

EXTENDED TO MAY 17, 2021

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

2019

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

- A Check box if address changed
B Exempt under section
[X] 501(c)(3)
[ ] 408(e)
[ ] 408A
[ ] 529(a)

Name of organization ( ) Check box if name changed and see instructions. THE ARC OF ST LUCIE COUNTY INC.
Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1016
City or town, state or province, country, and ZIP or foreign postal code FORT PIERCE, FL 34954

D Employer identification number (Employees' trust, see instructions) 59-1100961
E Unrelated business activity code (See instructions) 531390

C Book value of all assets at end of year 2,375,230. F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here COMMERCIAL RENTAL REAL ESTATE. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

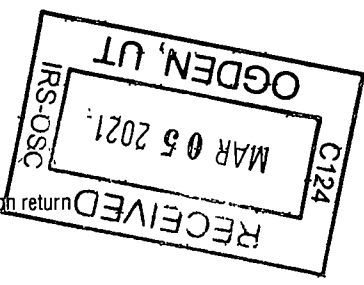
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of THE ARC OF ST. LUCIE COUNTY Telephone number 772-468-7879

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 18,475, total expenses 10,692, total net 7,783.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows 14-31. Total deductions 6,596. Unrelated business taxable income before net operating loss deduction 1,187. Unrelated business taxable income 1,187.



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SEE STATEMENT 1

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign accounts, distributions, and tax-exempt interest.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of Officer: [Signature], Date: 02/24/21, Title: CEO.

Paid Preparer Use Only: Print/Type preparer's name: RICHARD P. MISHOCK, Preparer's signature: RICHARD P. MISHOCK, Date: 02/17/21, Firm's name: HILL, BARTH & KING LLC, Firm's EIN: 34-1897225, Firm's address: 1000 SE MONTEREY COMM BLVD STE 101, STUART, FL 34996, Phone no.: (772) 287-4480.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6			
2 Purchases	2		7 <b>Cost of goods sold</b> Subtract line 6 from line 5. Enter here and in Part I, line 2				
3 Cost of labor	3			7			
4a Additional section 263A costs (attach schedule)	4a					Yes	No
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				
5 <b>Total.</b> Add lines 1 through 4b	5						

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) <b>Total income</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) <b>Total deductions</b> Enter here and on page 1, Part I, line 8, column (B)
0.		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			<b>STATEMENT 3</b>	<b>STATEMENT 4</b>
(1) <b>COMMERCIAL RENTAL-500 US HWY 1 &amp;</b>				
(2) <b>503 3RD STREET, FORT PIERCE, FL</b>				
(3) <b>34950</b>		28,755.	6,204.	10,438.
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 8 x total of columns 3(a) and 3(b))
<b>STATEMENT 5</b>	<b>STATEMENT 6</b>			
(1)		%		
(2)		%		
(3) 187,361.	291,629.	64.25%	18,475.	10,692.
(4)		%		
<b>STATEMENT 2</b>			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Totals</b>			18,475.	10,692.
<b>Total dividends-received deductions</b> included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) <b>0.</b>	Enter here and on page 1, Part I, line 11, col (B) <b>0.</b>				Enter here and on page 1, Part II, line 28 <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)	FORMER EXECUTIVE	%	
(2) DEBBIE VAN SLOOTEN	DIRECTOR	2.00 %	1,668.
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			<b>1,668.</b>

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	1,727.	0.	1,727.	1,727.
NOL CARRYOVER AVAILABLE THIS YEAR			1,727.	1,727.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 2  
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	2	
BEGINNING FIRST MONTH		191,044.
BEGINNING SECOND MONTH		190,046.
BEGINNING THIRD MONTH		189,045.
BEGINNING FOURTH MONTH		193,890.
BEGINNING FIFTH MONTH		192,906.
BEGINNING SIXTH MONTH		191,857.
BEGINNING SEVENTH MONTH		191,840.
BEGINNING EIGHTH MONTH		189,833.
BEGINNING NINTH MONTH		188,773.
BEGINNING TENTH MONTH		187,746.
BEGINNING ELEVENTH MONTH		186,737.
BEGINNING TWELFTH MONTH		155,609.
TOTAL OF ALL MONTHS		2,249,326.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		187,444.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

## FORM 990-T

## SCHEDULE E - DEPRECIATION DEDUCTION

## STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		6,204.	
- SUBTOTAL -	1		6,204.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			6,204.

## FORM 990-T

## SCHEDULE E - OTHER DEDUCTIONS

## STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REAL ESTATE TAXES		2,310.	
INTEREST EXPENSE		5,449.	
UTILITIES		1,949.	
LICENSES & PERMITS		64.	
REPAIRS & MAINTENANCE		666.	
- SUBTOTAL -	1		10,438.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			10,438.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ACQUISITION DEBT		187,361.	
- SUBTOTAL -	1		187,361.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			<u>187,361.</u>



FORM 990-T

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		291,629.	
- SUBTOTAL -	1		291,629.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			291,629.