

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493356005270

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ARC COMMUNITY SERVICES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2001 W BELTLINE HWY NO 102

City or town, state or province, country, and ZIP or foreign postal code

MADISON, WI 537132366

F Name and address of principal officer:

KAREN KINSEY

2001 W BELTLINE HWY NO 102

MADISON, WI 537132366

D Employer identification number

51-0163796

E Telephone number

(608) 278-2300

G Gross receipts \$ 5,140,445

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ARCCOMMSERV.COM

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1975

M State of legal domicile: WI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

ARC COMMUNITY SERVICES, INC. PROVIDES COUNSELING, ADVOCACY, TREATMENT, AND/OR REINTEGRATION SERVICES FOR FEMALES IN RESIDENTIAL, DAY TREATMENT, AND OUTPATIENT SETTINGS. ARC PROMOTES AND MAKES POSSIBLE RESPONSIBLE HEALTHY LIFE CHOICES THAT FOCUSES ON ADDRESSING A WOMEN'S RECOVERY WITHIN THE CONTEXT OF HER RELATIONSHIP WITH HER CHILDREN.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

KAREN KINSEY EXECUTIVE DIRECTOR

Type or print name and title

2020-12-17

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01263225

Firm's name WEGNER CPAS LLP

Firm's EIN 39-0974031

Firm's address 2921 LANDMARK PL STE 300

Phone no. (608) 274-4020

MADISON, WI 537134236

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)