

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning Oct 1, 2023, and ending Sep 30, 2024**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

The Arc of The Glades

EIN or SSN

59-1760374

Name and title of officer or person subject to tax

Debra Lee, Executive Director**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>1,070,085.</u>
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize KATHLEEN M SHAFER CPA to enter my PIN 1 1 8 9 3 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Debra LeeDate 06/24/2025**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 9 2 7 4 1 1 1 8 9 3

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 06/24/2025

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023**Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning Oct 1, 2023, and ending Sep 30, 2024	
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	C Name of organization <u>The Arc of The Glades</u> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>4250 NW 16th Street</u> City or town, state or province, country, and ZIP or foreign postal code <u>Belle Glade, FL 33430</u> D Employer identification number <u>59-1760374</u> E Telephone number <u>(561) 996-9583</u> G Gross receipts <u>\$1,070,085.</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number F Name and address of principal officer: <u>Debra Lee, 4090 SW McCrory St, Port St Lucie, FL 34953</u> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: <u>N/A</u> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: <u>1977</u> M State of legal domicile: <u>FL</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>"In Partnership for Full Equality for People with Developmental Disabilities" To PARTNER with people living with developmental disabilities for equal participation and inclusion.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>11</u>
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	<u>31</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>11</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>495,782.</u>	<u>526,114.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>555,808.</u>	<u>542,958.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,095.</u>	<u>1,013.</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>25.</u>	<u>1,052,710.</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,070,085.</u>	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>646,841.</u>	<u>633,712.</u>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>22,875.</u>	<u>26,620.</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>55,640.</u>	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>482,774.</u>	<u>331,697.</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>1,152,490.</u>	<u>992,029.</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>-99,780.</u>	<u>78,056.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>973,689.</u>	<u>1,032,978.</u>
			<u>113,269.</u>	<u>110,165.</u>
			<u>860,420.</u>	<u>922,813.</u>

Part II Signature Block

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

Sign Here	Signature of officer	<u>06/11/2025</u>			
	Date				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>Kathleen M. Shafer CPA</u>	<u>Kathleen M. Shafer CPA</u>	<u>06/24/2025</u>		<u>P01439276</u>
	Firm's name	Firm's EIN			
	<u>KATHLEEN M SHAFER CPA</u>	<u>82-0958092</u>			
	Firm's address	Phone no.			
	<u>1850 FOREST HILL BLVD 204, WEST PALM BEACH, FL 33406</u>	<u>(561) 963-1003</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 09/17/24 PRO

Form **990** (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
"In Partnership for Full Equality for
People with Developmental Disabilities" To PARTNER with people living
with developmental disabilities for equal participation and inclusion.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 822,936. including grants of \$ 0.) (Revenue \$ 1,069,072.)
The organization is a developmental services provider serving adults with
intellectual or other developmental disabilities. Services move people
along a continuum from dependence to independence, providing
a program that meets individual needs: from Adult Day Training to Community
Inclusion to Supported Employment and Supported Living. Each person enters
the service continuum at their level of competence and moves
along the continuum as best they are able and willing to progress.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 822,936.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 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	X
6 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 Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f 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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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 at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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	X

Part 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	X
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	X
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	X
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? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
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	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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	X
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	X
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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a 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
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	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	2a	31
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	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	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	X
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	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	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	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	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	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	
16	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	
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? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 11		
2 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		x
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6 Did the organization have members or stockholders?	6		x
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	x	
b Each committee with authority to act on behalf of the governing body?	8b	x	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	x
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a x	
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 x	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b x	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c x	
13 Did the organization have a written whistleblower policy?	13 x	
14 Did the organization have a written document retention and destruction policy?	14 x	
15 Did the process for determining compensation of the following persons include a review and 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	x
b Other officers or key employees of the organization	15b	x
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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	x
b 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 status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 The ARC of The Glades, 4250 NW 16th Street, Belle Glade, FL 33430 (561)996-9583

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 year.

