a Section 501(x)3, 501(x)4, and 501(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? b is the organization avare 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 prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 's Schedule I, Part					ı
b Dit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mirrotal an escrow account other than a refunding escrow at any time during the year to defease any tax-exampt bonds? d Did the organization account an a escrow account other than a refunding escrow at any time during the year? 24d			24a		Х
any tax excempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(c/i3), 501(c/i4), and 501(c/i29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule 1, Part I 259 X 250 Is the organization waver 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 1, Part I 250 X 251 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 former officer, director, trustee, key employee, decenter of any of these persons? If "Yes," complete Schedule L, Part III 270 Value organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II 281 X 282 X 283 X 284 X 285 X 286 X 286 X 287 Yes, "complete Schedule L, Part II 288 X 289 X 290 X 291 X 292 X 293 X 294 X 295 X 296 X 297 X 298 X 299 X 290 X	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization engage 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 950 or 950 E27 if "Yes," complete Schedule I, Part I 25b X 25b 2	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)8, 501(16)4, and 501(16)29 organizations. Did the organization engage 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 950 or 950 E27 if "Yes," complete Schedule I, Part I 25b X 25b 2		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, 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 III 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV III III III III III III III III III	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b If 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 III 26	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #*Yes,** complete Schedule L, Part I 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 forming member of any of these persons? #*Yes,** complete Schedule L, Part II Z6 X Z7 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? #*Yes,** complete Schedule L, Part III Z8 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable linging thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # Yes,** complete Schedule L, Part IV 28 A family member of any individual described in line 28a? #*Yes,** complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? #*Yes,** complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? #*Yes,** complete Schedule Conservation contributions? #*Yes,** complete Schedule L, Part IV 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets, or qualified conservation contributions? #*Yes,** complete Schedule L, Part II 30 Did the organization on N1 00% of an entity disregarded as separate from the organization under Regulations sections 301/7701 2 and 301/77013 #*If*Yes,** complete Schedule R, Part II, III 30 Did the organization on N1 00% of an entity disregarded as separate from the organization with a controlled		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
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		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
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 I., Part II		Schedule L, Part I	25b		_ <u>X</u> _
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV. 28 Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 Instructions of applicable filing thresholds, sonditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 Instructions of a price schedule Instructions or any individual described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28 Instructions of a price schedule Instructions or	26				ı
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 any of these persons? if "Yes," complete Schedule L, Part III. 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): 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 Did the organization in exceive contributions of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7					
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		, , ,	26		<u> X</u>
antity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I . 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 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 line Statements Regarding Other IRS Filings a	27				ı
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Form 990 (2022) THE ARC OF EAST CENTRAL IOWA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	filed for the calendar year ending with or within the year covered by this return 236			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
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 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 organizations maintaining donor advised funds.	00		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:	90		
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
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			37
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
. -	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?	17		
	If "Yes," complete Form 6069.			

Form **990** (2022) 232005 12-13-22

THE ARC OF EAST CENTRAL IOWA 42-0805377 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records PHILIP SCHRAMP -319-365-0487

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

680 2ND ST SE, CEDAR RAPIDS, IA 52401

exempt status with respect to such arrangements?

Form **990** (2022)

16h

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

Name and title	(B) Average hours per	box	not c , unle	Posi heck i ss per	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LEWIS, THERESA	40.00							05.005		00.004
EXECUTIVE DIRECTOR	40.00			Х				95,227.	0.	23,291.
(2) SCHRAMP, PHILIP	40.00	-								4 104
DIRECTOR OF FINANCE	1 00			Х				77,257.	0.	4,194.
(3) NAU, JACKIE	1.00	.,						070	_	
BOARD MEMBER	1 00	Х						878.	0.	0.
(4) MEADE, CAROL	1.00	.,		,,					_	
PRESIDENT	1 00	X		Х				0.	0.	0.
(5) STRELLNER, SHELLY	1.00	-		,,					_	
VICE PRESIDENT	1 00	X		Х				0.	0.	0.
(6) WILKINSON, BLAKE	1.00	. ,		77					_	_
PAST PRESIDENT	1 00	X		Х				0.	0.	0.
(7) HAAS, NATHAN TREASURER	1.00	X		х				0.	0.	_
(8) KINDER, HEIDI	1.00	Α		Λ				0.	0.	0.
SECRETARY	1.00	X		Х				0.	0.	0.
(9) BELICE, AMY	1.00							0.	0.	<u></u>
BOARD MEMBER	1.00	x						0.	0.	0.
(10) BROWN, ADAM	1.00							•	•	•
BOARD MEMBER	1.00	х						0.	0.	0.
(11) DONALDSON, JODY	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) FAHEY, JESSICA	1.00							-	-	
BOARD MEMBER		Х						0.	0.	0.
(13) FISHER, TERESE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) GIBSON, TERI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KELLER, DARRIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) LOCK, CHERRI	1.00									
BOARD MEMBER		Х	L		L	L		0.	0.	0.
(17) MULHOLLAND, BEN	1.00									
BOARD MEMBER		Х						0.	0.	0 . Form 990 (2022)

