Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

A F	or the	\pm 2023 calendar year, or tax year beginning $$ SEP 1 , $$ 2023 $$ and e	nding A	<u>UG 31, 2024</u>	
	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change			76-03541	04
	Initial return		Room/suite	E Telephone numbe	
	Final return/	PO BOX 6133		(832) 75	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	516,179.
	Amend return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: CHERIE DUDDRIDGE		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
J۷	Vebsit	e: WWW.THEARCOFKATY.ORG		H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1989	VI State of legal domicile: $\mathbf{T}\mathbf{X}$
Pa	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO} \ \ PR}$	OVIDE	OPPORTUNIT	IES FOR
Activities & Governance		INDIVIDUALS WITH INTELLECTUAL AND DEVELOPM	IENTAL	DISABILITI	ES THAT
rna	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net as	sets.
) Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
တို		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			27
/itie		Total number of volunteers (estimate if necessary)			3
Ç		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ ⋖ 		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		190,962.	206,376.
	9	Program service revenue (Part VIII, line 2g)		270,131.	293,340.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		813.	1,680.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-14,852.	-4,331.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		447,054.	497,065.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,910.	7,868.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		240,650.	231,134.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ě	b ·	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		233,601.	179,907.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		481,161.	418,909.
		Revenue less expenses. Subtract line 18 from line 12		-34,107.	78,156.
or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,317,264.	2,394,468.
t As	20 21 22	Total liabilities (Part X, line 26)		13,543.	12,591.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		2,303,721.	2,381,877.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	th preparer	has any knowledge.	
		Cignature of officer	1	O Doto	4= 000=
Sig		Signature of officer	DU	Jai	nuary 15, 2025
Her	е	CHERIE DUDDRIDGE, PRESIDENT	4		
		Type or print name and title	Ir	Ooto Louis	DTIN
		Print/Type preparer's name Preparer's signature	ا	Date Check if	PTIN
Paid -		RANDY L. WALKER, CPA		self-emplo	
	- 1	Firm's name RANDY WALKER & CO		Firm's EIN 2	0-3992693
use	Only	Firm's address 7800 IH 10 WEST, STE. 505			0 266 0420
		SAN ANTONIO, TX 78230		Phone no. 21	0-366-9430
May	/the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE OPPORTUNITIES FOR INDIVIDUALS WITH INTELLECTUAL AND
	DEVELOPMENTAL DISABILITIES THAT ENABLE EACH PERSON TO BE INCLUDED AS A
	RESPECTED AND ACTIVE MEMBER OF THE COMMUNITY THROUGHOUT 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$
та	PROGRAM SNAPSHOT:
	DAY HABILITATION PROGRAM: LEARNING, RECREATIONAL, AND SOCIAL ACTIVITIES
	FOR ADULTS WITH IDD MONDAY THROUGH FRIDAY, FROM SEPTEMBER THROUGH MAY.
	- SUMMER PROGRAM: DAY PROGRAM ACTIVITIES FOR ADULTS AND TEENS AGE 16
	YEARS AND OLDER; FLEXIBLE ATTENDANCE PLANS OFFERED.
	- VIRTUAL INTERACTIVE PROGRAM (VIP): ONLINE CLASSES PROVIDING SOCIAL
	INTERACTION, FRIENDSHIP WITH PEERS, AND CONTINUED LEARNING FOR
	·
	INDIVIDUALS UNABLE TO ATTEND IN PERSON.
	- BE STRONG: FITNESS PROGRAMS ARE HELD TUESDAYS AND THURSDAYS TO
	IMPROVE STAMINA, FLEXIBILITY, BALANCE, AND MUSCLE STRENGTH. INCLUDES A
	WATER AEROBICS AND WATER THERAPY PROGRAM HELD AT MARY JO PECKHAM PARK
	IN KATY.
4b	(Code:) (Expenses \$
	FOCUS ON THE FUTURE:
	AS OUR COMMUNITY GROWS, SO DOES THE NEED FOR PROGRAMS FOR PEOPLE WITH
	IDD. OUR LONG-TERM STRATEGIC OBJECTIVE IS TO GROW THE ORGANIZATION TO
	MEET THESE EVER-INCREASING NEEDS THROUGH EXPANDED SERVICES AND
	PROGRAMS. TO THAT END, WE HAVE CONTINUED TO ADD PARTICIPANTS TO OUR
	PROGRAMS THUS EXPANDING OUR SERVICE CAPABILITIES TO AN EVER-INCREASING
	POPULATION. WE CONTINUE TO ENHANCE THE CAPABILITIES OF THE BUILDING AND
	SURROUNDING PROPERTY ADDING A VEGETABLE GARDEN. WE HAVE INCREASED
	FUNCTIONALITY TO OUR OUTDOOR WELLNESS AREA AND ADDED AN ADDITIONAL VAN
	TO ACCOMMODATE OUR GROWING POPULATION. WE ARE LEARNING AND GROWING
	WITHIN OUR FACILITY. WE CONTINUE TO OFFER A WATER THERAPY PROGRAM HELD
	AT MARY JO PECKHAM PARK IN KATY.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 326,338.
	Form 990 (2023)

