Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2022

Department of the Treasury

_	_		/								
<u>A</u>	For th	2022 calendar year, or tax year beginning	SEP 1, 2022 and	dending	AUG :	31, 2023					
В	Check if	C Name of organization			D En	nployer identifi	cation number				
	applicab	e:									
	Addre	THE ARC OF KATY			İ						
	Name				─ .	76 02541	0.4				
-	chang Initial			1		<u>76-03541</u>					
L	return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/s	uite E Te	lephone numbe	r				
L	Final return					(832) 75	4-9802				
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gro	ss receipts \$	485,156.				
	Amen return		.			s this a group re					
F	Applic		ፖፑ T. ΔጥጥΔT.								
	tion pendi	SAME AS C ABOVE	CD DATIAL		ı	for subordinates? Yes X No					
						Are all subordinates ir	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or	527 I	f "No," attach a	list. See instructions				
	Websi				H(c) (Group exemptio	n number				
Κ	Form of	organization: X Corporation Trust A	ssociation Other	L			A State of legal domicile: TX				
P	art I	Summary					a ctate of logal dofficillo. ===				
	1	Briefly describe the organization's mission or most	t simulational postivistics. TO D	DOTAL	DE ODE	ODMITATEM:	TEC EOD				
ě											
ä	Ì	INDIVIDUALS WITH INTELLEC									
Governance	2	Check this box if the organization disco	ontinued its operations or dispo	sed of m	ore than 25	5% of its net ass	ets.				
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	10				
		Number of independent voting members of the go	verning body (Part VI, line 1b)			4	10				
లర బ	5	Total number of individuals employed in calendar y	vear 2022 (Part V. line 2a)			5	33				
Ę.	6	Total number of volunteers (estimate if necessary)					0				
Activities &	-	,									
Ä	/ a	Total unrelated business revenue from Part VIII, co				7a	0.				
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11				<u> </u>				
a)						or Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			2,3	314,972.	190,962.				
Ž	9				2	227,062.	270,131.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				155.	813.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				11,784.	-14,852.				
					2 5						
		Total revenue - add lines 8 through 11 (must equal			4,3	553,973.	447,054.				
	1	Grants and similar amounts paid (Part IX, column (8,629.	6,910.				
		Benefits paid to or for members (Part IX, column (A				0.	0.				
S	15	Salaries, other compensation, employee benefits (I			2	223,743.	240,650.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	line 11e)			0.	0.				
þe	b	Total fundraising expenses (Part IX, column (D), lin		0.							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d			1	99,442.	233,601.				
	18	Total expenses. Add lines 13-17 (must equal Part li	Y column (A) line (E)			31,814.	481,161.				
or Se	19	Revenue less expenses. Subtract line 18 from line	12			.22,159.	-34,107.				
SO						of Current Year	End of Year				
t Assets d Balanc	20				2,3	862,037.	2,317,264.				
ŽĘ	21	Total liabilities (Part X, line 26)	•••••			24,209.	13,543.				
	22	Net assets or fund balances. Subtract line 21 from	line 20		2,3	37,828.	2,303,721.				
Pa	ırt II	Signature Block									
Jnde	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stat	ements and	to the hest of my	knowledge and helief it is				
rue.	correc	, and complete. Declaration of preparer (other than office	er is based on all information of wh	hich nrans	rar hac any l	knowlodgo	. I solve the solve to the solv				
,		, and somposition and the property (panel and their prince	X	non prope	iror nas any i	Knowledge.	130/04				
. :	_	Signature of officer				Date /	170101				
Sigr		Date									
Her	e	CHERIE DUDDRIDGE, PRESIDI	ENT				<u> </u>				
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
aid		RANDY L. WALKER, CPA				if self-employe	□ P00963779				
	arer	Firm's name RANDY WALKER & CO			1		0-3992693				
	Only	Firm's address 7800 IH 10 WEST, S	STE. 505			Triilis EIN 20	3334033				
	,	•					266 0420				
•		SAN ANTONIO, TX 78				Phone no. 21 (0-366-9430				
νlav	the IR	S discuss this return with the preparer shown above	vo? Soo instructions				X Voc No				