232007 12-13-22 Form **990** (2022)

	990 (2022) THE ARC (JF EAST	CE	'IM.T	'KA	Щ.	ΤO	WA	<u> </u>	42-0	<u> 505</u>	<u> </u>	Pa	ge o
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(do		Posi		າ than d	nne	Reportable	Reportable		Es	timated	b
		hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	n n	an	nount o	f
		week		cer ar	ia a ai	irecto	r/trus	tee)	from	from related			other	
		(list any	recto						the	organization			pensat	
		hours for related	or di	ee ee			ated		organization	(W-2/1099-MIS			om the	
		organizations	rustee	trust		ee ee	n pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizatio d relate	
		below	dual t	rtiona	_	nploy	st cor	-	1033 (420)				anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18)	NEUERBURG, MICHAEL	1.00	<u> </u>	_		_								
BOAR	D MEMBER		Х						0.		0.			0.
(19)	RODRIGUEZ, DANIELLE	1.00							-					
	D MEMBER		Х						0.		0.			0.
(20)	RODRIQUEZ SANCHEZ, WALDEMAR	1.00												-
	D MEMBER		х						0.		0.			0.
	SMOTHERS, ERICA	1.00	1								-			
	D MEMBER		х						0.		0.			0.
	SORG MINDY	1.00	1						•		-			
	D MEMBER		x						0.		0.			0.
	STEVENS, AMY	1.00	1								-			
	D MEMBER		х						0.		0.			0.
	TANDY MELISSA	1.00	1								-			
	D MEMBER		х						0.		0.			0.
			1								-			
			1											
											$\neg \neg$			
			1											
1b	Subtotal								173,362.		0.	2	7,48	5.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								173,362.		0.	2	7,48	
2	Total number of individuals (including but n								•	000 of reportable	, ,		,	
	compensation from the organization						,		-		-			1
	ompenioanen nom and organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	ev e	empl	ove	e. or	hial	hest compensated emp	lovee on	-			
	line 1a? If "Yes," complete Schedule J for s			-	-	-		-	•	•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
1	Complete this table for your five highest co	mpensated inc	depe	nder	nt cc	ontra	acto	rs th	at received more than \$	100,000 of com	oensa ¹	tion fro	om	
	the organization. Report compensation for													
	(A)				<u> </u>				(B)			(C	<u> </u>	
	Name and business	address	NO	ONE	3				Description of s	ervices	С		nsation	

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022) THE ARC
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			,,,,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			151 000				30000013 3 12 3 14
nts ats			<u> 151,000.</u>				
ir oui		Membership dues 1b	16,563.				
δ,ς Am	(Fundraising events1c	42,937.				
Contributions, Gifts, Grants and Other Similar Amounts	(Related organizations 1d					
S, Eli	•	Government grants (contributions) 1e 1,	097,525.				
Sign	1	All other contributions, gifts, grants, and					
ber her			374,669.				
ΘĔ		Noncash contributions included in lines 1a-1f	22,593.				
οg		Total. Add lines 1a-1f		2,682,694.			
0 10		1 Total Add into Ta 11	Business Code	2,002,0310			
	•	PROGRAM FEES		2,424,627.	2 424 627		
ice			011/10	2,424,02/.	2,424,021.		
Program Service Revenue	ŀ	·					
S en	(•					
ran Sev	(J					
og F	•	.					
P.	1	All other program service revenue					
	9	Total. Add lines 2a-2f		2,424,627.			
	3	Investment income (including dividends, interes					
		other similar amounts)		14,234.			14,234.
	4	Income from investment of tax-exempt bond pr		,			,
	5	Royalties					
	J	(i) Real	(ii) Personal				
			(ii) i oroonai				
		a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		` ′					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
ne		and sales expenses 7b	14,649.				
/en		Gain or (loss)7c	-14,649.				
her Revenue		Net gain or (loss)		-14,649.			-14,649.
ē		Gross income from fundraising events (not					
퉏		including \$ 42,937. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
			15,159.				
			13,137.	-15,159.			-15,159.
		Net income or (loss) from fundraising events		-13,139.			-13,139.
	9 8	a Gross income from gaming activities. See	0 000				
		Part IV, line 199a	8,096.				
		Less: direct expenses 9b	8,167.				E4
		Net income or (loss) from gaming activities		-71.			-71.
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b	2,805.				
_		Net income or (loss) from sales of inventory		266.	266.		
			Business Code				
Miscellaneous Revenue	11 :	MISCELLANEOUS	900099	7,160.			7,160.
nec				,			,
ella Ver	,						
Sce	`	All other revenue					
Ξ		·		7,160.			
		Total Add lines 11a-11d		5,099,102.	2 121 802	0.	-8,485.
	12	Total revenue. See instructions		J,UJJ,1UΔ•	6,444,033 .	ı ∪•∣	-0,400.