Form 990 (2023) THE ARC OF KATY 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_	Х	
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	L,		
	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?			
	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
10	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,	10		
.,		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		 ^ `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
	complete Schedule G, Part III	19		X
20a	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		\vdash
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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Part IV Checklist of Required Schedules (contin	nued)
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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		<u> </u>
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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	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			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 4	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Finter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
33300	(gambling) winnings to prize winners?	1c Form		(2023)
002004	12-21-20	I OIII		(~~~)

Form 990 (2		TUC OF		10-0334104	Page
Part V	Statements Regarding	g Other I	RS Filings and Tax Compliance	(continued)	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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:			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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76-0354104

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records FAS ACCOUNTING AND BOOKKEEPING SERVICES - (281) 855-8035 24044 CINCO VILLAGE CENTER BLVD #100, KATY, TX

Form 990 (2023) THE ARC OF KATY 76-0354104 Page 7

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Ju		((C)		-	(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BONNIE HOLLAND	0.50	ļ								
BOARD MEMBER		Х				_		0.	0.	0.
(2) MARY ALCOCER	1.25									
BOARD MEMBER	1	Х				_		0.	0.	0.
(3) MARY MCGOVERN	1.00									
BOARD MEMBER		Х				_		0.	0.	0.
(4) AMY CAMPBELL	5.00									
BOARD MEMBER/PROG. CMTE CO-CHAIR	0.00	X	_			┝		0.	0.	0.
(5) CAROLYN KARES	8.00	.,							_	
BOARD MEMBER, PROG. CMTE CO-CHAIR	2 00	Х				-		0.	0.	0.
(6) ELLEN CANDITO	3.00	3,7		٦,					_	
(7) MIKE LATTAL	8.00	Х		Х		-		0.	0.	0.
TREASURER	8.00	Х		х				0.	0.	_
(8) FRED SHAFER	2.50	Δ		^		┢		0.	0.	0.
PAST PRESIDENT/TOP MGMT OFF	2.50	Х		х				0.	0.	0.
(9) CHERI DUDDRIDGE	3.00	Λ		Δ		 		0.	0.	· ·
PRESIDENT	3.00	Х		Х				0.	0.	0.
INDIDENT		Δ.						0.	0.	
		-								

76-0354104 Page **8**

(A) Name and title	(B) Average hours per week	(do box		Posi heck i	ition) than o	one n an	(D) Reportable compensation from	(continued) (E) Reportable compensatio	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	pensa om the anizat d relate anization	e ion ed
										\dashv			
		_								\dashv			
		1_											
		-											
		<u> </u>								\dashv			
		1_								$ \longrightarrow $			
		_											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including bu								eceived more than \$100,	000 of reportable				
compensation from the organization												Yes	0 N o
3 Did the organization list any former office			•	•	•		_	·	•				v
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the											3		X
and related organizations greater than \$	•		•								4		X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," or rendered to the organization?									tor services		5		Х
Section B. Independent Contractors									100.000 (
Complete this table for your five highest the organization. Report compensation										ensat	ion irc	om	
(A) Name and busine	ess address	NC	ONE	2				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
				_				·					
							\dashv						
2 Total number of independent contractor		ot lin	nitec	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the org	anization				()							

