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Form	J	J	U

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



Department of the Treasury Internal Revenue Service

1.

A For the 20	021 calendar year, or tax year beginning and	d ending		
B Check if applicable:	C Name of organization		D Employer identific	cation number
X Address change	THE ARC MINNESOTA INC.			
Name change	Doing business as		41-079525	54
Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
Final return/	641 FAIRVIEW AVE	195	952-920-0	
termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,490,768.
Amended return	ST. PAUL, MN 55104		H(a) Is this a group re	
Applica- tion pending	F Name and address of principal officer: ANDREA ZUBER		for subordinates	? Yes 🗶 No
	SAME AS C ABOVE		H(b) Are all subordinates in	
	tarrow 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	WWW.ARCMINNESOTA.ORG		H(c) Group exemption	
	anization: X Corporation Trust Association Other	L Year	of formation: 1948 N	State of legal domicile: MN
	ummary	COLIEDII		
8 1 Brid	efly describe the organization's mission or most significant activities: SEE	SCHEDO		
Activities & Governance not be covernance tot bo covernance tot cove tot covernance tot covernance tot covernance tot covernan	act this have if the exemination discontinued its ensystians or disco	and of more	than QEO/ of its not ass	ata
2 Ch	eck this box if the organization discontinued its operations or dispo			25
	mber of voting members of the governing body (Part VI, line 1a)			25
ອັ ຫຼັ 5 Tot	al number of individuals employed in calendar year 2021 (Part V, line 2a)			239
	al number of volunteers (estimate if necessary)			2107
	al unrelated business revenue from Part VIII, column (C), line 12			0.
	t unrelated business taxable income from Form 990-T, Part I, line 11			0.
			Prior Year	Current Year
8 Co	ntributions and grants (Part VIII, line 1h)		4,453,430.	5,458,495.
2 9 Pro	ogram service revenue (Part VIII, line 2g)		1,543,963.	1,660,566.
ω i	estment income (Part VIII, column (A), lines 3, 4, and 7d)		158,610.	116,525.
— 11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,886,203.	5,595,626.
	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,042,206.	12,831,212.
13 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)		443,228.	327,336.
14 Bei	nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ي 15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,072,436.	5,889,237.
2 16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
XI	al fundraising expenses (Part IX, column (D), line 25) 🕨588 , 4			
	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,478,275.	4,065,078.
18 Tot	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,993,939.	10,281,651.
19 Rev	venue less expenses. Subtract line 18 from line 12		48,267.	2,549,561.
s or		Be	ginning of Current Year	End of Year
tage 20 Tot	tal assets (Part X, line 16)		4,755,454.	7,527,865.
+ A	al liabilities (Part X, line 26)		1,016,773.	1,062,958.
Ž∃ 22 Net Part II S	t assets or fund balances. Subtract line 21 from line 20		3,738,681.	6,464,907.
		o and states	nto and to the best of mu	knowledge and helief it in
-	s of perjury, I declare that I have examined this return, including accompanying schedule nd complete. Declaration of preparer (other than officer) is based on all information of w			KIIOWIEUYE AIIU DEIIEI, IL IS

Sign Here	Signature of officer JESSICA THOMPSON, CHIEF FINANCIAL OFFICER Type or print name and title	Date
	Print/Type preparer's name Preparer's signature Date	
Paid	LAWRENCE H. MOHR, CPA LAWRENCE H. MOHR, CP 11/14	
Preparer	Firm's name 🕨 BAKER TILLY US, LLP	Firm's EIN 🕨 39-0859910
Use Only	Firm's address 🕨 225 S 6TH ST #2300	
	MINNEAPOLIS, MN 55402	Phone no.612.876.4500
May the IF	S discuss this return with the preparer shown above? See instructions	X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) THE ARC MINNESOTA INC.	41-0795254	Page
Par	t III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	THE ARC PROMOTES AND PROTECTS THE HUMAN RIGHTS OF PEOPL		
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, ACTIVELY S		
	AND THEIR FAMILIES IN A LIFETIME OF FULL INCLUSION AND	PARTICIPATION	
	IN THEIR COMMUNITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? X Yes	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,045,858. including grants of \$ 199,806.) (Re	venue \$ 1,034,	324.
	PUBLIC POLICY AND SYSTEMS ADVOCACY:		
	NEARLY 3,809 PEOPLE PARTICIPATED IN PUBLIC POLICY EVENT	יל אראראר אי	нЕ
	ARC MINNESOTA IN 2021. THESE INDIVIDUALS CONTRIBUTED 20		
	VOLUNTEER SERVICE TO ADVANCE PUBLIC POLICY GOALS. THE C		
	E-NEWSLETTER INFORMED 950 PEOPLE ABOUT THE ONGOING PUBL		IOK
	EFFORTS OF THE ARC MINNESOTA. POLICY ISSUES INCLUDE EDU		
		-	7
	EMPLOYMENT, HEALTH AND HUMAN SERVICES, AND HOUSING. THE		A
	HAS CONTRACTS WITH THE MINNESOTA DEPARTMENT OF HUMAN SE		
	PROVIDE HOUSING ACCESS SERVICES, HOUSING STABILIZATION	-	
	TRANSITION SERVICES AIMED AT HELPING PEOPLE WITH DISABI		OSE
	EXPERIENCING HOUSING INSTABILITY ACCESS AFFORDABLE, ACC		
4b	(Code:) (Expenses \$ 840,605. including grants of \$ 115,346.) (Re	venue\$ 250,	667.
	INDIVIDUAL ADVOCACY AND SUPPORT:		
	THE ARC STAFF PROVIDED FREE, INDIVIDUALIZED ASSISTANCE	TO 1,291 PEOP	LE
	ACROSS THE STATE, EITHER THROUGH PHONE CONSULTATION, EM	AIL SUPPORT O	R
	INTENSIVE ONE-TO-ONE IN PERSON SUPPORT. 35,769 PEOPLE A	CCESSED OUR	
	SELF-GUIDED, ONLINE ADVOCACY TOOLS AND RESOURCES.		
4.0	(Code:) (Expenses \$ 332,798. including grants of \$ 2,000.) (Re	356	710.
4c	(Code:) (Expenses \$	venue \$ 550,	/10.
	FLAMMING SERVICES:		
			Ma
	PLANNING SERVICES INCLUDE INDIVIDUALIZED ADVOCACY, FUTU		NЭ
	PROGRAM, PERSON CENTERED PLANNING, AND MASTER POOLED TR		
	PROGRAMS HELP INDIVIDUALS WHO HAVE INTELLECTUAL AND DEV		
	DISABILITIES AND THEIR FAMILIES PLAN FOR THEIR FUTURES.		
	COMPREHENSIVE ASSESSMENT OF THEIR CURRENT REALITY, THEI	R PERSONAL AN	D
	FAMILY GOALS, FINANCIAL AND LEGAL PLANNING NEEDS, AND G	UIDE THE	
	FRAMEWORK FOR BUILDING A HIGH QUALITY OF LIFE. NOT ONLY	DO THEY	
	DETERMINE A FUTURE PLAN, BUT THE ARC STAFF LEAD THEM IN		HE
	IMPORTANT ACTIONS NEEDED TO ACHIEVE THE GOALS FOR THEIR		
	AND IDENTIFY WHO WILL SUPPORT THEIR LOVED ONE NOW AND I		-
4-1		IN THE FUTURE.	
4d		10 065	
	(Expenses \$ 5,216,083. including grants of \$ 10,184.) (Revenue \$	18,865.)	
4e	Total program service expenses ► 8,435,344.		000
			990 (202
32002	SEE SCHEDULE O FOR CONTINUATION	(5)	
	3		
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Form	990	(2021)