Form	n 990 (2022)	76-0354104	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		<u> </u>
	TO PROVIDE OPPORTUNITIES FOR INDIVIDUALS WITH INTELLEC	TUAL AND	
	DEVELOPMENTAL DISABILITIES THAT ENABLE EACH PERSON TO	BE INCLUDED AS	A
	RESPECTED AND ACTIVE MEMBER OF THE COMMUNITY THROUGHOU	T THEIR	
	LIFETIME.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		X No
	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 service	es? 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		nd
	revenue, if any, for each program service reported.	o in 10, 0, 11, 10 to tal. 0/1,poi/1000, al.	
4a	204 FCC C 010	Revenue \$ 271.	591 .)
	PROGRAM SNAPSHOT:		,
	DAY HABILITATION PROGRAM: LEARNING, RECREATIONAL, AND	SOCIAL ACTIVIT	IES
	FOR ADULTS WITH IDD MONDAY THROUGH FRIDAY, FROM SEPTEM		
	- SUMMER PROGRAM: DAY PROGRAM ACTIVITIES FOR ADULTS AN		_ `
	YEARS AND OLDER; FLEXIBLE ATTENDANCE PLANS OFFERED.		
	- VIRTUAL INTERACTIVE PROGRAM (VIP): ONLINE CLASSES PR	OVIDING SOCIAL	
	INTERACTION, FRIENDSHIP WITH PEERS, AND CONTINUED LEAR		
	INDIVIDUALS UNABLE TO ATTEND IN PERSON.		
	- BE STRONG: FITNESS PROGRAMS ARE HELD TUESDAYS AND TH	TIRSDAYS TO	
	IMPROVE STAMINA, FLEXIBILITY, BALANCE, AND MUSCLE STRE		Α
	WATER AEROBICS AND WATER THERAPY PROGRAM HELD AT MARY		
	IN KATY.	00 1101111111 11111	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	١
	FOCUSED ON THE FUTURE:	nevenue ψ	
	AS OUR COMMUNITY GROWS, SO DOES THE NEED FOR PROGRAMS	FOR PEOPLE WITH	H
	IDD. OUR LONG-TERM STRATEGIC OBJECTIVE IS TO GROW THE		
		ICES AND	-
	PROGRAMS. TO THAT END, IN ADDITION TO MOVING INTO A NE		
		O ADD	
	PARTICIPANTS TO OUR PROGRAMS THUS EXPANDING OUR SERVICE		ТО
	AN EVER-INCREASING POPULATION. WE CONTINUE TO ENHANCE		
	OF THE BUILDING AND SURROUNDING PROPERTY. WE HAVE ADDE		
	INCREASED FUNCTIONALITY TO OUR OUTDOOR WELLNESS AREA.		AFE
	AND PLEASANT LEARNING ENVIRONMENT: WE ARE LEARNING AND		
	OUR NEW FACILITY.		
4c		Revenue \$)
	, (<u></u> , /, /, /		
4d	Other program services (Describe on Schedule O.)		
	I		
	(Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 394,566.)	

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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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the Light of Object	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		 ^``
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	۰.		 ₩
	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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
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		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25.0	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	5,		
30		38	х	
Pai		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	
b		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	

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Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		,							
			Yes	No						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
За	0 ,									
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	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).									
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
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?									
7	7 Organizations that may receive deductible contributions under section 170(c).									
а	a 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?									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
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.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
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									
11	Section 501(c)(12) organizations. Enter:									
а	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								
b	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								

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 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?

If "Yes," complete Form 6069.

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

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15

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	Check if Schoolule O contains a response or note to any line in this Bart VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21
000	tion A. Governing body and Management		V	NI-
4.	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No
ıa	,	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b		8b	X	
		OD	- 22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	135		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		460		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Λ
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MIKE LATTAL - (832) 754-9802			
	PO BOX 6133, KATY, TX 77491			

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.
- 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.