Form **990** (2023)

09150115 130509 ARCKATY

Form 990 (2023) THE ARC
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a respo	nse o	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					Τ.Τ						30000013 3 12 3 14
nts			Federated campaigns				0 045				
Sra			Membership dues				9,845.				
s, (Am			Fundraising events				194,482.				
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d						
s, (ini		е	Government grants (contri	ibutio	ons) 1e						
ion		f	All other contributions, gifts,	grant	s, and						
but			similar amounts not included	abov	re 1f		2,049.				
ÖĘ		g	Noncash contributions included in I	lines 1	a-1f 1g \$;	2,049.				
Sol		h	Total. Add lines 1a-1f					206,376.			
<u> </u>							Business Code	·			
	2	2	TUITION				812900	293,340.	293,340.		
je	b					_	012300	23373101	233,3100		
Program Service Revenue											
n S		c									
Jrai Re											
o.		е				_					
۵			All other program service					222 242			
			Total. Add lines 2a-2f					293,340.			
	3		Investment income (include	ling o	dividends, ir	ntere	st, and				
			other similar amounts)					1,680.			1,680.
	4		Income from investment of								
	5		Royalties	. <u></u>							
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				l				
			a Gross amount from sales of (i) Securities			(ii) Other					
	•		assets other than inventory	7a	(1) 00001111		(1) 0 11 101				
			•	1 a							
•			Less: cost or other basis	 .							
ň			and sales expenses								
) eve		С	Gain or (loss)	7c							
æ			Net gain or (loss)				 I				
Other Revenue	8		Gross income from fundraisir including \$ 194	ng ev 4	ents (not 82 • of						
			contributions reported on								
			Part IV, line 18		,	8a	9,518.				
			Less: direct expenses			8b					
			Net income or (loss) from			_		-6,146.			-6,146.
			Gross income from gamin					0,140			3/110
	9		•	_		9a					
			Part IV, line 19			9b					
			Less: direct expenses			$\overline{}$					
			Net income or (loss) from			·					
	10		Gross sales of inventory, le				F 06F				
			and allowances			10a					
		b	Less: cost of goods sold			10b	3,450.		1 1 -		
		С	Net income or (loss) from	sales	of inventor	у		1,815.	1,815.		
s							Business Code				
on e	11	а				_					
ane		b				_					
cell ev		С									
Miscellaneous Revenue			All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns	<u></u>	<u></u>		497,065.	295,155.	0.	-4,466.

332009 12-21-23

Form 990 (2023) THE ARC OF KATY Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er 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	7,868.	7,868.		
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	213,725.	181,785.	31,940.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,409.	14,833.	2,576.	
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,	10 000		10.000	
	column (A), amount, list line 11g expenses on Sch O.)	12,890.		12,890.	
12	Advertising and promotion	26 506	17 102	0 402	
13	Office expenses	26,596.	17,103.	9,493.	
14	Information technology				
15	Royalties	13,330.	11,997.	1,333.	
16	Occupancy	6,949.	6,949.	1,333.	
17	Travel	0,949.	0,949.		
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 25			
22	Depreciation, depletion, and amortization	37,365.	34,223.	3,142.	
23	Insurance	34,770.	21,801.	12,969.	
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 Sebatule 0.				
а	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	22,229.	20,006.	2,223.	
a b	DAY PROGRAM EXPENSE	19,060.	9,773.	9,287.	
C	DUES AND SUBSCRIPTION	6,718.	2,7	6,718.	
d		-,		-,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	418,909.	326,338.	92,571.	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)				
					Earm 990 (2022