 Form 990 (2021)
 THE ARC MINNESOTA INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,		77	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	х	
	Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/1		х
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 11
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- '	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
132003	12-09-21			(2021)
2-003				

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Pa	rt IV Checklist of Required Schedules (continued)			uge
			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Λ
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):			
d	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V	·····		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 133	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	(2021)
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orm	990 (2021) THE ARC MINNESOTA INC.		41-0795	254	Р	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		I	I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		239			
	filed for the calendar year ending with or within the year covered by this return	2a		01-	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	A	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instruction: Did the organization have unrelated business great income of \$1,000 or more during the upper			20		x
				3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x
b	If "Yes," enter the name of the foreign country		····			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	ts (FBAR).			
5a			(5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	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 ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
-				9b		
0	Section 501(c)(7) organizations. Enter:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
0-	amounts due or received from them.)	1041		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
			I	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		- <u>-</u>
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
-	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		x
-	If "Yes," complete Form 4720, Schedule O.					
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
7						
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		

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Form 9	990 (2	021)
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THE ARC MINNESOTA INC.

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

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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. X

					Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	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.					1
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was	s filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ets?		5		
6	Did the organization have members or stockholders?			6	X	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or			
	more members of the governing body?			7a	X	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or			
	persons other than the governing body?			7b	X	_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			8a	X	_
b	Each committee with authority to act on behalf of the governing body?			8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		r	_
					Yes	_
	Did the organization have local chapters, branches, or affiliates?			10a	X	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•	•			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," de	escribe			
	on Schedule O how this was done			12c	X	-
13	Did the organization have a written whistleblower policy?			13	X	-
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
a	The organization's CEO, Executive Director, or top management official			15a	X	-
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		44			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40		
L	taxable entity during the year?			<u>16a</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			164		
Sec	exempt status with respect to such arrangements?			16b	L	-
17	List the states with which a copy of this Form 990 is required to be filed MN					-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990.	T (section 501(c)(3)	s only)	availa	- 1
	for public inspection. Indicate how you made these available. Check all that apply.			2 (iny)	arund	.,
	X Own website Another's website X Upon request Other (explain	n nn Sa	hedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records			
	JESSICA THOMPSON - 952-920-0855					-
	641 FAIRVIEW AVE, SUITE 195, ST. PAUL, MN 55104					-
	,,,,,,,				ז 990	-

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Form 990 (2021) THE ARC MINNESOTA INC.	41-0795254	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
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 wi	th or within the organization?	s tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), rega	dless of amount of compens	ation.

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both r/trust	nan	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	Institutional trustee Officer Key employee employee Former		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization			
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	dual t	Institutional trustee	-	Key employee	sst co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			C C
(1) ANDREA ZUBER	60.00									
CHIEF EXECUTIVE OFFICER		1		Х				170,155.	Ο.	24,448.
(2) JESSICA THOMPSON	60.00									
CHIEF FINANCIAL OFFICER		1		х				106,181.	Ο.	21,264.
(3) NICK BOERUM	60.00									
CHIEF ADVANCEMENT OFFICER		1		х				108,831.	Ο.	7,107.
(4) ALICIA MUNSON	60.00									
CHIEF PROGRAM OFFICER		1				x		100,635.	Ο.	14,166.
(5) NATE SCOTT	1.00									
BOARD CO-CHAIR		Х		х				0.	Ο.	0.
(6) MIKE WALL	1.00									
BOARD CO-CHAIR		x		х				0.	Ο.	0.
(7) STEPHEN ASTRUP	1.00									
VICE CHAIR		Х		х				0.	Ο.	0.
(8) JON ALEXANDER	1.00									
TREASURER		X		Х				0.	Ο.	0.
(9) NANCY FITZSIMONS	1.00									
SECRETARY		X		Х				0.	Ο.	0.
(10) TIM ALLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MIKE ANDERSON	1.00									
DIRECTOR		X						0.	Ο.	0.
(12) STAN ALLEYNE	1.00									
DIRECTOR		X						0.	Ο.	0.
(13) MAURICE BLANKS	1.00									
DIRECTOR		Х						0.	Ο.	0.
(14) MAREN CHRISTENSON HOFER	1.00									
DIRECTOR		X						0.	Ο.	0.
(15) GINA DIMAGGIO	1.00									
DIRECTOR		х						0.	0.	0.
(16) JULES EDWARDS	1.00									
DIRECTOR		х						0.	0.	0.
(17) RACHEL FREEMAN	1.00									
DIRECTOR		Х						0.	Ο.	0.
132007 12-09-21										Form 990 (2021)

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Form 990 (2021)

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2021.05000 THE ARC MINNESOTA INC.