X Check this box if neither the organization i		orga	niza	tion	con	nper	sat		rector, or trustee.	-	
(A)	(B)			(C	C)			(D)	(E)	(F)	
Name and title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per	box offi	, unle cer ar	ss pe nd a d	rson i Iirecto	is botl or/trus	n an tee)	compensation	compensation from related	amount of	
	week (list any	tor					ĺ	from the	organizations	other compensation	
	hours for	· director				- -		organization	(W-2/1099-MISC/	from the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization	
	organizations	al trus	nal tr		loyee	om p		1099-NEC)		and related	
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) BONNIE HOLLAND	line) 1.00	Ĕ	Ë	5	જ	± 5	Fo				
BOARD MEMBER	1.00	X						0.	0.	0.	
(2) MARY ALCOCER	0.50	25				\vdash		•	•	•	
BOARD MEMBER	0.30	х						0.	0.	0.	
(3) AUDREY BIVENS	0.50	<u> </u>				H					
BOARD MEMBER		Х						0.	0.	0.	
(4) MARY MCGOVERN	1.50								-		
BOARD MEMBER		Х						0.	0.	0.	
(5) AMY CAMPBELL	8.00										
BOARD MEMBER/PROG. CMTE CO-CHAIR		Х						0.	0.	0.	
(6) CAROLYN KARES	9.00										
BOARD MEMBER, PROG. CMTE CO-CHAIR		Х						0.	0.	0.	
(7) ELLEN CANDITO	3.00										
SECRETARY		Х		Х				0.	0.	0.	
(8) MIKE LATTAL	8.00								_	_	
TREASURER		Х		Х				0.	0.	0.	
(9) FRED SHAFER	2.00	l									
PAST PRESIDENT/TOP MGMT OFF		Х		Х		_		0.	0.	0.	
(10) CHERI DUDDRIDGE	2.00										
PRESIDENT		Х		Х		├		0.	0.	0.	
		-									
		-				├					
		-									
						\vdash					
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		1									
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		1									
		1									
·											

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙHiς	ghes	est Compensated Employees (continued)						
(A)	(B)	(C)						(D)	(E)		(F)		
Name and title	Average	(de		Posi) than c	ne	Reportable	Reportable		Estimated		
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation		amount of		
	week		cer an	d a di	recto	r/trust	ee)	from	from related		other		
	(list any	ector						the	organizations	c	ompensation		
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC	;/	from the		
	related	stee o	uste			ensa		(W-2/1099-MISC/	1099-NEC)		organization		
	organizations	altrus	nal tr		oyee	comp		1099-NEC)			and related		
	below	ividua	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organizations		
	line)	hu	lus	Offi	Key	Hig	휸						
		1											
										+			
										+			
										_			
										<u>. </u>			
1b Subtotal								0.		0.	0.		
c Total from continuation sheets to Part VI								0.		0.	0.		
d Total (add lines 1b and 1c)								0.		0.	0.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		•		
compensation from the organization											0		
											Yes No		
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for se	uch individual									<u>L</u> :	3 X		
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from the	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4	4 X		
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	ers	on .				:	5 X		
Section B. Independent Contractors													
Complete this table for your five highest cor	mpensated ind	lepe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of compe	nsatior	n from		
the organization. Report compensation for t													
(A)							Ï	(B)			(C)		
Name and business	address	NC	ONE	3				Description of s	ervices	Com	pensation		
							\dashv						
							- [
							\dashv						
							\dashv						
							\dashv			<u> </u>			
							\dashv						
2 Total number of independent contractors (in		ot lin	nıtec	to t	thos	se lis [.]	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				U	J							

Form **990** (2022)

Form 990 (2022) THE ARC OF KATY 76-0354104 Page										
Pa	rt \	/III	Statement of Revenue							
			Check if Schedule O contains a response	or note to any lin						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Siδ	1		Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts	·		Membership dues 1b	10,904.						
<u>2</u> 8			Fundraising events 1c	180,058.						
ifts ar A			Related organizations 1d							
s, G mila			Government grants (contributions) 1e							
igi			All other contributions, gifts, grants, and							
but			similar amounts not included above 1f							
d dri		g	Noncash contributions included in lines 1a-1f							
g g		h	Total. Add lines 1a-1f		190,962.					
				Business Code						
e	2	а	TUITION	812900	270,131.	270,131.				
e Vi		b								
Se		С								
ran Sev		d								
Program Service Revenue		е								
Δ.		f	All other program service revenue		070 101					
-	_	g	Total. Add lines 2a-2f		270,131.					
	3		Investment income (including dividends, inter		813.			813.		
			other similar amounts)		013.			013.		
	4 5		Income from investment of tax-exempt bond							
	Э		Royalties(i) Real	(ii) Personal						
	6	a		(ii) i diddriai						
	U		Less: rental expenses 6b							
			Rental income or (loss) 6c							
			Not rental income or (loca)							
	7		Gross amount from sales of (i) Securities	(ii) Other						
			assets other than inventory 7a							
		b	Less: cost or other basis							
e			and sales expenses 7b							
venue		С	Gain or (loss) 7c							
æ		d	Net gain or (loss)							
Other	8	а	Gross income from fundraising events (not							
ਠੋ			including \$ 180,058 of							
			contributions reported on line 1c). See							
			Part IV, line 18							
			Less: direct expenses 8	36,684.	16 212			16 212		
	•		Net income or (loss) from fundraising events		-16,312.			-16,312.		
	9	а	Gross income from gaming activities. See							
		L	Part IV, line 19 9: Less: direct expenses 9:							
			Less: direct expenses 9 Net income or (loss) from gaming activities)						
	10		Gross sales of inventory, less returns							
	10	а	and allowances 10	a 2,878.						
		b	Less: cost of goods sold 10	1 110						
			Net income or (loss) from sales of inventory		1,460.	1,460.				
		_	,	Business Code						
sno	11	а								
ane		b								
Miscellaneous Revenue		С								
Misc B		d	All other revenue							
~			Total. Add lines 11a-11d							