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	89,503.	1	104,078.		
	2	Savings and temporary cash investments			51,662.	2	152,790.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	9,551.	4	6,237		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	ion 4958(c)(3)(B)		6		
က္က	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
₹	9	B		12,704.	9	12,384	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,375,880.			
	b	Less: accumulated depreciation	2,153,844.	10c	2,118,979		
	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		15			
_	16	Total assets. Add lines 1 through 15 (must equ			2,317,264.	16	2,394,468
	17	Accounts payable and accrued expenses	13,543.	17	12,591		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
#		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	-			22	
-	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	-				
		of Schedule D		<u>-</u>	13,543.	25	12,591.
-	26	•		X	13,343.	26	12,391
ړي		Organizations that follow FASB ASC 958, ch	eck nere				
ဗို ၂	07	and complete lines 27, 28, 32, and 33.			2,253,665.	27	2,277,888
ala	27	Net assets without donor restrictions	50,056.	28	103,989		
8 8	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			30,030.	20	103,303
들		and complete lines 29 through 33.	256, CHE	ck liefe			
ō	20	,				29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e				30	
SSI	30 31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				2,303,721.	32	2,381,877.
Ž	33	Total net assets or fund balances			2,317,264.	33	2,394,468

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		8,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,30	3,7	<u>21.</u>
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	2,38	1,8	<u>77.</u>
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	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?		За		X
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	(2023)

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

Employer identification number

OMB No. 1545-0047

THE ARC OF KATY 76-0354104 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	72,691.	186,549.	2314972.	190,962.	206,376.	2971550.
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	72,691.	186,549.	2314972.	190,962.	206,376.	2971550.
_	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)						40,065.
6	Public support. Subtract line 5 from line 4.						2931485.
	etion B. Total Support						2331403.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	72,691.	186,549.	2314972.	190,962.	206,376.	2971550.
	Gross income from interest,	72,031.	100,545.	2314372.	130,302.	200,370.	2371330.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,141.	844.	155.	813.	1,680.	5,633.
^	and income from similar sources	2,141.	044.	133.	013.	1,000.	3,033.
9	Net income from unrelated business						
	activities, whether or not the		4,402.	11,151.			15,553.
40	business is regularly carried on		4,402.	11,131.			13,333.
10	Other income. Do not include gain						
	or loss from the sale of capital	4,013.					4 012
	assets (Explain in Part VI.)	4,013.					4,013.
	Total support. Add lines 7 through 10		`			1	
	Gross receipts from related activities,	•	,			•	,085,970.
13	First 5 years. If the Form 990 is for the	-		-			
804	organization, check this box and stor						
	ction C. Computation of Publi			. (6)			07 02 ~
	Public support percentage for 2023 (I					14	97.82 %
	Public support percentage from 2022					15	97.90 %
16a	33 1/3% support test - 2023. If the d						
_	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	_			-		
b	10% -facts-and-circumstances test	: - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	t op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>
						Schedule A	(Form 990) 2023

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.)

(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(4) = 0 : 0	(3) 2323	(6) 252 :	(4,) = 3 = 2	(0) = 0 = 0	(1) 1010.
e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
<u></u>	<u></u>	·····	<u></u>		
Support Per	centage				
ne 8, column (f), d	livided by line 13, o	column (f))		15	
Schedule A, Part	III, line 15			16	
23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
2022 Schedule A,	Part III, line 17			18	
organization did r				33 1/3%, and line 1	7 is not
organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	(a) 2019 (a) 2019 (a) 2019 (b) Comport Perme 8, column (f), do Schedule A, Part trment Income 23 (line 10c, column 22 Schedule A, organization did red stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here.	(a) 2019 (b) 2020 (a) 2019 (b) 2020 (b) 2020 (c) Support Percentage (c) Support Percentage (c) Schedule A, Part III, line 15 (c) Iment Income Percentage (c) Golumn (f), divided by line 13, companization did not check the box of the stop here. The organization quality organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and	e organization's first, second, third, fourth, or fifth tax e Support Percentage ne 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Iment Income Percentage 23 (line 10c, column (f), divided by line 13, column (f)) 1022 Schedule A, Part III, line 17 organization did not check the box on line 14, and line d stop here. The organization qualifies as a publicly sorganization did not check a box on line 14 or line 19a ck this box and stop here. The organization qualifies as	e organization's first, second, third, fourth, or fifth tax year as a section of the second of the s	(a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 e organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization Support Percentage 15 (Schedule A, Part III, line 15 (16) (16) (16) (16) (16) (16) (16) (16)