232009 12-13-22

Fait IX Statement of Functional Expense				
Section 501(c)(3) and 501(c)(4) organizations must complete	lete all columns. All othe	er organizations must cor	mplete column (A).	
Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	(A)	(B)	(C)	(D)

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees	222,810.	29,102.	183,422.	10,286.
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,703,701.	2,342,046.	271,516.	90,139.
8	Pension plan accruals and contributions (include	, ,	, ,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	83,622.	82,569.		1,053.
10	Payroll taxes	213,464.	173,533.	32,428.	1,053. 7,503.
11	Fees for services (nonemployees):	- ,	,	, ,	,
	Legal				
	Accounting	110,681.	25,693.	81,690.	3,298.
	Lobbying	.,	,	, , , , , ,	,
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
·	column (A), amount, list line 11g expenses on Sch O.)	46,618.	10,822.	34,407.	1,389.
12	Advertising and promotion	-	-		
13	Office expenses	85,596.	69,901.	8,428.	7,267.
14	Information technology				
15	Royalties				
16	Occupancy	50,438.	47,106.	3,332.	
17	Travel	31,530.	24,431.	7,099.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,770.	2,040.	2,587.	143.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	110,601.	72,040.	36,269.	2,292.
23	Insurance	37,001.	16,643.	19,951.	407.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	MISC. EXPENSE	72,178.	63,469.	762.	7,947.
b	REPAIRS AND MAINTENANCE	60,831.	50,269.	9,750.	812.
С	ORGANIZATION DUES	23,314.	15,299.	7,165.	850.
d					
е	All other expenses				<u></u>
25	Total functional expenses. Add lines 1 through 24e	3,857,155.	3,024,963.	698,806.	133,386.
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)				

Form 990 (2022)

Part X | Balance Sheet

Pa	art X Balance Sheet					
		Check if Schedule O contains a response or note to any line in this Part X				
			(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments	1,772,767.	2	1,006,436.	
	3	Pledges and grants receivable, net	125,588.	3	1,338,181.	
	4	Accounts receivable, net	294,640.	4	307,239.	
	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		
S.	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
ğ	9	Prepaid expenses and deferred charges	23,571.	9	26,366.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 3,560,916.				
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,560,916. 1,124,007.	1,594,411.	10c	2,436,909.	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	2 5 2 2 2 4 4	14	2 722 422	
	15	Other assets. See Part IV, line 11	3,522,041.	15	3,788,193.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,333,018.	16	8,903,324.	
	17	Accounts payable and accrued expenses	195,085.	17	308,482.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
es	22	Loans and other payables to any current or former officer, director,				
Ħ		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 Oak and de D	5,586.	25	2,605.	
	26	Total liabilities. Add lines 17 through 25	200,671.	25 26	311,087.	
	20	Organizations that follow FASB ASC 958, check here	200,0120	20	322/3077	
es		and complete lines 27, 28, 32, and 33.				
ğ	27	Net assets without donor restrictions	6,682,823.	27	7,829,228.	
3ale	28	Net assets with donor restrictions	449,524.	28	763,009.	
둳		Organizations that do not follow FASB ASC 958, check here			,	
Ξ		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds		29		
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31		
Net Assets or Fund Balances	32	Total net assets or fund balances	7,132,347.	32	8,592,237.	
~	33	Total liabilities and net assets/fund balances	7,333,018.	33	8,903,324.	
	•				Form 990 (2022)	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