0. -15,499.

12 Total revenue. See instructions

Form 990 (2022) THE ARC OF KATY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,910.	6,910.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	222,888.	196,798.	26,090.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,762.	15,720.	2,042.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 041		10 041	
	column (A), amount, list line 11g expenses on Sch O.)	12,941. 428.		12,941.	
12	Advertising and promotion	24,455.	10 402		
13	Office expenses	24,433.	10,403.	14,052.	
14	Information technology				
15	Royalties	68,355.	61,520.	6,835.	
16	Occupancy	20,468.	20,468.	0,033.	
17	Travel	20,400.	20,400.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	25 242	24.000	2 225	
22	Depreciation, depletion, and amortization	37,349.	34,263.	3,086.	
23	Insurance	37,118.	26,295.	10,823.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	REPAIRS AND MAINTENANCE	17,228.	14,920.	2,308.	
b	DAY PROGRAM EXPENSE	13,521.	7,269.	6,252.	
c	DUES AND SUBSCRIPTION	1,738.	- , =	1,738.	
d		,		,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	481,161.	394,566.	86,595.	0.
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_					Form 990 (2022

Form 990 (2022)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	56,651.	1	89,503.		
	2	Savings and temporary cash investments	80,297.	2	51,662.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		11,160.	4	9,551.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			44,821.	9	12,704.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	2,373,380.			
	b	Less: accumulated depreciation	2,169,108.	10c	2,153,844.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0 260 025	15	0 217 064		
	16	Total assets. Add lines 1 through 15 (must ed			2,362,037.	16	2,317,264. 13,543.
	17	Accounts payable and accrued expenses			14,609.	17	13,543.
	18	Grants payable	0 600	18			
	19	Deferred revenue		9,600.	19	0.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub				00	
Lial	00	controlled entity or family member of any of the				22 23	
	23 24	Secured mortgages and notes payable to unre- Unsecured notes and loans payable to unrelate				23 24	
	25	Other liabilities (including federal income tax, p				24	
	25	parties, and other liabilities not included on lin	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			24,209.	26	13,543.
		Organizations that follow FASB ASC 958, cl	neck here	X	,		
es		and complete lines 27, 28, 32, and 33.					
auc	27				2,307,756.	27	2,253,665.
Bal	28				30,072.	28	50,056.
pu		Organizations that do not follow FASB ASC					
Ŀ		and complete lines 29 through 33.					
o.	29	Capital stock or trust principal, or current fund	s			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Ret	32	Total net assets or fund balances		2,337,828.	32	2,303,721.	
_	33	Total liabilities and net assets/fund balances			2,362,037.	33	2,317,264.