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		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

332024 12-21-23

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		ason 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		

332025 12-21-23 Schedule A (Form 990) 2023

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
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-functiona	lly integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Secti	on D - Distributions			·	Current Year
1	Amounts paid to supported organizations to accomplish exer		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	3	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	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Se	ection D	rt IV, Sect), lines 5, (uctions.)	ion D, lir 6, and 8;	nes 2 and 3 ; and Part	3; Part I V, Secti	V, Section E, lines 1c, on E, lines 2, 5, and 6	2a, 2b, 3a Also com	a, and 3b; Pa uplete this pa	rt V, line 1; Part V, Section B, line 1e; Part V, rt for any additional information.
SCHEDULE	А,	PART	II,	LINE	10,	EXPLANATIO	N FOR	OTHER	INCOME:
MISCELLA	NEO	JS IN	COME						
2019 AMC	UNT	: \$	4,0	13.					

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

76-0354104

2023

Department of the Treasury Internal Revenue Service

THE ARC OF KATY

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

Name of the organization Employer identification number

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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE ARC OF KATY

76-0354104

Part I	Contributors (see instructions). Use duplicate copies of Part I is	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	19	\$	Schedule R (Form 990) (2

Daga 4

Name of organization Employer identification number

E ARC	OF KATY			76-0354104
	clusively religious, charitable, etc., contribution nany one contributor. Complete columns (a) the			(7), (8), or (10) that total more than \$1,000 for the
com	pleting Part III, enter the total of exclusively religious, cha	ritable, etc., contributions of \$1,000 or	less for the ye	ar. (Enter this info. once.) \$
	e duplicate copies of Part III if additional sp	ace is needed.		
No. m rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	_		-	
			-	
	·	(e) Transfer of gi	ft	
	Transferee's name, address, and	I ZIP + 4	Rela	tionship of transferor to transferee
m t I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_ =			-	
_			-	
		(e) Transfer of gi	ft	
	Transferee's name, address, and	I ZIP + 4	Rela	tionship of transferor to transferee
— No.				
m t I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_ =			-	
		(e) Transfer of gi		
	Transferee's name, address, and	I ZIP + 4	Rela	tionship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
i i	(b) Ful pose of grit	(c) use of gift		(a) Description of now girt is neith
-			-	
		(e) Transfer of git	 ft	
	Transferee's name, address, and			tionship of transferor to transferee
	manoroto o namo, address, and		ricia	actions of authoror to authoror to
l				

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	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts. Complete if the	
		(a) Donor advis	ed 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 w	vriting that the assets h	eld in donor advise	ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor ac				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose o	conferring	
	impermissible private benefit?			Yes	No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	of a conservation easement on the las	it.
	day of the tax year.			Held at the End of the Tax	
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006,			
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing cons	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and e	nforcing conservat	tion easements during the year	
8	Does each conservation easement reported on line 2d above	satisfy the requirement	s of section 170(h))(4)(B)(i)	_
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of		easures, or Oth	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	venue statement ar	nd balance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, of	or research in furth	nerance of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>	
2	If the organization received or held works of art, historical trea			I gain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			\$ <u></u>	
b					
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990)	2023