THE ARC OF EAST CENTRAL IOWA

Inspection
Employer identification number

42-0805377

OMB No. 1545-0047

Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)			
1		A church, convention of ch	,	,	,	,	ινανί)		
_	H					// 170(D)(· /(~/(·)·		
2	H	A school described in sect i		•		VI VAVAV	···		
3	=	A hospital or a cooperative					•		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Ħ	An organization that norma	-					nublic described in	
•	ш	section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	JiiiiiCiitai	unit or norm the general p	public described in	
_				(4)(A)(-1) (Olate D					
8	\mathbb{H}	A community trust describe							
9	Ш	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or	
		university:							
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor		,			, ,	,	
11		An organization organized a	. ,	valy to test for public sa	faty Saa	section 50	10(a)(4)		
	H							numaces of one or	
12	ш	An organization organized a	•	•	•		•	•	
		more publicly supported or	-					check the box on	
		lines 12a through 12d that	* *			-			
а			anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted	
		organization(s). You mus			•				
С		Type III functionally inte	-		in connect	tion with a	and functionally integrate	ed with	
		its supported organization	-				• •		
4		7		·				zation(a)	
d		☐ Type III non-functionally					· · · · · · · · · · · · · · · · · · ·		
		that is not functionally int		• ,	•		•	veness	
		requirement (see instructi	•	•	•				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			-
f	Ente	er the number of supported o	organizations						-
g		vide the following information			L (iv) le the era	nization listed		T	_
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
									-
									-
									-
							1		

Part II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi)
(Complete only if you checke	ed the box on line 5	5, 7, or 8 of Part I o	r if the organizatio	n failed to qualify (under Part III. If the	organization
fails to qualify under the test	s listed below, plea	se complete Part	II.)			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(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 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						
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)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	, etc. (see instruction	ons)			12	
13 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
organization, check this box and sto						
Section C. Computation of Publ	ic Support Per	rcentage				

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))

15	Public support percentage from 2021 Schedule A, Part II, line 14	15		%	,
16a	33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore,	check this box and		
	stop here. The organization qualifies as a publicly supported organization				
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box					
	and show how. The appropriation and life and a publish as well all appropriations				

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

%

14

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	580,574.	480,173.	1588646.	2035131.	2682694.	7367218.	
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	3712004.	2960831.	2301897.	2409868.	2435794.	13820394.	
3	Gross receipts from activities that are not an unrelated trade or business 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	4292578.	3441004.	3890543.	4444999.	5118488.	21187612.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,721.	11,828.	7,583.	8,850.	8,144.	42,126.	
t	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						0.	
c	Add lines 7a and 7b	5,721.	11,828.	7,583.	8,850.	8,144.		
	Public support. (Subtract line 7c from line 6.)						21145486.	
Se	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6	4292578.	3441004.	3890543.	4444999.	5118488.	21187612.	
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,628.	4,867.	4,045.	4,252.	14,234.	31,026.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	3,628.	4,867.	4,045.	4,252.	14,234.	31,026.	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,130. 4310336.	12,785. 3458656.	6,998. 3901586.	8,590. 4457841.	7,160.	49,663. 21268301.	
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th							
				,		()()	,,, 	
Se	ction C. Computation of Publi							
	Public support percentage for 2022 (li			olumn (f))		15	99.42 %	
	Public support percentage from 2021		•			16	99.43 %	
Se	ction D. Computation of Inves	tment Income	Percentage					
	Investment income percentage for 20					17	.15 %	
	Investment income percentage from 2					18	.11 %	
19a	33 1/3% support tests - 2022. If the							
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the							
	line 18 is not more than 33 1/3%, check			•		•		
20	Drivate foundation If the organization	n did not chack a l	ooy on line 14 10c	or 10h chock th	ic hav and can inct	ructions		

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.)

	Yes	No
1		
2		
3a		
Sa		
3b		
Зс		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
,		
10b		Щ.

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
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		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 tion 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	103	110
•	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?		
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).		
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.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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.	\perp	
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.	\bot	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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.		

Sche	dule A (Form 990) 2022 THE ARC OF EAST CENTRAL	IOWA		42-0805377 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion 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		
С	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
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		

Schedule A (Form 990) 2022

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

instructions).

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

emergency temporary reduction (see instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) 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			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e 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:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c 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:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: GROSS REVENUE FROM FUNDRAISING EVENTS 2018 AMOUNT: \$ 3,669. 2019 AMOUNT: \$ 4,543. 2020 AMOUNT: \$ 5,205. 2021 AMOUNT: \$ 7,642. 2022 AMOUNT: \$ **MISCELLANEOUS** 9,123. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 3,732. 2020 AMOUNT: \$ 1,793. 948. 2021 AMOUNT: \$ 7,160. 2022 AMOUNT: \$ EXPENSE REIMBURSEMENT 2018 AMOUNT: \$ 1,338. 2019 AMOUNT: \$ 4,510. 2022 AMOUNT: \$ 0.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** THE ARC OF EAST CENTRAL IOWA 42-0805377 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

THE ARC OF EAST CENTRAL IOWA

42-0805377

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>25,759</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE ARC OF EAST CENTRAL IOWA

42-0805377

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000 . _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

THE ARC OF EAST CENTRAL I	OWA	42-0805377			

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part I is additional copies of Part	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE ARC OF EAST CENTRAL IOWA

42-0805377

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$80,411.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 905,205.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE ARC OF EAST CENTRAL IOWA