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,0				
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1				
3	Revenue less expenses. Subtract line 2 from line 1	3		4,1				
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,30	3,7	21.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Name of the organization

THE ARC OF KATY

Employer identification number

OMB No. 1545-0047

76-0354104 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar 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.")	187,842.	72,691.	186,549.	2314972.	190,962.	2953016.	
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	187,842.	72,691.	186,549.	2314972.	190,962.	2953016.	
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)							
	Public support. Subtract line 5 from line 4.						2953016.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	187,842.	72,691.	186,549.	2314972.	190,962.	2953016.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	1,968.	2,141.	844.	155.	813.	5,921.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on			4,402.	11,151.	35,991.	51,544.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,005.	4,013.				6,018.	
11	Total support. Add lines 7 through 10						3016499.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	972,128.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi							
	Public support percentage for 2022 (I					14	97.90 %	
	Public support percentage from 2021					15	99.06 <u>%</u>	
16a	33 1/3% support test - 2022. If the							
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the							
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			Ц	
17a	10% -facts-and-circumstances test	_						
	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 te	-			-			
b	10% -facts-and-circumstances test	_					10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			
						Schedule A	(Form 990) 2022	

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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		
3b		
30		
_		
3c		
4a		
4b		
4c		
Eo		
5a		
5b		
5c		
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9a		
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9b		
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10a		
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401-		
10b		Щ.

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok 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 ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	ınizations _{(continu}	ıed)						
Section	ction D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	1								
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,							
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2022 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(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									
<u>a</u>	From 2017									
b	From 2018									
с	From 2019									
<u>d</u>	From 2020									
<u>e</u>	From 2021									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2022 distributable amount									
i_	Carryover from 2017 not applied (see instructions)									
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2022 from Section D,									
	line 7: \$									
<u>a</u>	Applied to underdistributions of prior years									
<u>b</u>	Applied to 2022 distributable amount									
с	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2022, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2022. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2023. Add lines 3j									
	and 4c.									
	Breakdown of line 7:									
	Excess from 2018									
	Excess from 2019									
	Excess from 2020									
d	Excess from 2021									

Schedule A (Form 990) 2022

e Excess from 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.)												
SCHE	SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:											
MISC	ELLANEO	US IN	COME									
2018	AMOUNT	: \$	2,0	05.								
2019	AMOUNT	: \$	4,0	13.								

Schedule B

Department of the Treasury

(Form 990)

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

Schedule B (Form 990) (2022)

Internal Revenue Service

Name of the organization

THE ARC OF KATY

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

Employer identification number

76-0354104

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 ☐ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ 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).

Schedule B (Form 990) (2022) Page

Name of organization

Employer identification number

THE ARC OF KATY

76-0354104

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	ED RACHAL FOUNDATION 555 N CARANCAHUA ST STE 700 CORPUS CHRISTI, TX 78401	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BONNIE HOLLAND 1703 PALACE GREEN CT KATY, TX 77449	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LANDMARK CHARITIES 11111 WILCREST GREEN DR STE 100 HOUSTON, TX 77042	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DONALD AND MEGAN DOMINY 19930 PARSONS GREEN CT KATY, TX 77450	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SHELL FOUNDATION PO BOX 8687 PRINCETON, NJ 08543	\$	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
223452 11-15	ALEX SHABET 5514 WIMBERLY BRIAR LANE FULSHEAR, TX 77441	\$6,866.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

THE	ARC	OF	KATY
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76-0354104

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	ALYSSA BARNES PO BOX 6133 KATY, TX 77491	\$6,000.	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	KINGSLAND BAPTIST CHURCH 20555 KINGSLAND BLVD KATY, TX 77450	\$5,000.	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
NO.	Name, address, and ZIF + 4	\$	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.)

Page 3

Name of organization Employer identification number

THE ARC OF KATY

76 - 0354104

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional 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
raili			

Page 4

Schedule B (Form 990) (2022) Name of organization **Employer identification number** THE ARC OF KATY 76-0354104 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 B (Form 990) (2022) 223454 11-15-22

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.

