efile GRAPHIC print Submission Date - 2023-11-09 DLN: 93493313021493 OMB No. 1545-0047 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. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection . Treasury Aer Fee the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023 D Employer identification number **B** Check if applicable: C Name of organization ARK REGIONAL SERVICES INC O Address change 83-0208994 O Name change Doing business as O Initial return ☐ Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) 1150 NORTH THIRD E Telephone number ☐ Amended return Application Pending (307) 742-6641 City or town, state or province, country, and ZIP or foreign postal code LARAMIE, WY 82070 **G** Gross receipts \$ 8,639,451 Name and address of principal officer: H(a) Is this a group return for □Yes 🗸 No subordinates? 1150 NORTH THIRD LARAMIE, WY 82070 Are all subordinates ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** □ 527 ☐ 501(c) () **(**(insert no.) 4947(a)(1) or If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► ARKREGIONALSERVICES.ORG L Year of formation: 1963 M State of legal domicile: WY **K** Form of organization: lacksquare Corporation lacksquare Trust lacksquare Association lacksquare Other lacksquareSummary 1 Briefly describe the organization's mission or most significant activities: Residential services are individually-tailored supports that assist with the acquisition, retention, or improvement of skills related to living in the community, these supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, and social and leisure skill development that assist the participant to reside in the most Activities & Governance integrated setting appropriate for their needs. Residential services includes personal care, protective oversight, and supervision Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 279 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7h Net unrelated business taxable income from Form 990-T. Part I. line 11 **Current Year** Contributions and grants (Part VIII, line 1h) . 880.796 1.686.678 Revenue Program service revenue (Part VIII, line 2g) . 6,358,901 6,893,413 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -27,167 190 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61,108 26,671 7,300,99 8,579,595 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 6,426,911 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,164,813 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,813,390 2.088.007 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7.978.203 8.514.918 -677,208 64,677 19 Revenue less expenses. Subtract line 18 from line 12 Assets or d Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 3,527,113 3,510,493 Total liabilities (Part X, line 26) . 1,207,080 1,125,783 Net assets or fund balances. Subtract line 21 from line 20 2,320,033 2.384.710 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Bob Sell CEO Type or print name and title Preparer's signature Check | if P00987988 self-employed ▶ GROOMS & HARKINS PC Firm's EIN > 83-0258296 Firm's name Preparer Firm's address > 555 S WOLCOTT ST Use Only Phone no. (307) 266-1403 CASPER, WY 82601 ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2022) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

Form	990 (2022)				Page 2
Pa	rt Statement of Program S	ervice Accompl	ishments		
	Check if Schedule O contains a	response or note to	any line in this Part III .		🗸
1	Briefly describe the organization's miss		-		
comi educ	dential services are individually-tailored semunity. these supports include adaptive ational supports, and social and leisure sels. Residential services includes personal	skill development, a skill development th	assistance with activities of nat assist the participant to	f daily living, community inclusion,	, transportation, adult
2	Did the organization undertake any sig	nificant program se	ervices during the year whi	ch were not listed on	
	the prior Form 990 or 990-EZ?				🗌 Yes 💟 No
	If "Yes," describe these new services o	n Schedule O.			
3	Did the organization cease conducting	, or make significan	t changes in how it conduc	ts, any program	
	services?				🗌 Yes 🔽 No
	If "Yes," describe these changes on Sch	nedule O.			
4	Describe the organization's program some Section 501(c)(3) and 501(c)(4) organiand revenue, if any, for each program	zations are required			
4a	(Code:) (Expenses \$	5,160,852	including grants of \$) (Revenue \$	4,342,850)
	Residential services are individually tailored supports include adaptive skill development, leisure skill development that assist the part protective oversight, and supervision.	assistance with activit	ies of daily living, community i	nclusion, transportation, adult educatior	nal supports, and social and
4b	(Code:) (Expenses \$	1,413,534	including grants of \$) (Revenue \$	1,034,012)
	Supported living services provide individually community. Supported living services assist is participant requires a range of community-be community's transportation system; teaching home; assistance with health issues, medica participating in community life; and 24-hour	a participant to live in a ased support to live as g use of police, fire, and tions, and medical serv	a home or apartment leased by independently as possible. Ser d emergency assistance; perfor vices; managing personal finance	the participant or guardian, or in the favices are based on need and include asseming routine household activities to ma	mily home when the sisting with common use of intain a clean and safe
4c	(Code:) (Expenses \$	1,031,642	including grants of \$) (Revenue \$	758,276)
	Other services include: community integration	on, hippotherapy arena	, health services, training, supp	ported employment, and wydsa.	
4d	Other program services (Describe in S	chedule O.)			