42-0805377

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabactula P. (Farra 000) (0000)

Name of organization **Employer identification number** THE ARC OF EAST CENTRAL IOWA 42-0805377 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

THE ARC OF EAST CENTRAL IOWA

Employer identification number 42-0805377

Par	t I Organizations Maintaining Donor Advised	Funds or Other S	milar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	6.		•
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	iting that the assets he	d in donor advised fund	ds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			
Par			" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreation	on or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
_				2a
b		to one to all ordered to (a)		2b
C	Number of conservation easements on a certified historic struct	. ,		2c
d	Number of conservation easements included in (c) acquired after	· · · · · · · · · · · · · · · · · · ·		
2		and outlinguished out		2d
3	Number of conservation easements modified, transferred, relea	sea, extinguishea, or te	erminated by the organ	ization during the tax
4	year Number of states where property subject to conservation easer	mont is located		
5	Does the organization have a written policy regarding the period		on handling of	
3	violations, and enforcement of the conservation easements it he		· ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		d enforcing conservation	
•		aramig or riolations, an	a cc.cg cccc.ra	or caseeme asimig and year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enf	orcina conservation ea	sements during the vear
	3, 1 3,	,	3	3
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements	s of section 170(h)(4)(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 footnot	e to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	Art, Historical Trea	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, $$	not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financi			
b	If the organization elected, as permitted under FASB ASC 958, $$	to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treasures		- ·	provide
	the following amounts required to be reported under FASB ASC			
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.		Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

125,372.

2,436,909.

e Other

424,104.

b Buildings Leasehold improvements

d Equipment

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

298,732.

	EAST CENTRAL	IOWA	42-0805377 _{Page} 3
Part VII Investments - Other Securities.			
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
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1 (1)
	Description		(b) Book value
		ERPETUAL TRUST	50,000.
	SETS HELD BY	COMMUNITY	2 720 102
(3) FOUNDATION			3,738,193.
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			2 700 102
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		3,788,193.
	Law Farms 000 Dart IV lines	11 11f C F 000 Bod V I	05
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, II	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			2.605
(2) LEASE PAYABLE			2,605.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			0.605
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		<u></u> 2,605.

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

Schedule D (Form 990) 2022

	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re	turn.	rage -	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•			
1	Tatal managers and attachment and other control of the financial attachment.			1	5,109,373.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,	
а		2a				
b	Donated services and use of facilities		7,466.			
С	Recoveries of prior year grants		-			
d		1	2,805.			
е			-	2e	10,271.	
3	Subtract line 2e from line 1			3	5,099,102.	
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.)					
С	Add lines 4a and 4b			4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,099,102.	
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per F	Returr		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	3,867,425.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a	7,466.			
b	Prior year adjustments	1 1	,			
c	Other losses	1 4 1				
d			2,805.			
	Add lines 2a through 2d			2e	10,271.	
3	Subtract line 2e from line 1			3	3,857,154.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				.,,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b						
	Add lines 4a and 4b			4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,857,154.	
	rt XIII Supplemental Information.				.,,	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b ar	nd 2b: Part V. line 4	: Part X	(, line 2: Part XI,	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				,	
	,,					
PAF	RT V, LINE 4:					
	•					
THE	ORGANIZATION'S ENDOWMENTS CONSIST OF VARI	cous fui	NDS ESTABL	ISHE	ED TO	
SUI	PPORT THE GENERAL OPERATING NEEDS OF THE OF	RGANIZA	TION.			
PAF	RT X, LINE 2:					
THE	E ORGANIZATION IS EXEMPT FROM INCOME TAXES	UNDER S	SECTION 50	1(C)	(3) OF	
THE	E INTERNAL REVENUE CODE AND A SIMILAR SECTI	ON OF	THE IOWA I	NCON	IE TAX	
<u>LA</u> V	V, WHICH PROVIDES INCOME TAX EXEMPTION FOR	CORPORA	ATIONS ORG	ANI 2	ZED AND	
OPI	ERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABI	LE, OR I	EDUCATIONA	<u>ь р</u> с	JRPOSES.	
THE	THE INTERNAL REVENUE SERVICE HAS NOT DETERMINED THAT THE ORGANIZATION IS					