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Form	990	(2021)
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Part VII	t VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(C)						(D)	(E)			(F)	
	Name and title	Average	<i>.</i>			ition			Reportable	Reportable			imated
		hours per	box	not cł , unles	ss per	rson i	s both	n an	compensation	compensation		am	ount of
		week		cer an	d a d	lirecto	r/trus [.]	tee)	from	from related		c	other
		(list any	ector						the	organizations			pensation
		hours for related	or dir	e			ated		organization	(W-2/1099-MISC/			om the
		organizations	ustee	truste		Ð	pensi		(W-2/1099-MISC/	1099-NEC)		•	inization
		below	ual tri	ional		ploye	t com		1099-NEC)				related nizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	lizations
(18) BRIT	TTANIE HERNANDEZ-WILSON	1.00	_		0	×	Ξæ	ц			-		
DIRECTOR			х						0.	0			0.
(19) TOM	JUDD	1.00											-
DIRECTOR	(PART-YEAR)		х						0.	0	•		0.
(20) DAWN	N KIRCHNER	1.00											
DIRECTOR			х						0.	0	•		0.
(21) LYNN	N KLABER	1.00											-
DIRECTOR			х						0.	0	•		0.
(22) HEII	DI LARSON	1.00											
DIRECTOR	(PART-YEAR)		х						0.	0	•		0.
(23) MARY	I LIDDICOAT	1.00											
DIRECTOR			х						0.	0	•		0.
(24) SANI	DY MOORE	1.00											
DIRECTOR			х						0.	0	•		0.
(25) BRET	TT NELSON	1.00											
DIRECTOR			Х						0.	0	•		0.
(26) DARI	LA NEMEC	1.00											
DIRECTOR			Х						0.	0	•		0.
1b Subtotal								•	66	5,985.			
c Total	I from continuation sheets to Part VI	, Section A							0.	0		0.	
d Total	l (add lines 1b and 1c)								485,802.	0	•	66	5,985.
2 Total	number of individuals (including but no	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable			
comp	pensation from the organization												4
											_		Yes No
3 Did th	he organization list any former officer,	director, trust	ee, k	key e	mpl	loye	e, or	hig	phest compensated empl	oyee on			
line 1	a? If "Yes," complete Schedule J for su	uch individual									L	3	X
4 For a	ny individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			
and r	elated organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		. L	4	x
	ny person listed on line 1a receive or a	•				-			•				
	ered to the organization? If "Yes." com	plete Schedule	e J f	or su	ich i	oers	on .				.	5	X
	. Independent Contractors												
	plete this table for your five highest cor										satio	on froi	m
the o	rganization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin		ear.			
	(A)								(B) Description of s		0-	(C)	
	Name and business		011					_	•			mpen	sation
	ATION TECHNOLOGIES,			E'I''	ΤE	А	VE		IT MANAGED SI	ERVICE		1 0 0	
<u>S STE 225, MINNEAPOLIS, MN 55114</u> PROVIDER									129	925.			
								_					
								_					
2 Total	number of independent contractors (ir	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
¢100	000 of componention from the organiz	ration				1							

Form 990 THE ARC	MINNESOT	'A	IN	c.					41-079	5254
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	rector				em plo		organization	(W-2/1099-MISC)	from the
	hours for	or di	e			ated		(W-2/1099-MISC)		organization
	related	istee	truste		æ	pens				and related
	organizations	lal tru	onal		ploye	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KIM NORTON	1.00	<u> </u>	=	8	¥	Ξ	F			
DIRECTOR	1.00	х						0.	0.	0.
(28) PEGGY O'TOOLE-MARTIN	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(29) JULIE PEIRSON	1.00								0.	<u></u> .
DIRECTOR	1.00	x						0.	0.	0.
(30) FELICITY RILEY	1.00								~ •	.
DIRECTOR (PART-YEAR)		х						0.	0.	0.
(31) BRIAN SCHRIFELS	1.00									
DIRECTOR (PART-YEAR)		х						0.	0.	0.
(32) POPPY SUNDQUIST	1.00									
DIRECTOR		Х						0.	0.	0.
(33) HUDA YUSUF	1.00									
DIRECTOR		Х						0.	0.	0.
		_								
		-								
		\vdash								
		1								
		-								
		\vdash		-	-					
		<u> </u>								
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u> .	<u></u> .		<u></u> .				

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		(2021) THE ARC MINNE	SOTA INC.			41-0795	254 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	((2)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						business revenue	from tax under
			15 516				sections 512 - 514
nts nts	1 a	Federated campaigns 1a	15,516.				
Gra Iou	k	• • • • • • • • • • • • • • • • • • • •	2,605.				
ts, (Am	c	Fundraising events 1c	414,374.				
Gifi İlar	c	Related organizations 1d					
ns,	e	3 (1) / 	1,337,403.				
er S	f	All other contributions, gifts, grants, and					
Oth		similar amounts not included above 1f	3,688,597.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f	1,449,226.	5 450 405			
<u>a</u> C	ŀ	Total. Add lines 1a-1f	····· • •	5,458,495.			
	_		Business Code	1 012 221	1 012 221		
ice	2 a		900099	1,013,331.	1,013,331.		
erv	k		900099	643,235.	643,235.		
n S /eni	c	CHAPTER FAIR SHARE FEES	900099	4,000.	4,000.		
Program Service Revenue	c						
roç	e						
ш	•	1 5		1,660,566.			
	3			1,000,000.			
	3	Investment income (including dividends, intere		53,805.			53,805.
	4	other similar amounts) Income from investment of tax-exempt bond p					
	- - 5	Royalties	· · · ·				
	5	(i) Real	(ii) Personal				
	6 a		(
	t t						
	~	Rental income or (loss) 6c					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 79,220.					
	k	Less: cost or other basis					
e		and sales expenses 7b 16,500.					
venue	c	Gain or (loss) 7c 62,720.					
e a		Net gain or (loss)		62,720.			62,720.
Other R	8 a	Gross income from fundraising events (not					
Oth		including \$ 414,374. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	480,001.				
	b	Less: direct expenses 8b	77,637.				
	c	Net income or (loss) from fundraising events	►	402,364.			402,364.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns					
			6,758,681.				
		•	1,565,419.	5 102 262			F1020C0
	c	Net income or (loss) from sales of inventory		5,193,262.			5193262.
sr			Business Code				
leor	11 a						
llan	k						
Miscellaneous Revenue	0						
Ä	- C	All other revenue					
	12	Total. Add lines 11a-11d Total revenue. See instructions		12,831,212.	1,660,566.	0.	5712151.
13200	9 12-0			,,		· · · · ·	Form 990 (2021)
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2021.05000 THE ARC MINNESOTA INC.

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Form 990 (2021)

THE ARC MINNESOTA INC. Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 37,836. 37,836. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 289,500. 289,500. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 368,570. 437,984. 42,391. 27,023. 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) 419,990. 4,343,414. 3,655,694. 267,730. Other salaries and wages 7 8 Pension plan accruals and contributions (include 2,194. 22,510. 18,918. 1,398. section 401(k) and 403(b) employer contributions) 606,548. 721,703. <u>70,</u>325. 44,830. Other employee benefits 9 363,626. 301,644. 37,852. 24,130. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 15,323. 15,323. b Legal 389,744. 389,744. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е 22,697. 22,697. f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, g 270,564. 243,521. 27,043. column (A), amount, list line 11g expenses on Sch 0.) 76,424. 74,502. 272. 1,650. Advertising and promotion 12 237,904. 152,431. 29,364. 56,109. 13 Office expenses Information technology 14 Royalties 15 1,706,716. 59,212. 37,746. 1,803,674. 16 Occupancy 26,759. 24,019. 1,751. 989. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 15,336. 15,336. 21 169,627. 141,538. 17,154. 10,935. Depreciation, depletion, and amortization 22 70,783. 55,213. 9,509. 6,061. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 518,938. 407,869. 59,076. 51,993. EQUIPMENT & MAINTENANCE а FINANCIAL CHARGES AND O 203,076. 162,173. 40,807. 96. h 181,305. 149,314. 1,938. 30,053. SUPPLIES С 49,449. 36,987. STAFF DEVELOPMENT 11,835. 627. d 13,475. 12.167. 1,308. e All other expenses 10,281,651. 8,435,344. 1,257,894. 588,413. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

12

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

132010 12-09-21

Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2021)

Form 990 (2021)

Part X | Balance Sheet

THE ARC MINNESOTA INC.