Form 990 (2022) Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 No Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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? No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b c Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 No **11d** e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e No Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a No Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . 14a No **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

Nο

	990 (2022)			Page 4				
Par	t IV Checklist of Required Schedules (continued)							
			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		No				
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		No				
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		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
c	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? <i>If</i> "Yes," complete Schedule L, Part I	25a		No				
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		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
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		No				
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		No				
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	Yes					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
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		No				
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		No				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes					
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
_	Establic sounds assessed in hos 2 of Farm 1000 Fatter 0 March and Back 1		Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No				

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
9	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	124		
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
L5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	<u> </u>	Form 9 9	90 (202

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18

►TIM HEARNE 1150 NORTH THIRD

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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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent **1**b 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Did the organization have members or stockholders? . 6 No . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . 7a Nο **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Yes Each committee with authority to act on behalf of the governing body? . 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a No 10a Did the organization have local chapters, branches, or affiliates? . If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Yes Did the organization have a written whistleblower policy? . . . 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Yes 15b Yes Other officers or key employees of the organization . If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

LARAMIE, WY 82070 (307) 742-6641

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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 t	the persons abo	ove.								
Check this box if neither the organization nor	r any related or	ganizat	ion co	omp	ensa	ated a	ny c	urrent officer, direc	tor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for		ne b	ox, ι in of	t che inles ficer	ss pers	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)		Institutional Trustee	Former Highest compensated employee Key employee Officer		2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	related organizations		
(1) Bob Sell	40.00			х				101,794	0	0
CEO	0.00							101,754	,	
(2) Dave Heath	1.00	Х						0	0	
Trustee	0.00								0	0
(3) Dustin Richards	1.00	,,								
Chairman	0.00	Х						0	0	0
(4) Emory Spiegelberg	1.00									
President	0.00			Х				0	0	0
(5) Joe Shumway	1.00			V						
Vice President	0.00			Х				0	0	0
(6) Norman Bock	1.00			Х				0	0	0
Secretary	0.00			^				0	0	O
(7) Sam Dunnuck	0.00			Х				0	0	0
Treasurer	0.00			^				U	0	U

_	Section A. Omcers, Direc		.,, .	P	-,-	,		···•		,,	p.o,ccs	,		
	(A) Name and title	Average hours per week (list any hours for related any hours for related any hours for the any hours for the any hours for the any hours for related any hours for the any hou						(E) Reportable compensation from related organizations (2/1099-	W-	Estim amount comper from organizat	ated of other sation the			
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/10		MISC/1099-NE		rela: organiz	ted
												\dashv		
	Sub-Total				٠.	<u> </u>	>							
	Total from continuation sheets to P Total (add lines 1b and 1c)				٠.	•	-		10	1,794				
2	Total number of individuals (including reportable compensation from the or	but not limited				ove)) who r	recei	ived more	than \$100	0,000 of			
													Yes	No
3	Did the organization list any former line 1a? If "Yes," complete Schedule J										mployee on	3		No
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	rtable c	ompe	ensat	ion	and ot	her o	compensa	tion from	the			140
	individual										. [4		No
5	Did any person listed on line 1a recei services rendered to the organization									on or indiv	idual for	5		No
	ection B. Independent Contract	tors										,		INO
1	Complete this table for your five high the organization. Report compensation	est compensate										npens	sation from	m
	·	(A) and business addre		CHAII	.9 **	0	. *************************************		2 Organiza		(B) ription of services			C) nsation

,,							
services rendered to the organization in res, complete schedule i for such person		5 No					
ection B. Independent Contractors							
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
(A)	(B)	(C)					
Name and business address	Description of services	Compensation					
	services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received the organization. Report compensation for the calendar year ending with or within the organization.	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compethe organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part IX Statement of Functional Expenses				Page 1
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ns must complete col	umn (A).
Check if Schedule O contains a response or note to ar	ny line in this Part IX			🔾
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	101,794	101,794		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,871,605	4,871,605		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	1,047,244	1,047,244		
10 Payroll taxes	406,268	406,268		
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
L3 Office expenses	77,349	77,349		
14 Information technology	0			
L5 Royalties	0			
L6 Occupancy	563,193	563,193		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	556,643	556,643		
23 Insurance	0			
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Overhead	277,007	277,007		
b Supplies	261,178	261,178		
c Equipment Expenses	222,091	222,091		
d Client Transportation	67,331	67,331		
e All other expenses	63,215	63,215		
Total functional expenses. Add lines 1 through 24e	8,514,918	8,514,918	0	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here I if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part $\mathsf{IX}\,$. (A) Beginning of year (B) End of year