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Debbie Lee Executive Director	40.00			X	X	X		98,726.	0.	15,730.
(2) Steve Weeks Past President	2.00	X		X				0.	0.	0.
(3) Lucey Pat President	2.00	X		X				0.	0.	0.
(4) Joseph Grant Vice-President	2.00			X				0.	0.	0.
(5) Joanne Royal Secretary	2.00			X				0.	0.	0.
(6) Bonnie M. Peacock Treasurer	2.00			X				0.	0.	0.
(7) Frances Adams Director	2.00	X						0.	0.	0.
(8) Evelyn Johnson Director	2.00	X						0.	0.	0.
(9) Steve Wilson Director	2.00	X						0.	0.	0.
(10) Mildred Ross Director	2.00	X						0.	0.	0.
(11) Steve Prielozny Director	2.00	X						0.	0.	0.
(12) Deshawn Pate Director	2.00	X						0.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								98,726.	0.	15,730.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								98,726.	0.	15,730.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	79,934.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	23,103.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	423,077.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		526,114.			
	Program Service Revenue	2a	Training & Support	Business Code 624120	542,958.	542,958.	0.
b							
c							
d							
e							
f		All other program service revenue . .					
g		Total. Add lines 2a-2f		542,958.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		1,013.	0.	0.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,070,085.	542,958.	0.	1,013.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,221.	63,132.	21,044.	21,045.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	388,279.	339,704.	48,575.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,023.	15,891.	3,185.	947.
9 Other employee benefits	80,629.	76,231.	2,199.	2,199.
10 Payroll taxes	39,560.	32,769.	5,215.	1,576.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,450.	0.	4,450.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	26,620.			26,620.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	10,578.	8,807.	1,341.	430.
12 Advertising and promotion				
13 Office expenses	8,989.	7,191.	1,798.	0.
14 Information technology				
15 Royalties				
16 Occupancy	36,254.	29,003.	7,251.	0.
17 Travel	1,342.	1,342.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,938.	4,938.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,195.	47,876.	5,319.	0.
23 Insurance	104,258.	97,961.	5,950.	347.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Communications	8,539.	4,867.	1,196.	2,476.
b Program Expenses	30,876.	30,876.	0.	0.
c Maintenance	27,246.	21,797.	5,449.	0.
d Fuel & Oil	16,154.	15,673.	481.	0.
e All other expenses	24,878.	24,878.	0.	0.
25 Total functional expenses. Add lines 1 through 24e	992,029.	822,936.	113,453.	55,640.
26 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 <input type="checkbox"/> 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 X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	244,362.	1	370,419.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	207,092.	3	169,553.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,469.	9	2,531.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,442,412.		
	b Less: accumulated depreciation	10b 953,770.	516,766.	10c 488,642.
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	1,833.
16 Total assets. Add lines 1 through 15 (must equal line 33)	973,689.	16	1,032,978.	
Liabilities	17 Accounts payable and accrued expenses	113,269.	17	110,165.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	113,269.	26	110,165.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	845,420.	27	800,313.
	28 Net assets with donor restrictions	15,000.	28	122,500.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	860,420.	32	922,813.
33 Total liabilities and net assets/fund balances	973,689.	33	1,032,978.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,070,085.
2	Total expenses (must equal Part IX, column (A), line 25)	2	992,029.
3	Revenue less expenses. Subtract line 2 from line 1	3	78,056.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	860,420.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-15,663.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	922,813.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A
(Form 990)**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 for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

The Arc of The Glades

Employer identification number

59-1760374

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.)

- 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).)
- 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 33¹/₃% 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 33¹/₃% 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 on 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(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)						
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	511,625.	793,268.	500,497.	495,782.	526,114.	2,827,286.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	511,625.	793,268.	500,497.	495,782.	526,114.	2,827,286.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,827,286.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	511,625.	793,268.	500,497.	495,782.	526,114.	2,827,286.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	179.	228.	191.	1,095.	1,013.	2,706.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						2,829,992.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.9 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.93 %
16a 33¹/₃% support test—2023. 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		<input checked="" type="checkbox"/>
b 33¹/₃% support test—2022. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization . . . <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

Part IV Supporting Organizations

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

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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
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 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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.)

Area for supplemental information with horizontal ruling lines.

DO NOT FILE

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

The Arc of The Glades

Employer identification number

59-1760374

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

The Arc of The Glades

Employer identification number

59-1760374

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Extraordinary Charities 2635 Old Okeechobee Rd. West Palm Beach FL 33409	\$ 38,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Ibis Charities Foundation 10310 Northlake Boulevard, Suite 214-179 Royal Palm Beach FL 33412	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Health Care District of Palm Beach County 1515 N Flagler Dr #101 West Palm Beach FL 33401	\$ 23,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	The Batchelor Foundation 1680 Michigan Ave #PH1 Miami Beach FL 33139	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	The Town of Palm Beach United Way 44 Cocoanut Row, M201 Palm Beach FL 33480	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	The William and Helen Thomas Charitable Trust 900 SE Federal Hwy Suite 210 Stuart FL 34994	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

59-1760374

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Victory Living Programs 1001 W Cypress Creek Rd #400 Fort Lauderdale FL 33309	\$ 28,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Lost Tree Village Charitable Foundation 8 Church Lane North Palm Beach FL 33408	\$ 19,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	The Miresol Foundation Inc 11600 Marisol Way Palm Beach Gardens FL 33418	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	United Way of Palm Beach County 477 S Rosemary Ave, Unit 230 West Palm Beach FL 33401	\$ 59,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Community Fdn for Palm Beach & Martin Counties 700 S Dixie Hwy West Palm Beach FL 33401	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	The Jim Moran Foundation 100 Jim Moran Boulevard Deerfield Beach FL 33442	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization

The Arc of The Glades

Employer identification number

59-1760374

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

The Arc of The Glades

Employer identification number

59-1760374

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	25,000.		25,000.
b Buildings		878,541.	487,873.	390,668.
c Leasehold improvements				
d Equipment		538,871.	465,897.	72,974.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				488,642.