OMB No. 1545-0047 Inspection

Name of the organization

THE ARC OF KATY

Employer identification number 76-0354104

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and other accounts
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	· · · · ·	
Pai		rganization answered "Ves" on Form 990 I	
1	Purpose(s) of conservation easements held by the organizati		arry, mie 7.
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		a destined motorio di dotare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re-		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		nei oliillai Assets.
			nd halanaa ahaat waxka
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	, ,	
	service, provide in Part XIII the text of the footnote to its final	, ,	'
h	· ·		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	•	
	,	exhibition, education, or research in full	lerance 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 tre	easures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		gain, provide
a	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	ollowing that	make sigi	nificant u	ise of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	ım				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exemp	ot purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	ets not in	cluded	_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII $$	and complete the fol	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	istodial acco	unt liability	/?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) F	rior year	(c) Two year	s back (c	d) Three y	ears back	(e) Four ye	ars back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1ç	g, column (a) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	.%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the				
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
Do:	Describe in Part XIII the intended uses of the		wment f	unds.						
Par) David IV	/ lima 11a C		Dart V III	10			
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other	` '	cumulate	:d	(d) Book v	alue
		basis (investr	nent)		(other)	aepr	eciation		1 120	000
	Land				8,000.		11 11		1,138,	
	Buildings				2,000.		$\frac{41,12}{17,22}$			880.
	Leasehold improvements				6,243.		$\frac{17,22}{6}$		ду ,	018.
	Equipment				6,678.	1	6,67			0.
	Other				0,459.	Т.	54,51		2,153,	946.
ı otal	Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	x colum	nn (K) line 1	UC.)				4,13 ,	044.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE ARC OF I			5-0354104 Page 3
Complete if the organization answered "Yes"			al afternational calcia
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(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" of		11d. See Form 990, Part X, line 15.	T
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
	on Form 000 Dort IV line	11a or 11f Coa Form 000 Dort V line 05	-
Complete if the organization answered "Yes" (on Form 990, Part IV, line	Tre or Tri. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

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

Schedule D (Form 990) 2022

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s Wi	th Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b			
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	
3	Subtra	act line 2e from line 1			3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1	1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	
Pai	t XII	Reconciliation of Expenses per Audited Financial Statemer	its W	ith Expenses per i	Returr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 1	
1		expenses and losses per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	ı	I		
		ed services and use of facilities	2a			
		year adjustments	2b			
		losses	2c			
		,	2 d			
_		nes 2a through 2d			2e	
3		act line 2e from line 1			3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	۱			
		ment expenses not included on Form 990, Part VIII, line 7b	4a 4b		-	
		(Describe in Part XIII.) nes 4a and 4b			10	
5		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			4c 5	
	t XIII	Supplemental Information.			<u> </u>	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lines	1b and 2b: Part V line 4	l· Part X	Line 2: Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	-	· · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	τ, πιο Σ, τ αιτ λίι,
	_	1. 15, and t arrivin, into 24 and 15.7 100 complete title part to provide any addition	Jiiai iii	iomation.		
PAF	X TS	, LINE 2:				
ΓHΕ	OR	GANIZATION IS A NONPROFIT CORPORATION TH	IAT	IS EXEMPT FR	OM I	FEDERAL
INC	OME	TAXES UNDER SECTION 501(C)(3) OF THE U.	S.	INTERNAL REV	ENU	E CODE
(" (ODE	") AND COMPARABLE STATE LAW, AND CONTRIE	BUTI	ONS TO IT AR	E TA	/X
DEL	OCT	IBLE WITHIN THE LIMITATIONS PRESCRIBED E	3 Y '1	HE CODE. THE	ORC	3ANTZATION
.			T TI C		D 11370	T TTGGAT
DTT) МО	T CONDUCT ANY UNRELATED BUSINESS ACTIVIT	TES	IN THE CUR	KEN'	r FISCAL
		MURDEDON MUS ODGANIZAMION HAG MADE NO	DD.	NITATON BOD B		221 1370041
YEF	ıĸ.	THEREFORE, THE ORGANIZATION HAS MADE NO	PRC	OVISION FOR F	EDEF	KAL INCOME
דאת	TEC	TN MUE ACCOMDANYING ETNANGTAI CMAMENMO	,			
ΙΑŻ	CD	IN THE ACCOMPANYING FINANCIAL STATEMENTS	•			
гнг	. OB	GANIZATION APPLIES THE PROVISIONS OF FAS	SR Z	SC TOPTC 740	. TN	JCOME
- 111	. 010	OLIGINATION ATTUIND THE TROVIDIOND OF PAS	ים עי	101 101 10 / 40	, 11	TOTTL
דאס	ES	(FORMERLY FASB INTERPRETATION NO. 48 (F	מדי	48) ACCOUNT	TNG	FOR

UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO.