	1	Cash-non-interest-bearing			212,753	1	395,734
	2	Savings and temporary cash investments			42,274	2	5,280
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			495,102	4	459,726
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	tantial	contributor, or 35%		5	0
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se				6	0
s	7	Notes and loans receivable, net				7	0
Assets	8	Inventories for sale or use			24,745	8	22,161
ASS	9	Prepaid expenses and deferred charges			38,517	9	40,848
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,871,254			
	b	Less: accumulated depreciation	10b	4,284,510	2,713,722	10c	2,586,744
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities. See Part IV, line	11 .			12	0
	13	Investments—program-related. See Part IV, line	11 .			13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			15	0	
	16	Total assets. Add lines 1 through 15 (must equ	al line	33)	3,527,113	16	3,510,493
	17	Accounts payable and accrued expenses			313,751	17	307,762
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete P	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons		22			
Ľ	23	Secured mortgages and notes payable to unrela		23	_		
	24	Unsecured notes and loans payable to unrelated		· .	893,329	24	818,021
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	-	033,323	25	010,021	
	26	Total liabilities. Add lines 17 through 25 .			1,207,080	26	1,125,783
ances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.		ere 🕨 🔽 and			
_	27	Net assets without donor restrictions	•		2,320,033	27	2,384,710
nd B	28	Net assets with donor restrictions				28	
Assets or Fund Ba	20	Organizations that do not follow FASB ASC complete lines 29 through 33.		heck here 🕨 📙 and		22	
0 0	29	Capital stock or trust principal, or current funds		29			
set	30	Paid-in or capital surplus, or land, building or equ		30			
ASS	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Net	32	Total net assets or fund balances	•		2,320,033	32	2,384,710
Z	33	Total liabilities and net assets/fund balances .			3,527,113	33	3,510,493
							Form 990 (2022)

efil	e GR/	APHIC pri	it :	Submission Dat	e - 2023-11-09			DLN:	93493313021493	
_	HED rm 9	ULE A 990)			harity Statu organization is a sec 4947(a)(1) nonexe	tion 501(c)(3)	organization or		OMB No. 1545-0047	
Trea	sury	t of the		► Go to www.ii	Attach to Form rs.gov/Form990 for in	990 or Form 9	90-EZ.	rmation.	Open to Public	
	nal Re								Inspection	
		le organizati AL SERVICES IN						Employer identification 83-0208994	ation number	
Pa	rt I	Reason	for Pu	blic Charity Sta	tus (All organization	ıs must compl	ete this part.) S			
	organiz		•		se it is: (For lines 1 thro					
1				·	ssociation of churches			A)(i).		
2					(1)(A)(ii). (Attach Sche					
3		•		•	rvice organization desc					
4		A medical r name, city,			ted in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). En	ter the hospital's	
5					fit of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section	
6				(Complete Part II.) local government o	r governmental unit de	scribed in secti	on 170(b)(1)(A)	(v).		
7				at normally receives	a substantial part of it	s support from a	a governmental u	nit or from the genera	al public described in	
8					on 170(b)(1)(A)(vi). (0	Complete Part II.	.)			
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:								
10	✓	activities re income and	lated to	o its exempt function	e income (less section !	xceptions, and	(2) no more than	33 1/3% of its support	from gross investment	
11		An organiza	ation or	ganized and operate	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).		
12		more public	ly supp	orted organizations	ed exclusively for the be described in section 5 he type of supporting o	609(a)(1) or se	ction 509(a)(2).	See section 509(a)		
а		organizatio	n(s) the		rated, supervised, or co appoint or elect a majo 3.					
b		manageme	nt of th		pervised or controlled in zation vested in the sar					
c					supporting organizatior must complete Part			d functionally integra	ted with, its supported	
d		Type III not functionally	n-func integr	tionally integrate ated. The organizati	d. A supporting organize on generally must satistict IV, Sections A and	zation operated fy a distribution	in connection wit requirement and			
e		Check this	box if th	he organization rece	ived a written determin	nation from the I		e I, Type II, Type III fu	nctionally integrated,	
f	Enter	,,		, ,	5			<u></u>		
g (i) N	lama a	Provide the of supported			t the supported organiz		ganization listed	(v) Amount of	(vi) Amount of	
(1)	iame o	i supported	organiz	ation (II) EIN	organization (described on lines 1- 10 above (see instructions))		ning document?	(v) Amount of monetary support (see instructions)	other support (see instructions)	
						Yes	No			
Tota	ı									
		work Reduc or 990-EZ.	tion Ac	t Notice, see the	Instructions for	Cat. No. 1128	5F	Schedu	le A (Form 990) 2022	