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

(A) Beginning of year (B) End of year 730,257. 1,878,705. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 385,418. 245,622. Pledges and grants receivable, net 3 3 74,954. 163,901. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 116,944. 121,423. 8 Inventories for sale or use 8 470,391. 298,818. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 2,336,619. basis. Complete Part VI of Schedule D _____ 10a 1,929,079. 503,872. 407,540. b Less: accumulated depreciation 10b 10c 3,723,214. 2,189,931. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 455,260. 517,069. Other assets. See Part IV, line 11 15 15 4,755,454. 7,527,865. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 503,793. 572,706. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 157,645. 227,634. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 201,114. 193,883. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 154,221. 25 68,735. 1,016,773. 1,062,958. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 5,896,500. Net assets without donor restrictions 3,295,324. 27 27 Net assets with donor restrictions 443,357. 568,407. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 6,464,907. Total net assets or fund balances 3,738,681. 32 32 4,755,454. 7,527,865. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

Form	1990 (2021) THE ARC MINNESOTA INC.	41-0	795254	Pag	_{ge} 12
Pa	rt 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	12,831		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,281		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,549		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,738	<u> </u>	
5	Net unrealized gains (losses) on investments	5	176	5,6	65.
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	6,464	1,9	07.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

ı.

Name of the organization

Nam	ame of the organization Employer identification number												
		THE .	ARC MINNES	OTA INC.					1-0795254				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		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.)											
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or				
		university:											
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	-	-				•					
		more publicly supported or	-						Check the box on				
	_	lines 12a through 12d that						-					
а		Type I. A supporting orga	-	-	• • • •	-							
		the supported organization			i majority o	f the direc	tors or truste	es of the su	ipporting				
	_	organization. You must o											
b		Type II. A supporting org	-				-		-				
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	portea				
-		organization(s). You mus	-		in connect	ion with a	and functional	lu into avota					
С		J Type III functionally inte						ly integrate	ed with,				
d		its supported organization Type III non-functionally						tod orazni:	zation(s)				
u		that is not functionally int	• •					•					
		requirement (see instructi	°	c			•	anallenin	7611633				
е		Check this box if the orga		•				I Type III					
Ũ	L	functionally integrated, or					iypei, iype	n, rype m					
f	Ente	er the number of supported of			0 0								
q		vide the following information	•										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed no document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)				
Tota	1												

Schedule	A (Form	990)	202
Part II	Sup	por	t So

THE ARC MINNESOTA INC.

4	1-	- 0	7	9	5	2	5	4	Page	2
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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
14	Public support percentage for 2021 (I	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2021. If the c	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	ו			
b	33 1/3% support test - 2020. If the c	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2021. If the or	ganization did not				
	and if the organization meets the fact	s-and-circumstand	ces test, check this	s box and stop he	ere. Explain in Par	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	mstances test, che	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a public	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
						Schedule A	(Form 990) 2021

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THE ARC MINNESOTA INC.

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.)

Section A. Public Support (b) 2018 (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5458495.17771464. 640,049 3570473. 3649017. 4453430. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1065992. 1569526. 1513077. 1543963. 1660566. 7353124. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 7119061.25124588. 1706041 5139999. 5162094. 5997393. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 76,495. 6,351. 103,128. 121,408. 7,869. 315,251. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 750,341 1285719. 1244960. 1297478. 941,602. 5520100. 949,471. c Add lines 7a and 7b 756,692. 1388847. 1321455. 1418886. 5835351. .9289237. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 5139999 5162094. 5997393. 7119061.25124588. 1706041 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 146,670. 139,417. 58,890. 53,805. 56,321. 455,103. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 56,321. 146,670. 139,417. 58,890. 53,805. 455,103. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 7,285 7,285. assets (Explain in Part VI.) 1769647. 5286669. 5301511. 6056283. 7172866.25586976. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 75.39 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 69.79 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.78 17 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) % 2.17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22 17

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Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

THE ARC MINNESOTA INC.

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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

18

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10b Schedule A (Form 990) 2021

79484 1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Schedule A	(Form 990) 202	1 THE	ARC	MINNESOTA	INC.
Part IV	Supporting	J Organizations	(contir	nued)	

1

2

1

2

3

2a

2b

3a

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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 B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support of the

Sec	ction D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
-		

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a
- significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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.*

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
----------	--	---	--	--

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

Schedule A (Fo

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	edule A (Form 990) 2021 THE ARC MINNESOTA INC.			41-0795254 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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-function	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2021

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instructions).

Schedule A (Form 990) 2021

THE ARC MINNESOTA INC.

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(contini}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). 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	1		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
					Amount for Lot I
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - <i>explain in</i> Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 THE	ARC MINNESOTA	A INC.	41-0795254 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F (See instructions.)	 Provide the explanation 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c and 3; Part IV, Section E, lir Part V, Section E, lines 2, 5, 	s required by Part II, line 10, , 11a, 11b, and 11c; Part IV les 1c, 2a, 2b, 3a, and 3b; I and 6. Also complete this); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
132028 01-04-2	2		22	Schedule A (Form 990) 2021

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

41-0795254

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{501(c)}(3)$ (enter number) organization
	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

THE ARC MINNESOTA INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{XClusively}$ 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 $e_{XClusively}$ 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 \dots \blacktriangleright \$______

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).

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

Schedule B (Form 990) (2021)

Name of organization

Page **2** Employer identification number

THE ARC MINNESOTA INC.

41-0795254

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$476,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>851,157.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,310,321.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Name of organization

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Employer identification number

THE ARC MINNESOTA INC.

41-0795254

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	(0) FWV (or estimate) (See instructions.) Description of noncesh property given \$

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18451114 144198 79484

Name of org	ganization			Employer identification number
THE AR	C MINNESOTA INC.			41-0795254
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	v. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
<u> </u>				
-		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
123454 11-11-;	21	29		Schedule B (Form 990) (2021

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2021.05000 THE ARC MINNESOTA INC. 79484_1