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	Other S	imilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make signi	ficant use of	its	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	change prograi	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatior	n's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	similar ass	sets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	rt IV Escrow and Custodial Arran		te if the organization	n answered "Y	es" on For	m 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contributior	ns or other ass	ets not inc	luded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo				•		Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds Complete if					Thurs h	-al. (-) Faur	haal.
_		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years ba	ack (e) Four	years back
1a	0 0 ,							
b	Contributions							
С	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		. (l'a a d a a a la mana /a	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
2	Provide the estimated percentage of the curr	•		i)) neid as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С		%						
2-	The percentages on lines 2a, 2b, and 2c show	•	tion that are hald a	nd administar	d for the			
Sa	Are there endowment funds not in the posse	SSION OF THE Organiza	lion that are nelu a	nu auministere	u ioi liie		[Yes No
	organization by:							100 110
	(i) Unrelated organizations?(ii) Related organizations?							
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir						
4	Describe in Part XIII the intended uses of the							
	rt VI Land, Buildings, and Equipm		WITHOUT TURIOS.					
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990,	Part X, line	e 10.		
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Accu	ımulated	(d) Book	value
	2000.19.10.1 0. p. opo.1,	basis (investn	, ,	(other)		ciation	(4, 200	74.45
1a	Land	,		8,000.			1,138	3,000.
	Buildings			2,000.	6	5,792.		,208.
	Leasehold improvements			6,243.		3,763.		2,480.
	Equipment			9,178.		6,887.		2,291.
	Other		16	0,459.		0,459.		0.
	I. Add lines 1a through 1e. (Column (d) must e		•				2,118	3,979.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE ARC OF	KATY	76	-0354104 Page 3
Part VIII Investments - Other Securities	on Form 000 Dort IV line	11b Coo Form 000 Port V line 10	
Complete if the organization answered "Yes"	_	T	d of voor more of volvo
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	u-or-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, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	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 end	d-of-vear market value
(1)	(a) I son taile	(2)	a or your market raide
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	<u>, L</u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. co	ol (B))		1

Schedule D (Form 990) 2023

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

Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial St	•	er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Par	t XIII Supplemental Information			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	l 4; Part IV, lines 1b and 2b; Part V, lir	ne 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
PAF	RT X, LINE 2:			
THE	E ORGANIZATION IS A NONPROFIT CORPORATI	ON THAT IS EXEMPT	FROM FEDERAL	
INC	COME TAXES UNDER SECTION 501(C)(3) OF T	THE U.S. INTERNAL R	EVENUE CODE	
/ 11 6				
(" (CODE") AND COMPARABLE STATE LAW, AND CO	NTRIBUTIONS TO IT	ARE TAX	
DEL	DUCTIBLE WITHIN THE LIMITATIONS PRESCRI	BED BY THE CODE. T	HE ORGANIZATION	
DIL	NOT CONDUCT ANY UNRELATED BUSINESS AC	TIVITIES IN THE C	URRENT FISCAL	
YEA	AR. THEREFORE, THE ORGANIZATION HAS MAD	DE NO PROVISION FOR	FEDERAL INCOME	
m = -	1.000/D1W-TV0	NATION C		
TAX	KES IN THE ACCOMPANYING FINANCIAL STATE	EMENTS.		
m,,,	ODGANICAMION ADDITES MUD DDOUTSTONS S	NE ENGD NGC ECOTO 7	40 TNOOME	
THE	E ORGANIZATION APPLIES THE PROVISIONS C	OF FASE ASC TUPIC /	4U, INCOME	

UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. Schedule D (Form 990) 2023

TAXES, (FORMERLY FASB INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR

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)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

THE ARC	OF KATY					76-0354	ntification number		
Part I Fundraising Activities.	Complete if the organization answe	red "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 rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the solicitation of the solicitations compensated at least \$5,000 by the	eed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No						
Total									
List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration		