Part II Support Schedule for						
(Complete only if you che					illed to qualify u	nder Part III. If
the organization failed to Section A. Public Support	quality under t	ne tests listed	below, please co	implete Part III.)		
Calendar year						1
(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grant.")						
2 Tax revenues levied for the						
organization's benefit and either paid						
to or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions by						
each person (other than a governmental unit or publicly						
supported organization) included on						
line 1 that exceeds 2% of the amount						
shown on line 11, column (f)						
6 Public support. Subtract line 5 from						
line 4.						
Section B. Total Support						
Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or fiscal year beginning in) 🟲	(u) 2010	(6) 2013	(0) 2020	(u) 2021	(C) 2022	(1) local
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						
10Gross receipts from related activities, e	to (see instruction	ne)			1 12 1	
					12	
13 First 5 years. If the Form 990 is for th					_	ation, check
this box and stop here					▶∪	
Section C. Computation of Public	• •	_				
14 Public support percentage for 2022 (lin	e 6, column (f) div	vided by line 11,	column (f))		14	
Public support percentage for 2020 Sch					15	
16a 33 1/3% support test—2022. If the or						_
and stop here. The organization quali	fies as a publicly s	supported organiz	zation			. ▶□
b 33 1/3% support test—2021. If the o	organization did n	ot check a box or	n line 13 or 16a, ar	nd line 15 is 33 1/3%	6 or more, check t	his _
box and stop here. The organization	qualifies as a pub	licly supported o	rganization			. 🕨 🗆
17a 10%-facts-and-circumstances test-	-2022. If the orga	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more, and
if the organization meets the "facts-and	d-circumstances" [†]	test, check this b	ox and stop here	 Explain in Part VI 	how the organizat	ion meets the

Schedule A (Form 990) 2022						Page 3
Part III Support Schedule for (Complete only if you organization fails to qu	checked the box	on line 10 of Pa	art I or if the org	anization failed	to qualify unde	r Part II. If the
Section A. Public Support						
Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or fiscal year beginning in)	(4, 2010	(4, 2010	(0, 2020	(4) 2021	(0, 2022	(1) 1010.
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	743,218	583,541	1,715,874	880,796	1,686,678	5,610,107
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,221,913	6,902,584	6,424,160	6,358,901	6,893,413	33,800,971
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
 The value of services or facilities furnished by a governmental unit to the organization without charge 						0
6 Total. Add lines 1 through 5	7,965,131	7,486,125	8,140,034	7,239,697	8,580,091	39,411,078
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						39,411,078
Section B. Total Support						
Calendar year	(a) 2018	(b) 2010	(c) 2020	(d) 2021	(a) 2022	(f) Total

7,486,125

607

607

Add lines 10a and 10b.

11, and 12.).

1975.

13

15

16

(or fiscal year beginning in)

Net income from unrelated business activities not included on line 10b, whether or not the business is

Amounts from line 6. . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.

Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 7,965,581 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

Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))

7,486,732 8,140,634

7,239,887

8,580,325 15

8,580,091

234

234

39,411,078

2,081

2,081

39,413,159

99.990 %

Pe	rc	entage	9
mn	(f)	divided	by

18

17	Investment income percentage for 2022 (line 10c, column (f)	divided by
	Investment income percentage from 2021 Schodule A. Dart III	line 17

16

9	CCLIOII	D	ompat	acion	U I I					••••	CO.					·yc	•
7	Inves	tment	income	percent	tage	for	202	2 (line	10	c, c	colu	mn	(f)	divid	ed	by
						_			_				_				

7,239,697

190

190

8,140,034

600

600

0.010 %

18

17

19a 33 1/3% support tests-2022. 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 more

7,965,131

450

450

Public support percentage from 2021 Schedule A, Part III, line 15

b 33 1/3% support tests—2021. 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 qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .

than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d. of Part I. complete Sections A and D. and complete Part V.)