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)					7	2021
	-	anizations Exempt From Income				
Department of the Treasury Internal Revenue Service	-	if the organization is described I Go to www.irs.gov/Form990 for in			90-EZ.	Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Form	n 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	rities), then
		plete Parts I-A and B. Do not comp				
		01(c)(3)) organizations: Complete Pa	arts I-A and C below. [Do not complete Part	I-B.	
Section 527 organization	•					
-		Form 990, Part IV, line 4, or Form			-	
		nave filed Form 5768 (election under		•		
		nave NOT filed Form 5768 (electior Form 990, Part IV, line 5 (Proxy 1)				•
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	rax) (See Separate in	istructions) or Form	990-EZ, r	Part V, line SSC (Proxy
<i>,</i> , ,		ions: Complete Part III.				
Name of organization	, (, 3	·			Employer	r identification number
	THE ARC	MINNESOTA INC.			4	1-0795254
Part I-A Comple		anization is exempt under	section 501(c) o	r is a section 52		
i						
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures	-		▶\$	
3 Volunteer hours for	political campai	gn activities				
				-		
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3).		
		incurred by the organization under			► \$	
		incurred by organization managers			▶\$	
		n 4955 tax, did it file Form 4720 fo	r this year?			Yes No
4a Was a correction m						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c)	excent section 5	1(c)(3)	
-	-	by the filing organization for section		-	► \$	•
		ization's funds contributed to othe	•		φ	
exempt function ac			5		▶\$	
•		. Add lines 1 and 2. Enter here and			ΨΨ	
	-				▶\$	
						Yes No
		ployer identification number (EIN)				filing organization
		tion listed, enter the amount paid f	-	-		
		omptly and directly delivered to a s			oarate seç	gregated fund or a
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV	V.		
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's cor r -0 d	e) Amount of political htributions received and promptly and directly lelivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	THE ARC MIN	NESOTA INC.			795254 Page 2
Part II-A Complete if the organization 501(h)).	anization is exem	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	tion bolongs to an affil	iated group (and list in	Part IV each affiliated	group mombor's pame	
· 8 8	e of excess lobbying e	• • •	Fait IV each annialeu	group member s name	, address, Ein,
	, .	d "limited control" pro	visions apply.		
Limit	ts on Lobbying Exper litures" means amou	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (c	rassroots lobbying)		14,298.	
b Total lobbying expenditures to influ		,		5,023.	
c Total lobbying expenditures (add lir				19,321.	
d Other exempt purpose expenditure				9,624,475.	
e Total exempt purpose expenditures	s (add lines 1c and 1d)			9,643,796.	
f_Lobbying nontaxable amount. Ente	r the amount from the	following table in both	i columns.	632,190.	
If the amount on line 1e, column (a) of	r (b) is: The lobl	bying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			158,048.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero	,			0.	
j If there is an amount other than zer					
reporting section 4911 tax for this					Yes No
	4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations th)1(h) election do not h ate instructions for lin		of the five columns be	low.
	•	ditures During 4-Yea	<u> </u>		
			Averaging Ferred		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	734,430.	696,203.	621,986.	632,190.	2,684,809.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,027,214.
<u>c</u> Total lobbying expenditures	170,228.	200,621.	57,560.	19,321.	447,730.
d Grassroots nontaxable amount	183,608.	174,051.	155,497.	158,048.	671,204.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,006,806.
f Grassroots lobbying expenditures	128,097.	173,692.	38,462.	14,298.	354,549.
				Schedu	ıle C (Form 990) 2021

Schedule C (Form 990) 2021 THE ARC MINNESOTA INC. 41-07952 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k))
of th	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(a)//		tion	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(0)(b), or sec		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		2 b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
_	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information	<u></u>	5		
		lict): Dort II	A lines 1 a		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	list), Part II-	A, lines i a	nu z (See	
	RT I-A, LINE 1:				
<u> </u>					
тні	E ORGANIZATION EDUCATES PEOPLE ON PENDING LEGISLATIC	N. ANI) ENCO	URAGES	5
				0141020	<u> </u>
COI	NSTITUENTS TO CONTACT THEIR POLICYMAKERS THROUGH DAY	AT TH	IE CAP	ITOL	
EVI	ENTS, TELLING THEIR STORIES THROUGH VERBAL AND WRITT	EN TES	STIMON	Y, AND)
RE:	SPONDING TO ACTION ALERTS. THE ORGANIZATION DIRECTLY	LOBBI	ES ME	MBERS	
OF	THE MINNESOTA STATE LEGISLATURE IN REGARD TO BILLS	OF INT	EREST	то	
					990) 2021
13204	3 11-03-21				

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Part IV Supplemental Information (continued)

PEOPLE WHO HAVE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

Schedule C (Form 990) 2021

132044 11-03-21

SC	HEDULE D	Supplementa	al Financial Statements	5	F	OMB No. 1	545-0	047
	n 990)		anization answered "Yes" on Form 990,			20	21	
-	-		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	b.		Open t		
	ment of the Treasury Revenue Service		90 for instructions and the latest inform	ation.		Inspec		
Nam	e of the organization		INO			oyer identification number $41 - 0795254$		
Par	t I Organiza	THE ARC MINNESOTA		or Ac				
1 4		n answered "Yes" on Form 990, Part IV, lin				ompiete in	ne	
			(a) Donor advised funds	()) Funds and	other acco	unts	
1	Total number at er	nd of year			,			
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in v		ed fund	s			
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		[Yes		No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be i	used or	nly			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferri	ng		_	_
Dec	impermissible priva					Yes		No
Par		ation Easements. Complete if the org		Part IV,	line 7.			
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·					
		of land for public use (for example, recrea	<i>'</i>				а	
		f natural habitat n of open space	Preservation of	a certif	ied historic st	ructure		
2		through 2d if the organization held a qualif	ied conservation contribution in the form (of a con	servation eas	ement on t	he la	st
2	day of the tax year) a coi		the End of t		
а		onservation easements			2a			
b					2b			
с	•	vation easements on a certified historic stru		r	2c			
d		vation easements included in (c) acquired a						
	listed in the Natior	nal Register		[2d			
3		vation easements modified, transferred, rel			ation during t	the tax		
	year 🕨							
4	Number of states v	where property subject to conservation eas	sement is located					
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		r		_	_
	,	orcement of the conservation easements it				Yes		No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervatior	n easements o	during the y	ear	
_	▶	<u> </u>						
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	ion eas	ements durin	g the year		
8		 vation easement reported on line 2(d) abov	a satisfy the requirements of section 170/	-)///D)/i)			
U		(4)(B)(ii)?			·	Yes		No
9		be how the organization reports conservation						
		d include, if applicable, the text of the footr				ie		
	organization's acc	ounting for conservation easements.	-					
Par		ations Maintaining Collections of		her Si	milar Asse	ets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd bala	nce sheet wo	rks		
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in fu	rtheran	ce of public			
_	· •	Part XIII the text of the footnote to its finar						
b	-	elected, as permitted under FASB ASC 95						
		sures, or other similar assets held for public	exhibition, education, or research in furth	erance	of public serv	vice,		
		ng amounts relating to these items:			•			
		ded on Form 990, Part VIII, line 1			► [⇒]			
2	.,	ed in Form 990, Part X received or held works of art, historical tre	asures, or other similar assets for financial		rovide			
2	•	unts required to be reported under FASB A		yanı, p				
а	-	on Form 990, Part VIII, line 1	-		▶ \$			
		Form 990, Part X						

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

ARC MINNESOTA INC.