Schedule D (Form 990) 2022

CLASSIFIED AS A PRIVATE FOUNDATION.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.												
Name of the organization		አውሮ	ARC OF EAST CENTRAL IOWA Employer identification number 42-0805377									
Part I Fundrais								oc" or	n Form 990, Part IV, I	ino 17		
required to				Jiete II ti	ie orga	riizatiori ariswe	ereu r	es oi	1 FOIII 990, Part IV, I	iiie i <i>i</i>	. FOIII 990-	EZ IIIEIS AIE NOL
1 Indicate whether th	e organizat	ion rais	ed fun	ds throu	igh any	of the following	ng activ	ities. (Check all that apply.			
a Mail solicitat									overnment grants			
b Internet and c Phone solici		itations							nment grants			
c Phone solici					,	g Special	lunura	using	events			
2 a Did the organization		ritten o	r oral :	agreeme	nt with	any individual	(includ	ing of	ficers, directors, trus	tees,	or	
key employees list	ed in Form	990, P	art VII)	or entity	in con	nection with p	rofessi	onal fu	undraising services?		Y	es No
b If "Yes," list the 10					es (fund	draisers) pursu	ant to	agreer	ments under which th	ne fur	draiser is to	be
compensated at le	east \$5,000 	by the	organi	ization.								
(i) Name and addres or entity (fund		ual		(ii	i) Activi	ity	(iii) fundr have con contribution	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	to (or retained by)
							Yes	No				
												+
												_
Tatal												
3 List all states in wh						nsed to solicit		utions	or has been notified	it is e	exempt from	registration
or licensing.												

232081 10-27-22

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

Schedule G (Form 990) 2022

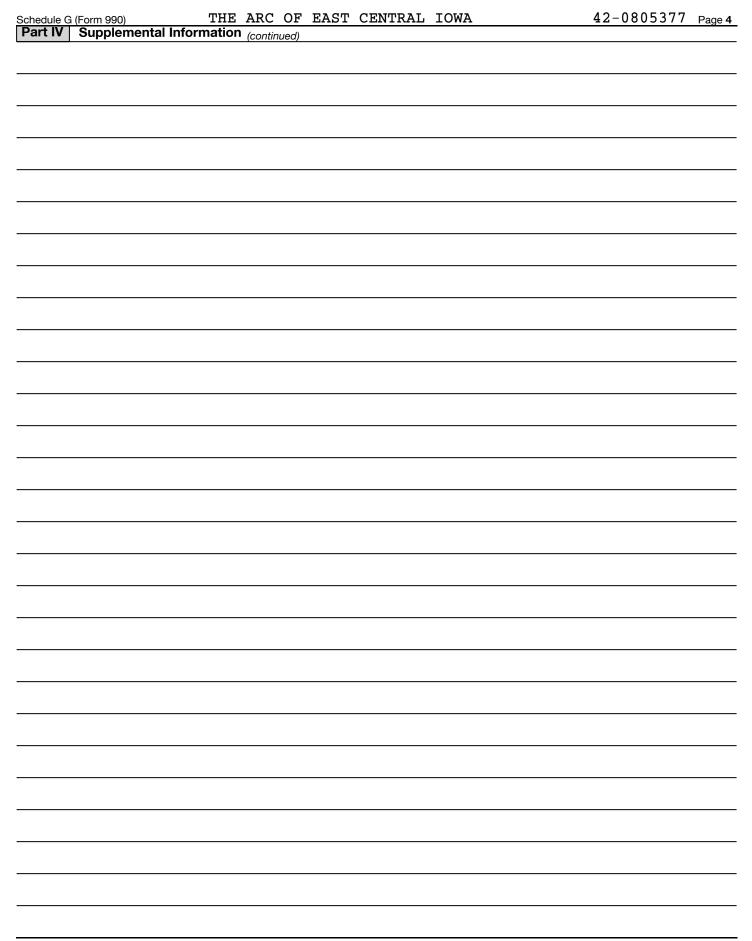
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or furfulaising event contributions and gro	233 111001110 0111 01111 030	LZ, IIIC3 T and Ob. List C		3 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			ARC MARCH	BIKE RIDE	1,01,1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Пe			()1 /	()1 /		
Revenue	1	Gross receipts	38,453.	4,484.		42,937.
ď			,			
	2	Less: Contributions	38,453.	4,484.		42,937.
	3	Gross income (line 1 minus line 2)				
	,	Cash prizes				
	4	Cash prizes				
	5	Noncash prizes	2,625.	5,500.		8,125.
S		Trendan prizes		0,000		0,2201
Direct Expenses	6	Rent/facility costs	80.			80.
ă						
었	7	Food and beverages				
Ë						
	8	Entertainment		0.160		6.054
	9	Other direct expenses		2,169.		6,954.
		Direct expense summary. Add lines 4 through	()			15,159. -15,159.
Pa	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization is		000 Part IV line 10 or		-15,159.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, 1 art 10, iiile 19, 01	reported more than	
		¥ ,	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue			8,096.	8,096.
S	2	Cash prizes				
euse					C 062	C 060
ă	3	Noncash prizes			6,962.	6,962.
Direct Expenses	۱,	Rent/facility costs				
Ë	"	Tient lacinty costs				
	5	Other direct expenses			1,205.	1,205.
		1	Yes %	Yes %	Yes %	,
	6	Volunteer labor	No No	No No	X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			8,167.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<71.>
_		to the state (a) is sufficiently a constitution and		7		
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_			X Yes No
		ne organization ilcensed to conduct gaming at No," explain:		states?		ZZ TeS NO
i.	. 11					
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes X No
		Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 THE ARC OF EAST CENTRAL TOWA 42-0	1005311	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a 100	
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name PHILIP SCHRAMP		
	Address 680 2ND ST SE - CEDAR RAPIDS, IA 52401		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ elf "Yes," enter name and address of the third party:		
·	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III.	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		



SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

THE ARC OF EAST CENTRAL IOWA

Employer identification number 42-0805377

FORM 990, PART III, LINE 2, **NEW PROGRAM SERVICES:** ALTHOUGH NOT SIGNIFICANT REVENUE THIS YEAR, WE ARE IN THE STARTUP PHASE OF ADDING A NEW PROGRAM PROVIDING INTEGRATED HEALTH HOME (IHH). THE IHH PROGRAM SERVES CHILDREN AND ADULTS WITH CO-OCCURRING INTELLECTUAL OR DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH DIAGNOSES. OUR TEAM OF PEER SUPPORTS, CARE COORDINATORS, AND REGISTERED NURSE WORK TO CONNECT PARTICIPANTS WITH A CARE TEAM TO IMPROVE AND STABILIZE MENTAL AND PHYSICAL HEALTH. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GROUP RECREATION - EVENING, WEEKEND AND OVERNIGHT PROGRAMMING THAT PROVIDES A SAFE, STRUCTURED ENVIRONMENT FOR 200 CHILDREN AND ADULTS WHO HAVE INTELLECTUAL AND PHYSICAL DISABILITIES TO PARTICIPATE IN SUPERVISED RECREATIONAL ACTIVITIES WITHIN THE COMMUNITY AND AT OUR CENTER. EXPENSES \$ 218,084. INCLUDING GRANTS OF \$ 0. REVENUE \$ 166,821. SUPPORTED EMPLOYMENT - PROVIDE PERSON-DIRECTED SERVICES AND SUPPORT TO INDIVIDUALS TO CHOOSE AND MAINTAIN EMPLOYMENT IN INTEGRATED COMMUNITY EMPLOYMENT SETTINGS THAT ARE RESPONSIVE TO THEIR CHOICES AND PREFERENCES. EXPENSES \$ 192,993. INCLUDING GRANTS OF \$ 0. REVENUE \$ 177,156. PROJECT SEARCH - EVIDENCE-BASED JOB TRAINING PROGRAM OPERATED IN PARTNERSHIP WITH UNITYPOINT - ST. LUKE'S HOSPITAL. EACH YEAR 12 INTERNS SPEND NINE MONTHS IN SKILLS TRAINING AND WORK EXPERIENCE TO PROVIDE

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

232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization THE ARC OF EAST CENTRAL IOWA Employer identification number 42-0805377

THEM WITH THE SKILLS TO BE HIRED AND MAINTAIN EMPLOYMENT IN THE

COMMUNITY.

EXPENSES \$ 181,423. INCLUDING GRANTS OF \$ 0. REVENUE \$ 179,902.

ADVOCACY & COMMUNITY ENGAGEMENT - FACILITATES SELF-ADVOCACY GROUPS

WHERE PARTICIPANTS LEARN DECISION MAKING SKILLS AND INCREASE AWARENESS

OF RIGHTS AND RESPONSIBILITIES. THIS PROGRAM OFFERS CLASSES FOR

PARTICIPANTS AND THEIR FAMILY MEMBERS (145 ATTENDEES), AND ORGANIZES

SPECIAL OUTINGS AND HOLIDAY CELEBRATIONS (232 EVENT PARTICIPANTS).

EXPENSES \$ 105,759. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,334.

INTEGRATED HEALTH HOMES - A NEW PROGRAM THAT CURRENTLY SERVES 23

CHILDREN AND ADULTS WITH CO-OCCURRING INTELLECTUAL OR DEVELOPMENTAL

DISABILITIES AND MENTAL HEALTH DIAGNOSES TO CONNECT PARTICIPANTS WITH A

CARE TEAM TO IMPROVE AND STABILIZE MENTAL AND PHYSICAL HEALTH.

EXPENSES \$ 41,268. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,715.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CURRENT OFFICERS OF THE CORPORATION AND THE IMMEDIATE PAST PRESIDENT OF THE CORPORATION.