12d, of Fart 1, complete Sections A and b, and complete Fart V.)		
Section A. All Supporting Organizations		
	Yes	No

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.	1	
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).

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

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

7

determination.

the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

checked box 12a or 12b in Part I, answer lines 4b and 4c below.

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

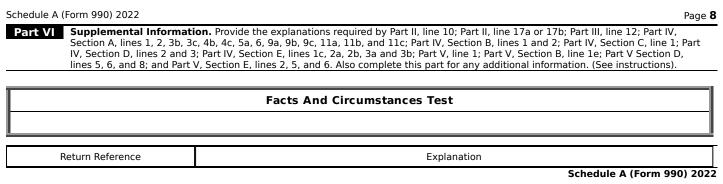
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

P	art IV	Supporting Organizations (continued)			
				Yes	No
11	Has	s the organization accepted a gift or contribution from any of the following persons?			
ā		erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	gov	verning body of a supported organization?	11a		
k	A fa	amily member of a person described on 11a above?	11b		
c		5% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
9	<u>VI.</u> Sectio	on B. Type I Supporting Organizations		<u> </u>	
				Yes	No
1	app des act dire	the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly point or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," scribe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ivities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove ectors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to the powers during the tax year.	1		
2	ope car	the organization operate for the benefit of any supported organization other than the supported organization(s) that erated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit ried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting ranization.	2		
5	ectio	on C. Type II Supporting Organizations			
				Yes	No
1	ead	re a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
		porting organization was vested in the same persons that controlled or managed the supported organization(s).			
5	ectio	on D. All Type III Supporting Organizations			
1	tax For	the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the m 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ruments in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	We or (re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization intained a close and continuous working relationship with the supported organization(s).	2		
3	voi	reason of the relationship described in line 2 above, did the organization's supported organizations have a significant ce in the organization's investment policies and in directing the use of the organization's income or assets at all times ring the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
9	ectio	on E. Type III Functionally-Integrated Supporting Organizations			
1	Che	eck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns):		
	a [The organization satisfied the Activities Test. Complete line 2 below.			
	p [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 government entity (see in	nstruc	tions)	
2	Act	ivities Test. Answer lines 2a and 2b below.		Yes	No
	org org res	substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported anization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported ganizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted istantially all of its activities.			
	b Did	I the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the vanization's position that its supported organization(s) would have engaged in these activities but for the organization's	2a		
		olvement.	2b		
3	Par	ent of Supported Organizations. Answer lines 3a and 3b below.	_		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.			
	Section 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		
	Section 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

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	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	

Section D - Distributions		Current Year
		Current rear
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2022	ions	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2022:		
a From 2017		
b From 2018		
c From 2019		
d From 2020		
e From 2021		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2022 distributable amount		
i Carryover from 2017 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2022 from Section D, line 7:		
a Applied to underdistributions of prior years		
b Applied to 2022 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
b Excess from 2019		
c Excess from 2020		
d Excess from 2021		
e Excess from 2022		hedule A (Form 990) (2022



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Submission Date - 2023-11-09

DLN: 93493313021493

OMB No. 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue <u>Service</u>

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection

	me of the organization REGIONAL SERVICES INC		Employer identification number
, a ()			83-0208994
Pa	organizations Maintaining Donor Adv		ls or Accounts.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor advis	ors in writing that the assets hold in donor	advised funds are the
•	organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donaritable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpos	
Pa	TEXT II Conservation Easements. Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	anization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) Preservation of	an historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in the	form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after July 25, 2006, and not on a	2d
3	Number of conservation easements modified, transfer tax year	red, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conservati	on easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		
-	Staff and volunteer hours devoted to monitoring, inspe		Yes U No
D		ecting, manaming of violations, and emoreing	, conservation cusements during the year
7	Amount of expenses incurred in monitoring, inspecting \$, handling of violations, and enforcing con	servation easements during the year
В	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?	•	n 170(h)(4)(B)(i)
			☐ Yes ☐ No
,	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial \dot{s}	
Pai	t III Organizations Maintaining Collection Complete if the organization answered "Y		Other Similar Assets.
1a	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pul Part XIII, the text of the footnote to its financial statem	olic exhibition, education, or research in fu	
b	If the organization elected, as permitted under FASB Alhistorical treasures, or other similar assets held for pul following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(i	Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art, histor following amounts required to be reported under FASB		nancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		 \$
b	Assets included in Form 990, Part X		