Part XIII Supplemental Information (continued)
109), WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE
FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FIN 48 ALSO PROVIDES
GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES,
ACCOUNTING IN INTERIM PERIODS, DISCLOSURES AND TRANSITION.
THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX
POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS
THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization							ntification number	
	OF KATY					76-0354		
Part I Fundraising Activities.	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
required to complete this par								
1 Indicate whether the organization raisa Mail solicitations		-		Check all that apply. overnment grants				
a Mail solicitationsb Internet and email solicitations			-	nment grants				
c Phone solicitations	g Special							
d In-person solicitations	3		9					
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Yes	No	
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fur	ndraiser is to be	•	
compensated at least \$5,000 by the	organization.							
		(iii)	Did		(v)	Amount paid	(vi) Amount paid	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fùnd have d	Did raiser ustody	(iv) Gross receipts from activity	to (c	or retained by) fundraiser	to (or retained by)	
or entity (idilaraiser)			ntrol of utions?	of Horriactivity		ted in col. (i)	organization	
		Yes	No					
Total								
3 List all states in which the organization				or has been notified	it is e	exempt from reg	gistration	
or licensing.								
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z.		Schedule	G (Form 990) 2022	

Schedule G (Form 990) 2022 THE ARC OF KATY 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 gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPECIAL		NONE	(add col. (a) through
			EVENTS			col. (c)
4)			(event type)	(event type)	(total number)	001. (C)
Revenue						
eve	1	Gross receipts	200,430.			200,430.
Ж						
	2	Less: Contributions	180,058.			180,058.
	3	Gross income (line 1 minus line 2)	20,372.			20,372.
	4	Cash prizes				
	5	Noncash prizes				
ses						
oeu	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
ā						
	8	Entertainment				26 601
	9	Other direct expenses				36,684.
	10	Direct expense summary. Add lines 4 through				36,684.
Pa	11 rt I			000 Part IV line 10 or i	roported more than	-10,312.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1 990, Fait IV, lille 19, 01 1	eported more triair	
		ψ10,000 0111 01111 000 E2, iii1e σα.	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ŗ	1	Gross revenue				
	2	Cash prizes				
sec						
Direct Expenses	3	Noncash prizes				
Ę						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	En:	tor the state(s) in which the examination condu	esta gamina activitias			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				
						res No
D	11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tax v	rear?	Yes No
		Yes," explain:				
-		, decents				

Schedule G (Form 990) 2022 232082 10-27-22

Sch	edule G (Form 990) 2022 THE ARC OF KATY	6-03	<u> 354.</u>	L U 4	Page 3
11	Does the organization conduct gaming activities with nonmembers?		,	Yes	No
	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?		П,	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	ا ءمه		0/
	The organization's facility		13a		<u>%</u>
	o 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				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ınt			
	of gaming revenue retained by the third party \$				
	Fig. If "Yes," enter name and address of the third party:				
	The root, office that address of the time party.				
	Nama				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
	_ ', _ '				
17	Mandatory distributions:				
	·				
c	Is the organization required under state law to make charitable distributions from the gaming proceeds to		П,	Yes	□ Na
	retain the state gaming license?			res	∟ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
_	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part	III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
		-			-
_					



SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization THE ARC O	τ κνων						Employer identification number $76-0354104$
Part I General Information on Grants as							70 0334104
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) ar	-						<u> </u>
3 Enter total number of other organizations	s listed in the line	I Lavie					

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

232102 10-31-22 Schedule I (Form 990) 2022 36

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ARC OF KATY

Employer identification number 76-0354104

70 0001201
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENABLE EACH PERSON TO BE INCLUDED AS A RESPECTED AND ACTIVE MEMBER OF
THE COMMUNITY THROUGHOUT THEIR LIFETIME.
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION
THE ARC OF KATY
PO BOX 6133
KATY, TX 77491
EMPLOYER IDENTIFICATION NUMBER: 76-0354104
FOR THE YEAR ENDING AUGUST 31, 2023
THE ARC OF KATY IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER
REG. SEC. 1.263(A)-1(F).
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
- SATURDAY EVENING SOCIALS: FOR TEENS AND ADULTS AGED 16 AND OLDER,
HELD MONTHLY SEPTEMBER THROUGH MAY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD ROUTINELY REVIEWS FORM 990 AT ITS BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** THE ARC OF KATY 76-0354104 BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS. FORM 990, PART VI, SECTION B, LINE 15: IF ANY, THE BOARD REVIEWS AND APPROVES SALARIES AND WAGES PAID TO MANAGEMENT, AND APPROVES DURING ITS MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, FINANCIAL REPORTS, AND AUDITOR REPORTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE OR BY REQUEST. FORM 990, PART XII, LINE 2C THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM THE PRIOR YEAR.