- (I) THE EXECUTIVE COMMITTEE WILL MEET AS CALLED BY THE PRESIDENT OR VICE PRESIDENT.
- (II) THE EXECUTIVE COMMITTEE SHALL HEAR EMPLOYEE GRIEVANCES AND ASSIST AND ADVISE THE EXECUTIVE DIRECTOR ON MATTERS OF PERSONNEL POLICY.
- (III) THE EXECUTIVE COMMITTEE MAY REVIEW, REVISE AND PRESENT

Schedule O (Form 990) 2022 Page **2**

Name of the organization

THE ARC OF EAST CENTRAL IOWA

Employer identification number 42-0805377

RECOMMENDATIONS TO THE BOARD WITH REGARD TO PROPOSALS PRESENTED FOR BOARD

ACTION; THEREBY ASSURING THAT PROPOSALS BROUGHT BEFORE THE BOARD HAVE BEEN

CAREFULLY RESEARCHED AND ANALYZED.

FORM 990, PART VI, SECTION A, LINE 6:

THE ARC IS A MEMBERSHIP BASED ORGANIZATION AND OFFERS NUMEROUS LEVELS OF

MONETARY COMMITMENT (FROM \$35 TO \$1,000+). A MEMBERSHIP ALLOWS FOR VOTING

AT THE ANNUAL MEETING AND ALLOWS MEMBERS TO SERVE ON THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS ARE NOTIFIED OF THE ANNUAL MEETING DATE AND THE AGENDA THAT
WILL BE PRESENTED. AT THE MEETING THE ANNUAL REPORT IS PRESENTED AND
DIRECTORS AND OFFICERS ARE ELECTED ACCORDING TO THE BYLAWS. THE MEMBERS
SHALL HAVE THE RIGHT, POWER AND AUTHORITY TO I) ELECT INDIVIDUALS AS
OFFICERS AND AS MEMBERS OF THE BOARD OF DIRECTORS; II) REMOVE INDIVIDUALS
AS OFFICERS AND FROM THE BOARD OF DIRECTORS; AND III) REVIEW, ALTER AND
RESCIND THE ACTIONS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY ACTION OF THE BOARD OF DIRECTORS MAY BE ALTERED OR RESCINDED BY A

TWO-THIRDS VOTE OF THE MEMBERS AT A MEETING IN WHICH A QUORUM IS PRESENT,

PROVIDED THAT ANY SUCH ALTERATION OR RESCISSION WILL NOT BE PERMITTED IF

DOING SO WOULD AFFECT THE RIGHTS OF A THIRD PARTY.

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

FIRST REVIEW IS COMPLETED BY THE FINANCE COMMITTEE. ONCE A FINAL DRAFT OF
THE 990 IS PROVIDED WITH THE FINANCE COMMITTEE'S REQUESTED CHANGES, THE

Schedule O (Form 990) 2022 Page 2

Name of the organization

THE ARC OF EAST CENTRAL IOWA

Employer identification number 42-0805377

FINANCE COMMITTEE VOTES TO APPROVE AND SUBMIT THE 990 TO THE FULL BOARD.

THE TREASURER PRESENTS THE 990 TO THE BOARD AT THE NEXT MEETING. ONCE THE

BOARD HAS VOTED TO APPROVE THE 990, IT IS THEN FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY EXPECTS ALL BOARD MEMBERS TO SIGN AN ANNUAL COMPLIANCE STATEMENT. ALL BOARD DOCUMENTATION IS KEPT BY THE EXECUTIVE DIRECTOR. DEPENDING ON THE SITUATION A BOARD CONFLICT MIGHT MEAN THAT THEY WOULD ABSTAIN FROM A VOTE OR IT MAY LEAD TO A BOARD MEMBER RESIGNATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS DETERMINES SALARY FOR THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. A COMPARABILITY STUDY IS COMPLETED AS A PART OF THE INITIAL SALARY DETERMINATION PROCESS. THIS PROCESS WAS LAST COMPLETED IN FY2021. IN FY2022 AND FY2023 THE BOARD APPROVED THE SAME PAY INCREASE TO THE EXECUTIVE DIRECTOR AS PROVIDED TO ALL ADMINISTRATIVE STAFF. THE MINUTES TO COMMITTEE AND BOARD MEETINGS TIMELY DOCUMENT THE FACT THE ANNUAL REVIEW HAS BEEN CONDUCTED AND THE FINAL DETERMINATIONS.

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

THE GOVERNING DOCUMENTS ARE LOCATED ON THE WEBSITE. WE CLEARLY STATE IN OUR

NEWSLETTER THAT A COPY OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS WILL BE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY

FOUNDATION 217,942.

Schedule O (Form 990) 2022	Page 2
Name of the organization THE ARC OF EAST CENTRAL IOWA	Employer identification number 42-0805377
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	