Par	t III	Organizations M	laintaining Col	lections	of Art, H	listor	rical 1	Гreas	ures,	or Othe	r Similar	Assets	(continue	d)
3		g the organization's acque (check all that apply):	uisition, accession	, and other	records, c	heck a	any of	the fol	lowing t	hat are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or exch	ange prog	grams			
b		Scholarly research				e		Othe	r					
c		Preservation for future	gonorations											
4	Provi	de a description of the o		ections and	explain ho	ow the	y furth	ner the	e organiz	zation's e	xempt purp	ose in		
5	Durir	ng the year, did the orgats to be sold to raise fun	anization solicit or lds rather than to l	receive do be maintair	nations of a	art, his	storica e orgar	l treas nizatio	ures or n's colle	other sim	ilar	☐ Ye	.c	No
Par	t IV	Escrow and Custon Complete if the organic control in the control i			on Form	990,	Part I	V, line	e 9, or	reported	l an amoui			
1a		e organization an agent, ded on Form 990, Part X										☐ Ye	s 🗆 I	No
b	If "Ye	es," explain the arranger	ment in Part XIII ar	nd complete	e the follov	ving ta	able:					Amount		
c	Begir	nning balance								1c				
d	Addit	tions during the year								1d				
e	Distr	ibutions during the year								1e				
f	Endir	ng balance								1f				
2a	Did t	he organization include	an amount on For	m 990, Pari	t X, line 21	, for e	scrow	or cus	todial ad	count lia	bility?	☐ Ye	s 🗆 I	No
b	If "Ye	es," explain the arrangen	ment in Part XIII. C	heck here i	f the expla	nation	n has b	een pi	rovided	in Part XII	(
Pai	rt V	Endowment Fund			<u> </u>									
		Complete if the org	ganization answ											
1.	Poginr	ning of year balance .		(a) Currer	it year	(b) Pi	rior yea	r	(c) Two y	ears back	(d) Three ye	ears back	(e) Four ye	ars back
	-	butions												
			s and losses											
		vestment earnings, gain s or scholarships												
		expenditures for facilitie	H											
		ograms	55											
f	Admin	istrative expenses .												
g	End of	year balance												
2	Provi	de the estimated percer	ı ntage of the curreı	nt year end	balance (l	line 1g	, colur	nn (a)) held as	S:	1			
а	Board	d designated or quasi-er		-		_								
b	Perm	nanent endowment 🕨	•••••	•••••										
с	Term	endowment 🕨												
	The p	percentages on lines 2a,	, 2b, and 2c should	d equal 100	1%.									
3a		here endowment funds	not in the possess	ion of the o	organizatio	n that	are he	eld and	d admini	stered for	r the			
	-	nization by: nrelated organizations										3	Yes	No
							•						a(i) a(ii)	
b		es" on 3a(ii), are the rela	ted organizations	listed as re	guired on S	 Schedi	ule R?	•					3b	
4		ribe in Part XIII the inter	•		•			•						
Par	t VI	Land, Buildings,	and Equipmen	it.										
		Complete if the org	ganization answ	ered "Yes'										
	Descr	ription of property	(a) Cost or othe (investmer		(b) Cost of	r other	basis (c	ther)	(c) Acc	umulated o	depreciation	(d) Book valu	ie
1a	Land						31	17,544						317,544
	Buildir						4,90	06,341			3,030,745			1,875,596
		hold improvements												
		ment					38	39,819			354,198	1		35,621
	Other							57,550			899,567	 		357,983

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

2,586,744

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	n Part IV li	no 11h Soo Forn	a 000 Part V lin	0.12
	(a) Description of security or category (including name of security)	(b) Boo	k	(c) Method of val st or end-of-year m	uation:
(1) Financia		·	Cus	ic or end-or-year in	arket value
-	held equity interests	-			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	0, Part IV, li	ne 11c. See Forr		
	(a) Description of investment		(b) Book value		od of valuation: f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum.	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	٠			
	Complete if the organization answered 'Yes' on Form 990 (a) Description	, Part IV, lin	e 11d. See Forn	n 990, Part X, lin	e 15. (b) Book value
(1)	(-)				(11, 10111111111111111111111111111111111
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			🕨	
	Complete if the organization answered 'Yes' on Form 990 (a) Description of liab		e 11e or 11f.See	e Form 990, Part	X, line 25. (b) Book value
1. (1) Federal	income taxes	Jilley			(b) Book value
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	or uncertain tax positions. In Part XIII, provide the text of the footn o's liability for uncertain tax positions under FIN 48 (ASC 740). Chec				