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2021.05000	THE

Sche		MINNESOTA				41-0	795254	l Pa	ıge 2
Par	t III Organizations Maintaining Co	ollections of Art	i, Historical Tre	easures, or Oth	ner Si	milar Asse	ts _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	e signifi	icant use of its	6		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change program					
b	Scholarly research	е		0 1 0					
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further t	ne organization's e	xempt i	ourpose in Pa	rt XIII.		
5	During the year, did the organization solicit or								
-	to be sold to raise funds rather than to be ma					Г	Yes		No
Par									
	reported an amount on Form 990, Par					in 666, i ait i	, 1110 0, 01		
12	Is the organization an agent, trustee, custodia		any for contribution	s or other assets n	ot inclu	Ided			
Ia						_	Yes		No
h	on Form 990, Part X?					L	165		NU
a	In res, explain the arrangement in Part XIII a	and complete the foll	lowing table.		ſ		Amount		
					ŀ		Amount		
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								1
	Did the organization include an amount on Fo				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete if					TI			
	-	(a) Current year	(b) Prior year	(c) Two years bac		Three years bac			
1a	Beginning of year balance	404,647.	393,404.	353,298	3.	300,199	•	300,1	199.
b	Contributions								
С	Net investment earnings, gains, and losses	77,173.	26,569.	,		-16,046	_		
d	Grants or scholarships	15,307.	15,326.	15,702	2.	14,381	•		
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses					-83,526	•		
g	End of year balance	466,513.	404,647.	393,404	4.	353,298		300,1	199.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	34.5700	%						
	Permanent endowment ► 65.4300	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.							
3a	Are there endowment funds not in the posses		tion that are held a	nd administered for	r the or	ganization			
	by:					9	ſ	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations								X
h	If "Yes" on line 3a(ii), are the related organizat								
4	Describe in Part XIII the intended uses of the							1	
	t VI Land, Buildings, and Equipmo		whient funds.						
	Complete if the organization answered		Part IV, line 11a, S	See Form 990, Part	X. line	10.			
	Description of property								
	Description of property	(a) Cost or of basis (investm	• •		deprec	nulated	(d) Bool	value	;
	Land				acpied				
	Land								
	Buildings		1 4 7		011	1 660	0.51		70
	Leasehold improvements					L,662.		5,97	
	Equipment		86	58,979.	11.	7,417.	151	L,56)2.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	<u>X. column (B). line 1</u>	0c.)		🕨	407	7,54	10.
						Schedu	le D (Form	990) (2021

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) BENEFICIAL INTEREST IN AS	SETS HELD BY (OTHERS (ENDOWMENTS)	466,456.
(2) DEPOSITS AND OTHER ASSETS			50,613.
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(8) (9)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			517,069.
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			517,069. (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lind Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)			(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)			(b) Book value 68,735.
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line		517,069. (b) Book value 68,735. 68,735.
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 68,735. 68,735.

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 THE ARC MINNESOTA INC. 41-0795254 Page 3

 Schedule D (Form 990) 2021
 Image: Schedule D (Form 990) 2021

 Part VII
 Investments - Other Securities.

Sche	edule D (Form 990) 2021 THE ARC MINNESOTA INC.				0/95254 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	7,988,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	176,665.		
b	Donated services and use of facilities	. 2b	19,831.		
с	Recoveries of prior year grants	. 2c			
d					
е	Add lines 2a through 2d			2e	196,496.
3	Subtract line 2e from line 1			3	7,792,236.
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	<u>22,697.</u> 5,016,279.		
b	Other (Describe in Part XIII.)	. 4b	5,016,279.		
	Add lines 4a and 4b			4c	5,038,976.
с					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,831,212.
5		ents Wi	th Expenses per F		<u>12,831,212.</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wit	th Expenses per F		n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	th Expenses per F		12,831,212. n. 5,262,506.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	th Expenses per F	Retur	n.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wit	th Expenses per F	Retur	n.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	th Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	th Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	th Expenses per F	Retur	n. 5,262,506.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wit	th Expenses per F	Retur	n. 5,262,506.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents Wit	th Expenses per F	1	n.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wit	th Expenses per F	letur 1 2e	n. 5,262,506.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents Wit	th Expenses per F	letur 1 2e	n. 5,262,506.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wit	th Expenses per F	letur 1 2e	n. 5,262,506. 19,831. 5,242,675.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TAXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	th Expenses per F	letur 1 2e	n. 5,262,506. 19,831. 5,242,675. 5,038,976.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wit	th Expenses per F	1 2e 3	n. 5,262,506. 19,831. 5,242,675.

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

PART V, LINE 4:

THE QUASI ENDOWMENT FUNDS ARE INTENDED TO PROVIDE GENERAL OPERATING FUNDS

DURING PERIODS OF LOWER FUNDING, AS WELL AS PROVIDE FUNDS FOR FUTURE

PROGRAM DEVELOPMENT AND IMPLEMENTATION IN LINE WITH THE STRATEGIC GOALS OF

THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION

37

THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT

CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE

132054 10-28-21

Schedule D (Form 990) 2021

18451114 144198 79484

2021.05000 THE ARC MINNESOTA INC.

79484__1

THE ARC MINNESOTA INC.

ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021 AND 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

VALUE VILLAGE EXPENSES REPORTED NET OF REVENUES ON AUDIT 5,016,279.

PART XII, LINE <u>4B - OTHER ADJUSTMENTS:</u>

VALUE VILLAGE EXPENSES REPORTED NET OF REVENUES ON AUDIT 5,016,279.

Schedule D (Form 990) 2021

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047		
(Form 990)		e 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.						2021		
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public		
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru-	uction	s and	the latest information	on.	Employer ide	Inspection entification number		
	THE ARC	MINNESOTA INC.					41-0795	254		
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written o red in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
		n is registered or licensed to solicit c	contrib	utions	or has been notified	it is	exempt from re	gistration		
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021		

132081 10-21-21

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
				~~~~~	2	(add col. (a) through
				GOLF EVENTS	(total number)	col. (c))
lue			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	737,533.	154,309.	2,533.	894,375
	2	Less: Contributions	374,374.	40,000.		414,374
_	3	Gross income (line 1 minus line 2)	363,159.	114,309.	2,533.	480,001
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages	12,117.			12,117
ā	8	Entertainment	37,762.			37,762
	9	Other direct expenses		300.		27,758
	10	Direct expense summary. Add lines 4 throu			•	77,637
	11	Net income summary. Subtract line 10 fron			•	402,364
an		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Hevenue	1	Gross revenue				
2	2	Cash prizes				
xpense	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throu	igh 5 in column (d)		►	
	8	Net gaming income summary. Subtract line	e 7 from line 1, column (d)			
		ter the state(s) in which the organization con he organization licensed to conduct gaming		states?		Yes N
		No," explain:				
)a	We	re any of the organization's gaming licenses	revoked, suspended, or te	rminated during the tax ye	ear?	Yes N
	lf "`	Yes," explain:		-		
b						
b						

