

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning January 01, 2020, and ending December 31, 2020

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>The Arc Cumberland County</b>		<b>D</b> Employer identification number <b>510189422</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. Box 389</b>		<b>E</b> Telephone number <b>931-456-0206</b>
	Room/suite		<b>F</b> Group Exemption Number
	City or town, state or province, country, and ZIP or foreign postal code <b>Crossville, TN 38557-389</b>		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.thearcumberlandcountytn.org](http://www.thearcumberlandcountytn.org)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

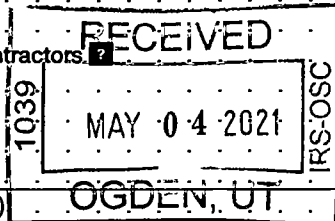
**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **59,817.00**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	57,603.00
2	Program service revenue including government fees and contracts	779.00
3	Membership dues and assessments	1,270.00
4	Investment income	100.00
5a	Gross amount from sale of assets other than inventory	0.00
5b	Less: cost or other basis and sales expenses	0.00
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	0.00
6	Gaming and fundraising events:	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0.00
6b	Gross income from fundraising events (not including \$0.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	0.00
6c	Less: direct expenses from gaming and fundraising events	0.00
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0.00
7a	Gross sales of inventory, less returns and allowances	0.00
7b	Less: cost of goods sold	0.00
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	0.00
8	Other revenue (describe in Schedule O)	65.00
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	59,817.00
10	Grants and similar amounts paid (list in Schedule O)	10,336.00
11	Benefits paid to or for members	0.00
12	Salaries, other compensation, and employee benefits	6,116.00
13	Professional fees and other payments to independent contractors	368.00
14	Occupancy, rent, utilities, and maintenance	299.00
15	Printing, publications, postage, and shipping	139.00
16	Other expenses (describe in Schedule O)	12,855.00
17	<b>Total expenses.</b> Add lines 10 through 16	29,974.00
18	Excess or (deficit) for the year (subtract line 17 from line 9)	29,843.00
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	75,048.00
20	Other changes in net assets or fund balances (explain in Schedule O)	0.00
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	104,891.00



SCANNED APR 15 2022

99 12

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	75,048.00	99,391.00
23 Land and buildings	0.00	5,500.00
24 Other assets (describe in Schedule O)	0.00	0.00
25 Total assets	75,048.00	104,891.00
26 Total liabilities (describe in Schedule O)	0.00	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,048.00	104,891.00

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? to promote the wedd being of people with I/DD.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 The Client Assistance program provides funds for 15-20 people to purchase necessary medicine, medical & dental care & treatment not covered by insurance; medical co-pays & deductibles; home furnishings & equip. home repairs & modifications; home pest eradication; and day services/activities until funding is established. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9,316.00
29 The Christmas Satna Bag Project provides Christmas gifts for individuals/families who otherwise would have little or no Christmas. Gifts include food, hygiene items, clothing, shoes, bedding, games, toys and books selected for each person's specific needs and interests. Served 36 individuals/families in 2020. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	8,312.00
30 The Social & Recreation programs include year-round integrated team sports activities for 30-40 ppl age 4 & up utilizing special equipment, supported by 10-15 volunteers each week; annual gym/field/school event for 130 ppl w/I/DD age 3 months - 85 years, supported by 100+ volunteers including peers. Awards, t-shirts provided. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,199.00
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0.00
32 Total program service expenses (add lines 28a through 31a)	32	21,827.00

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Joshua B. Hudgins part-time business manager	10	4,601.25	0.00	0.00
Glenda M. Bond Board President	3	0.00	0.00	0.00
Nora Davls Board Vice-President	3	0.00	0.00	0.00
Kristie Irvin Board Secretary	0.5	0.00	0.00	0.00
Grant Thurman Board Treasurer	1.00	0.00	0.00	0.00
Lauren Petersen Director	0.25	0.00	0.00	0.00
Clint VanDorn Director	0.25	0.00	0.00	0.00
Glenda T. Witt Director	0.25	0.00	0.00	0.00
Katherine E. Witt Director	0.25	0.25	0.00	0.00
Jessica Wyatt Director	0.25	0.25	0.25	0.25

ABO

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form with questions 33-45b and Yes/No columns. Includes questions about significant activity, changes to documents, business income, political expenditures, loans, and tax shelter transactions.

		Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
<b>47</b> 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 . . . . .	47		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b		<input checked="" type="checkbox"/>

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ none

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ none

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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

<b>Sign Here</b> <input checked="" type="checkbox"/>	Signature of officer <i>Glenda M. Bond</i>	Date 04-07-2021
	Type or print name and title Glenda M. Bond, Board President	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization The Arc Cumberland County	Employer identification number 51-0189422
---	--

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

07

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

--

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	38,353.00	34,928.00	43,627.00	40,953.00	56,724.00	214,585.00
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0.00	0.00	0.00	0.00	0.00	0.00
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0.00	0.00	0.00	0.00	0.00	0.00
<b>4 Total.</b> Add lines 1 through 3 . . . . .	38,353.00	34,928.00	43,627.00	40,953.00	56,724.00	214,585.00
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						214,585.00

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	38,353.00	34,928.00	43,627.00	40,953.00	56,724.00	214,585.00
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	27.00	27.00	43.00	96.00	100.00	293.00
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0.00	0.00	0.00	0.00	0.00	0.00
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1797.00	2017.00	1,718.00	849.00	779.00	7,160.00
<b>11 Total support.</b> Add lines 7 through 10						222,038.00

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 222,038.00

**13 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**

**14** Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . . **14** 97 %

**15** Public support percentage from 2019 Schedule A, Part II, line 14 . . . . . **15** 96 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

**Section B Total Support**

**Line 10: Other Income: Program Service Revenue \$779.00**

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization  
**The Arc Cumberland County**

Employer identification number  
**51-0189422**

**Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances.**

**Line 8: Other Revenue \$65.41 total**

**Refund on 941 from tax year 2019**

**Line 10: Grants and Similar Amounts Paid \$10,336.00 total**

**Affiliation 762.00; Client Assistance 9,316.00; Membership Renewal Service \$258.00**

**Line 16: Other Expenses \$12,855.00 total**

**Santa Bag Project 8,312.00; Structured Athletics Activities 1,162.00; Gym/field/school Special Olympics events 3,036.00;**

**Record Deed 37.00; Tansl Property Owner's Lot Fees \$308.00**