3

1

2

3

а

b

Part XII

Page 4

	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.
1	Total revenue, gains, and other support per audited financial statements
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments 2a 2b

Recoveries of prior year grants

Add lines 2a through 2d Subtract line **2e** from line **1**

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

2a 2b 2c 2d

4a

4b

2c 2d

4h

2e 3

4c

1

2e 3

4c

1

Schedule D (Form 990) 2022

2:	Part	XI.	line

•	iotai exp	enses. Add lines 3 and 4	C. (This must equal Form 990, Part I, line 18.)		
Part	XIII	Supplemental Info	ormation	<u>-</u>	
			art II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pb. Also complete this part to provide any additional information.	Part V, line 4;	Part X, line 2; Part XI, lines
	Reti	ırn Reference	Explanation		

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII

Prior year adjustments . . .

Add lines 2a through 2d . .

Other losses . . . Other (Describe in Part XIII.) .

Supplemental Information

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 . . .

efile GRAPHIC print Submission Date - 2023-11-09 DLN: 93493313021493 OMB No. 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990) **Fundraising or Gaming Activities** 2022 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Attach to Form 990 or Form 990-EZ. Inspection Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** ARK REGIONAL SERVICES INC 83-0208994 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations **e** Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 🗸 No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 1 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Schedule G (Form 990) 2022 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H

Schedule G (Form 990) 2022 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 (add col. (a) through **Buddy Walk** col. (c)) (event type) (event type) (total number) 42,688 42,688 1 Gross receipts. 2 Less: Contributions . Gross income (line 1 minus line 2) 42,688 42,688 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment Other direct expenses 32,455 32,455 10 Direct expense summary. Add lines 4 through 9 in column (d) 32,455 11 Net income summary. Subtract line 10 from line 3, column (d) 10,233 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add col. (a) Bingo (c) Other gaming bingo/progressive bingo (a) through col.(c)) Gross revenue Direct Expenses 2 Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yes_____% Yes % Yes % 6 Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities:_ Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No If "No," explain: _ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," explain: _

Sche	dule G (Form 990) 2022						Page 3
11	Does the organization conduct gar	ming activities with nonmember	s?		☐ Yes	□ No	
12	Is the organization a grantor, beneformed to administer charitable ga		member of a partnership or other entity		☐ Yes	□No	
13	Indicate the percentage of gaming	activity conducted in:			_ 103	_ 110	
а	The organization's facility .			. 13a			%
b	An outside facility			13b			%
14	Enter the name and address of the	e person who prepares the organ	nization's gaming/special events books a	and records:			
	Name •						
15a	Address		m the organization receives gaming				
13a	revenue?				☐ Yes		
b	If "Yes," enter the amount of gami amount of gaming revenue retains		anization ►\$ a	nd the	∪ res	∪ NO	
c	If "Yes," enter name and address of	of the third party:					
	Name						
	Address						
16	Gaming manager information:						
	Name •						
	Gaming manager compensation	* \$					
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required under retain the state gaming license?		stributions from the gaming proceeds to		☐ Yes	□ No	
b	Enter the amount of distributions	required under state law distribu	ited to other exempt organizations or sp	ent	─ res	∪ NO	
	in the organization's own exempt						
Pai			ions required by Part I, line 2b, colu le. Also provide any additional infor				l,
	Return Reference		Explanation				
				Schedule G (Fo	orm 990) 20	022	

SCHEDUL	ΕΛ		000 ==	OMB No. 1545-0047
(Form 990 Department of t)	Supplemental Information to Form 990 c Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional informatio Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	2022 Open to Public	
Internal Revenu	ie		Employer identifi	Inspection
Name of the ord ARK REGIONAL SER	RVICES IN	on C	Employer Identin	cation number
			83-0208994	
Return Reference		Explanation		
Form 990, Part III, Line 4d		R PROGRAM SERVICES 4: Other services include: community integrates, training, supported employment, and wydsa.	ion, hippothera	oy arena, health
Form 990, Part VI, Section A, Line 2	Bob S	ell (President/CEO) & Katherine Demaranville (VP of Support Services	s) are married.	
Form 990, Part VI, Section B, Line 11b	Tax R	eturn is available for discussion at a board meeting prior to filing.		
Form 990, Part VI, Section B, Line 12c	disclo	RK board of directors review the conflict of interest policy each year sed. Bids are obtained prior to contracting services to avoid conflict ors are approved prior to completing work with ARK.		
Form 990, Part VI, Section B, Line 15a	emplo above	ensation for president/CEO is set and approved by the board of directly expees is approved for other management and key employees, and so the amount set for the range of that position. The human resources ases to ensure salaries remain within the approved range.	alaries/compens	ation cannot go
Form 990, Part VI, Section C, Line 19		I meetings, during which the governing documents are discussed, are vailable via Guidestar website and upon request. Financial statement		
For Paperwork 990-EZ.	Reducti	on Act Notice, see the Instructions for Form 990 or Cat. No. 51056K	Sched	lule O (Form 990) 202