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

Schedule G (Form 990) 2023

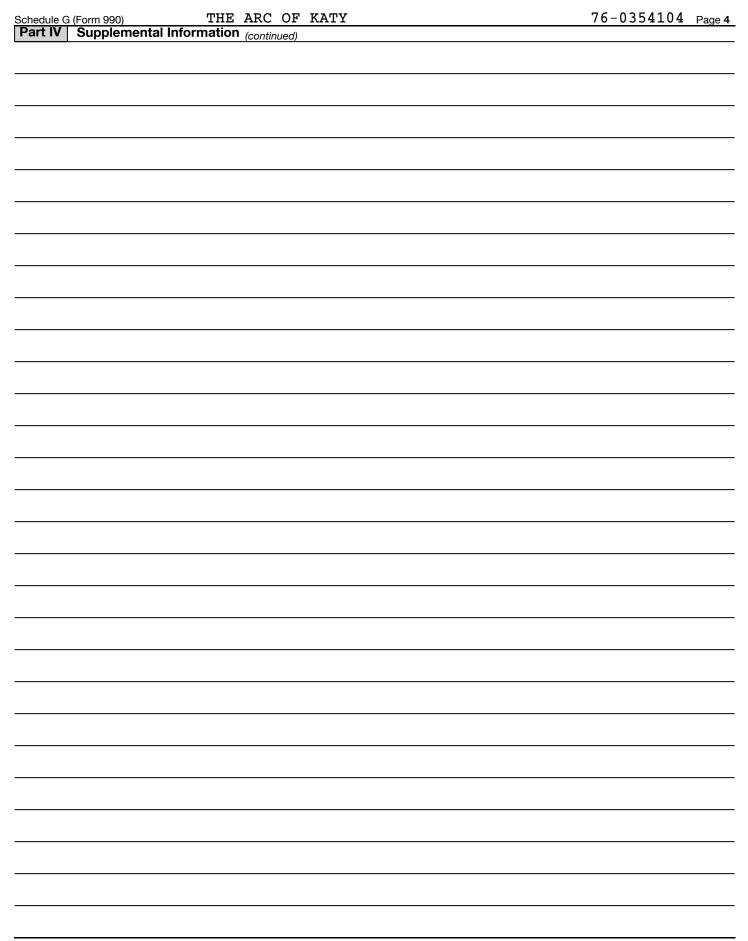
THE ARC OF KATY 76-0354104 Page 2 Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPECIAL NONE (add col. (a) through EVENTS col. (c)) (event type) (event type) (total number) 204,000. 204,000. 1 Gross receipts 194<u>,482.</u> 194,482. 2 Less: Contributions 9,518. 9,518. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 15,664. 15,664 9 Other direct expenses 15,664. **10** Direct expense summary. Add lines 4 through 9 in column (d) -6,146.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes No

а	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	Yes	□ No
l0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? of "Yes," explain:	Yes	No
		ule G (Form	000) 0000

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Sch	edule G (Form 990) 2023 THE ARC OF KATY	76-0	354104	. 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?		Yes	No
12	Indicate the percentage of gaming activity conducted in:		100	140
			120	0.4
	The organization's facility		13a	<u>%</u>
	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 record	·S:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount		
	of gaming revenue retained by the third party \$			
_	If "Yes," enter name and address of the third party:			
·	The rest, enter hame and 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			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	า the		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Parl	t III, lines 9,	9b, 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

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

THE ARC OF	F KATY						76-0354104
Part I General Information on Grants an	nd Assistance					·	
1 Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assist	tance?						X Yes No
2 Describe in Part IV the organization's pro-	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to D					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$		·		1	(f) Mathad of		
(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
 Enter total number of section 501(c)(3) and Enter total number of other organizations 	-		e line 1 table				

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

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SCHEDULE 0 (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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE ARC OF KATY

Employer identification number 76-0354104

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, 2024
THE ARC OF KATY IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER
REG. SEC. 1.263(A)-1(F).
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
BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED
IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** THE ARC OF KATY 76-0354104 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.



7800 IH 10 West, Suite 505 San Antonio, TX 78230

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.