Sch	edule G (Form 990) 2021	THE ARC MIN	NESOTA INC.	41-0	0795254	Page <b>3</b>
11	Does the organization conduct				Yes	No
12	Is the organization a grantor, be					
					Yes	No
	Indicate the percentage of gami					0/
	The organization's facility      An outside facility				13a 13b	<u>%</u> %
	Enter the name and address of				100	/0
			···· - ··· 3 ····· - ··· - · 3 ······ 3 · · · ·			
	Name 🕨					
	Address 🕨					
15a	a Does the organization have a co	ontract with a third party fr	rom whom the organization receiv	ves gaming revenue?	Yes	No No
t	If "Yes," enter the amount of ga	ming revenue received by	the organization 🕨 \$	and the amount		
	of gaming revenue retained by t					
C	If "Yes," enter name and addres	s of the third party:				
	Name 🕨					
16	Gaming manager information:					
	Name 🕨					
	<b>.</b>					
	Gaming manager compensation	↓ ▶ \$	_			
	Description of services provided					
	Director/officer	Employee	Independent contracto	or.		
				Л		
17	Mandatory distributions:					
a	a Is the organization required und	er state law to make chari	table distributions from the gamir	ng proceeds to		
	retain the state gaming license?				Yes	No No
k	<ul> <li>Enter the amount of distribution organization's own exempt active</li> </ul>	•	•	ot organizations or spent in the		
Pa				ne 2b, columns (iii) and (v); and Pa	rt III. lines 9.	9b. 10b.
			e any additional information. See		, , ,	, , ,
_						
1320	83 10-21-21		41	Sched	dule G (Form	990) 2021

Part IV	Supplemental Informatio	n (continued)		
				Schedule G (Form 990)

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047			
Department of the Treasury			Attach to For	m 990.			Open to Public Inspection			
Internal Revenue Service										
Name of the organization THE ARC M	IINNESOTA	INC.					Employer identification number $41 - 0795254$			
Part I General Information on Grants a	and Assistance									
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>2 Describe in Part IV the organization's pro</li> <li>Part II Grants and Other Assistance to</li> </ol>	stance?	oring the use of grant	funds in the United	l States.	-		X Yes No			
recipient that received more than	-									
<b>1 (a)</b> 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			
ARC NORTHLAND 424 W SUPERIOR ST, STE 500 DULUTH, MN 55802	41-6042720	501(C)(3)	28,458.	0.			CHAPTER SUPPORT FEES			
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	s listed in the line	1 table								

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

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING ASSISTANCE	198	171,349.	0.		
MICROGRANTS	203	115,346.	0.		
TECHNOLOGY GRANTS	7	2,805.	٥.		

PART I, LINE 2:

HOUSING ASSISTANCE - IN MOST CASES THE FUNDS ARE PAID DIRECTLY TO

LANDLORDS, MOVING COMPANIES AND OTHERS WHO PROVIDE HOUSING ASSISTANCE TO

INDIVIDUAL GRANTEES.

MICROGRANTS - IN MOST CASES, THE FUNDS ARE USED FOR THE PURCHASE OF GOODS

AND SERVICES ON BEHALF OF THE INDIVIDUAL GRANTEES.

## DONOR FUNDED GRANTS - IN MOST CASES, SMALL AMOUNTS ARE USED TO PURCHASE

GOODS AND SERVICES ON BEHALF OF INDIVIDUALS WHO APPLY FOR GRANTS THAT CAN

SUPPORT THEIR COMMUNITY INCLUSION GOALS.

TECHNOLOGY GRANTS - IN MOST CASES, TECHNOLOGY EQUIPMENT IS PURCHASED ON

BEHALF OF GRANTEES FOR THE PURPOSE OF STRENGTHENING REMOTE OR SOCIALLY

DISTANCED COMMUNITY CONNECTIONS.

Schedule I (Form 990)

132291 04-01-21

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	<b>91</b>		
	Compensated Employees			2021			
Dono	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.			Open to Pul		ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nan	ne of the organizatio			identificatio		mber	
		THE ARC MINNESOTA INC.	41-(	)79525	4		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	·	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o						
	Travel for com						
		cation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding payment or					
-				1b			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>	
2	la dia ata udai a la lifa						
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but evolution in Part III.					
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.					
		committee     Written employment contract       compensation consultant     X Compensation survey or study					
	X Form 990 of c		ommittoo				
			Ommillee				
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	-	e payment or change-of-control payment?		4a		X	
b		ceive payment from a supplemental nonqualified retirement plan?				x	
		eive payment from an equity-based compensation arrangement?				x	
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		······································					
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	-			5a		X	
b		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
	contingent on the r	net earnings of:					
а	The organization?			6a		X	
b		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	ז 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	) 2021	

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#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANDREA ZUBER	(i)	144,155.	26,000.	0.	8,769.	15,679.	194,603.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2021	
Open to Public Inspection	

Name of the organization				
	THE	ARC	MINNESOTA	INC.
Part I Types of P	ropert	v		

Employer identification number

41-0795254

га										
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contril amounts report Form 990, Part VII	ed on		(d) Method of de ash contribu			3
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
		X		1 428	695	FATR	MARKET	7721	JIE	
5	Clothing and household goods	Δ		1,420	,055.	TAIN	MARKET	VAL	1013	
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									-
18	Collectibles									
19										
	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other  ( GALA DONATION )	Х	1		700.	FAIR	MARKET	VAI	LUE	
26	Other ► ()									
27	Other ► ()									
28	Other 🕨 ( )									
29	Number of Forms 8283 received by the organization	ation during	g the tax year for co	ontributions						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by	contributio	n anv propertv rep	orted in Part I. lines	s 1 throug	h 28. that	it			
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?							30a		Х
h	If "Yes," describe the arrangement in Part II.							000		
		olicy that re	quires the review of	of any nonetandard	contribut	ione?		24		Х
31	Does the organization have a gift acceptance p							31		-11
32a	Does the organization hire or use third parties o		•							
	contributions?							32a	X	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column	(a) is cheo	ked,				
	describe in Part II.									
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990	).			Schedule M	l (Forn	n 990)	2021

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## Schedule M (Form 990) 2021 THE ARC MINNESOTA INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN PART I, COLUMN (B), REPRESENTS THE NUMBER OF

CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

A THIRD PARTY RECEIVES AND PROCESSES AUTOS DONATED FOR THE BENEFIT OF

ARC. THE THIRD PARTY RECEIVES THE AUTOS, PROCESSES ALL PAPERWORK, AND

PROVIDES RECEIPT DOCUMENTATION FOR THE DONORS. THE CASH RECEIVED BY

ARC RELATED TO THIS ACTIVITY IS REPORTED IN CASH CONTRIBUTIONS.