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Submission Date - 2023-11-09

DLN: 93493313021493

efile GRAPHIC print	Submission Date - 2023-11-09									DLN: 93493	31302	1493
SCHEDULE R	Related Org	anizations	and U	nrelat	ed Pa	rtner	ship	S		OMB No.		
(Form 990)	► Complete if the orga				t IV, line 33	3, 34, 35l	o, 36, or	37.		20	Z	
Department of the Treasury Internal Revenue Service	▶ Go to <u>ww</u> ı	► Attach to <u>v.irs.gov/Form990</u> for			e latest info	ormation	į			Open to Public Inspection		
Name of the organization ARK REGIONAL SERVICES INC							Emp	loyer identifi	ication			
ARK REGIONAL SERVICES INC							83-0	208994				
Part I Identification	on of Disregarded Entities. Complete if	the organization ans	wered "Ye:	s" on Form	n 990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity			Primary activity Legal dom		(c) (d) nicile (state n country)				assets Direct c		(f) controlling ntity	
	of Related Tax-Exempt Organization	L s. Complete if the or	ganization	answered	l "Yes" on F	orm 990	, Part IV	, line 34 be	cause i	it had one or r	nore	
	empt organizations during the tax year. (a)	(b)		(c)	(d			(e)		(f)	1 ((g)
Name, address, a	and EIN of related organization	Primary activity	Legal don or foreig	nicile (state n country)	Exempt Cod	le section	Public of (if section	harity status on 501(c)(3))	Di	rect controlling entity	Section (13) co ent	n 512(b) ontrolled tity?
(1)ARK Industrical Rehabilitation 1150 N 3rd	Center Me	Provide financial support to ARK Regiona	,	WY	501(c)(3)		33-1/3%				Yes	No
Laramie, WY 82072 74-2323412									N/A			
For Paperwork Reduction	Act Notice, see the Instructions for Form 9	90.	Ca	at. No. 5013	35Y		1		Sch	edule R (Form	1 990) 2	022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity		(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	Share of total	Share of total	(g) Share of end-of- year assets	Dispro alloc		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging ner?	(k) Percentage ownership
							Yes	No		Yes	No			
												_		
												_		
Part IV Identification of Related Organization it had one or more related organization					the orga	nization	answered	d "Yes" on F	orm 990, l	Part IV, I	line 34 b	ecause		
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dom	gal nicile	(d) Direct controlling entity	(C corp, S	entity Sh S corp,	(f) nare of total income	(g) Share of end-o year	of- Of- Owner	ntage		(i) 512(b)(13) lled entity?		
		(state o cou	r foreign ntry)		or tru	IST)		assets		•	Yes	No		

				assets			
	country)		or trust)	455615		Yes	No
·	·	·			Schedule R	(Form 990) 2022

Schedule R (Form 990) 2022		Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	†	No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	1i	1	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	1	No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p		No

$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
• Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	ne, including covered re	lationships and trar	saction thresholds.		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin (a) Name of related organization	(b) Transaction	(c) Amount involved	saction thresholds. (d) Method of determining a	amount invol	ved
(a)	(b)	(c)	(d)	amount invol	ved
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining a	amount invol	ved
(a) Name of related organization (1)ARK Industrical Rehabilitation Center Me	(b) Transaction	(c) Amount involved	(d) Method of determining a	amount invol	ved
(a) Name of related organization (1)ARK Industrical Rehabilitation Center Me (2)ARK Industrical Rehabilitation Center Me	(b) Transaction	(c) Amount involved 879,070 840,000	(d) Method of determining a	amount invol	ved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sei 501 organi	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
		l	l	1	l	1			l	Sch	edule R	(Form 9	90) 2022