Schedule M (Form 990) 2021

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Name of the organization

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.



41-0795254

THE ARC MINNESOTA INC.

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

THE ARC MINNESOTA PROVIDES INFORMATION AND ASSISTANCE TO SUPPORT PEOPLE

WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES

STATEWIDE.

PART III, LINE 3, CHANGES IN PROGRAM SERVICES: FORM 990,

THE ORGANIZATION PROVIDED SERVICES IN ASSOCIATION WITH TWO INDEPENDENT

"THEIR HERITAGE ARC MASTER TRUST" AND "SAFE HARBOR ARC MASTER TRUSTS,

TRUST." BOTH TRUSTS WERE ESTABLISHED IN 2009. THE PURPOSE OF THE TRUSTS

IS TO PROVIDE FINANCIAL MANAGEMENT AND ESTATE PLANNING FOR PEOPLE WITH

DISABILITIES AND TO PROVIDE FUTURE PROTECTION FOR NEEDS-BASED PROGRAM

THE ORGANIZATION SERVED AS THE TRUSTEE OF THE TRUSTS SINCE BENEFITS.

THEIR INCEPTION THROUGH NOVEMBER 30, 2021. ON NOVEMBER 30, 2021, THE

SECOND JUDICIAL DISTRICT COURT, CIVIL DIVISION OF THE STATE OF

MINNESOTA ACCEPTED THE ARC'S RESIGNATION AS TRUSTEE FOR THESE ACCOUNTS

AND CONFIRMED THE APPOINTMENT OF LUTHERAN SOCIAL SERVICES AS THEIR

SUCCESSOR.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INCLUSIVE HOUSING OF EACH PERSON'S CHOICE IN THEIR COMMUNITIES. HOUSING TEAM MEMBERS ALSO CONNECT PEOPLE WITH OTHER RESOURCES, SERVICES, AND SUPPORTS THAT WILL HELP LEAD TO STABLE AND SUSTAINABLE HOUSING IN 2021, THE HOUSING TEAM HELPED 198 PEOPLE MOVE INTO HOMES LONG-TERM. OF THEIR OWN. THEY FIELDED 2,035 UNIQUE CALLS ABOUT HOUSING SERVICES AND PROVIDED 77 COMMUNITY PRESENTATIONS ABOUT OUR PROGRAMS.

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Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
THE ARC MINNESOTA INC.	41-0795254
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PUBLIC AWARENESS, MEMBERSHIP AND VOLUNTEER ENGAGEMENT. PUB	LIC AWARENESS
OUTREACH ABOUT INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	INCLUDE
WEBSITE (177,316 UNIQUE VISITORS), THE ARC FACEBOOK PAGE (	6,043 FANS),
ARC'S VALUE VILLAGE FACEBOOK PAGE (14,331 FANS), TWITTER (	3,412
FOLLOWERS), E-NEWSLETTER (8,243 RECIPIENTS). IN ADDITION,	MESSAGES
ABOUT THE ARC ARE INCLUDED IN ALL ARC'S VALUE THRIFT STORE	AND DONATION
CENTER COMMUNICATIONS, REACHING 700,000+ SHOPPERS, DONORS,	AND
VOLUNTEERS. VOLUNTEERING IS ANOTHER WAY INDIVIDUALS CONNEC	T WITH THE
ARC. VOLUNTEERS PROVIDED 2,107 HOURS IN SUPPORT OF THE ARC	MINNESOTA'S
PROGRAMS AND SERVICES, AND IN THE OPERATIONS OF THE ARC'S	VALUE VILLAGE
THRIFT STORES.	
EXDENSES $\xi = 5.216$ (0.8.3) TNCLIDING CDANTS OF $\xi = 10.184$ DEV	ENTIE & 18 865

EXPENSES \$ 5,216,083. INCLUDING GRANTS OF \$ 10,184. REVENUE \$ 18,865.

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

THE ORGANIZATION HAS MEMBERS IN ACCORDANCE WITH ITS BYLAWS.

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

THE MEMBERS VOTE ON THE SLATE OF MEMBERS OF THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.

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

THE MEMBERS MUST APPROVE ANY CHANGES TO THE BYLAWS THAT RELATE TO THE

DEFINITION OF THE QUORUM FOR MEMBER VOTES, OR CHANGES TO BOARD TERMS.

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

THE FINANCE COMMITTEE REVIEWS THE DETAIL OF FORM 990 AT A FINANCE COMMITTEE

MEETING. A COPY IS THEN PRESENTED TO THE MEMBERS OF THE BOARD OF DIRECTORS Schedule O (Form 990) 2021 132212 11-11-21 52

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
THE ARC MINNESOTA INC.	41-0795254
WITH A SUMMARY PRESENTATION AT A BOARD MEETING PRIOR TO FI	LING THE FORM
990.	
FORM 990, PART VI, SECTION B, LINE 12C:	

THE ORGANIZATION FOLLOWS PROCEDURES DETAILED IN ITS BOARD POLICY MANUAL AND ADDRESSES POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. THE POLICY IS INTENDED TO COMPLY WITH THE PROCEDURE PRESCRIBED IN MINNESOTA STATUTES, SECTION 317A 255, GOVERNING CONFLICTS OF INTEREST FOR DIRECTORS OF NONPROFIT CORPORATIONS.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IDENTIFIES

DISQUALIFIED PERSONS FOR THE PURPOSE OF OBTAINING COMPARATIVE COMPENSATION

FOR THOSE POSITIONS. THE COMMITTEE REVIEWS AND APPROVES APPROPRIATE

STRATEGIES AND PROCESSES FOR THE ARC MINNESOTA'S POLICIES AND PRACTICES

REGARDING COMPENSATION OF DISQUALIFIED PERSONS. THE COMMITTEE CONSIDERS

THE REASONABLENESS AND APPROPRIATENESS OF COMPENSATION AND BENEFITS IN

RELATION TO THE MARKETPLACE AND COMPARATIVE DATA. THE RECOMMENDATIONS OF

THE COMMITTEE ARE FORWARDED TO THE FULL BOARD FOR APPROVAL.

MANAGEMENT OBTAINS MARKET BENCHMARKS OF COMPARABLE SALARIES FOR ALL

OFFICERS AND KEY EMPLOYEES NOT REVIEWED BY THE COMPENSATION COMMITTEE. THIS

DATA IS USED TO SET BASELINE SALARIES AND ANY SIGNIFICANT INCREASES.

FORM 990, PART VI, SECTION C, LINE 19: THE ANNUAL AUDIT REPORT, THE ANNUAL OPERATING BUDGET AND FORM 990 ARE POSTED ON THE AGENCY WEBSITE. IN ADDITION, A COPY WILL BE MADE AVAILABLE UPON REQUEST. OTHER GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST. 132212 11-11-21 Schedule O (Form 990) 2021 53

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