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XIII **Supplemental Information** *(continued)*

DO NOT FILE

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
The Arc of The Glades	59-1760374

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☐ Special fundraising events
- 2a 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
- b 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Atlantic Development Associates LLC 119 Queen Eugenia Ct Fort Pierce, FL 34949	Grantwriting		X	271,385.	26,620.	244,765.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				271,385.	26,620.	244,765.

- 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.
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <small>(event type)</small>	(b) Event #2 <small>(event type)</small>	(c) Other events <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: _____

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

The Arc of The Glades

Employer identification number

59-1760374

Pt VI, Line 11b: Finance committee reviews the 990 prior to board review.

Pt VI, Line 12c: The Organization's management and board discuss any potential conflicts during the decision making process when choosing vendors, grantors, etc.

Other: The ARC of the Glades aims to PARTNER with people living with developmental disabilities for equal participation and inclusion in the communities of Western Palm Beach County, also known as The Glades. We do this by offering the services listed below. The ARC of the Glades is monitored by many funders and receives high accolades on on well we run our programs.

Adult Day Training (ADT):

The ADT Facility-based Program provides meaningful daytime activities that focus on self-determination and lead to community inclusion, with sheltered activities as stepping stones to the community.

ADT provides daily living skills, pre-vocational and vocational training, and opportunities to access and interact with community resources. Transportation and two meals are provided daily. The agency's continuum of care starts with entry into ADT and culminates in an individual achieving the goals he or she chooses and is able to accomplish along the continuum. The service continuum is ADT to Community Inclusion to Supported Employment and Supported Living.

ADT provides the foundation for the individual to develop life and social skills essential to community interaction and achievement of maximum independence in their personal lives, home, work, and community. If the individual is able and desires accelerated progression, entry to any part of the continuum is possible.

Name of the organization	Employer identification number
The Arc of The Glades	59-1760374

Employment Simulation Project:

Commencing in December of 2007, The Arc has developed and implemented the Employment

Simulation Program. The Employment Simulation Program is open and available to

all individuals with developmental disabilities who reside in western Palm Beach

County. The Program identifies opportunities for individuals who have established

employment as a desired outcome to serve at community not-for-profit organizations

in small groups. The benefits are multifold. The individual develops the skills

needed to acquire and maintain employment in a functional work environment (skill

sets may include accepting supervision, timely reporting and attendance, adhering

to health and safety requirements in the workplace, maintenance to task, etc.).

Additionally, the individual develops a relationship with the host agency that

translates into a prior work history reference on a resume, something otherwise

unavailable to these individuals. For the host agency, the access to volunteers

and supervisory assistance is greatly desired in this agri-rural and very poor

community, particularly in this period of economic hardship. With approximately

70% of the population at 150% of poverty or less, there are a disproportionate

number of charitable social service organizations attempting to meet the needs

of the community with very limited resources. These organizations benefit from

the services of the program participants, as does the larger community by their

assisting these agencies to meet their missions.

Census data shows approximately 30,000 residents in The Glades, the service area

of The Arc. The prevalence of Intellectual Disability for a population of this

size, according to The Arc of the United States is about 3%, or 900 individuals.

Of those, 20% are of school age and receive services per P.L. 99-457, parts B

& C, leaving 720. Roughly half of the affected population will be high functioning

enough or have adequate natural supports to not require services, reducing the

target service population to about 360 individuals. Currently The Arc serves

Name of the organization	Employer identification number
The Arc of The Glades	59-1760374

less than 100, and there are no other provider agencies with these services in the area. Development of programs like the Employment Simulation Program is necessary to identify and expose these individuals to greater opportunities in the community at large.

Supported Employment:

The Arcs Supported Employment Program is a natural progression from the Facility-based Program that utilizes the prevocational and vocational training the individual has acquired. The Coach and candidate identify appropriate and appealing employment opportunities, complete the application and interview process, and assure the employer that The Arcs staff will supplement the productivity of the individual while in the training phase. The Arc guarantees the employer a full days productivity as the client learns the job, thus leveling the playing field and improving the likelihood of success.

As the new employee develops the skills specific to the job, the Coach is able to progressively withdraw until contact is limited to problem intervention, additional training for promotion, and regular follow-along visits for maintenance and support.

Data from The Arc of the United States reveals better attendance, greater job satisfaction, and longer tenure among individuals employed who have developmental disabilities when compared to the non-disabled population.

The Supported Employment Program helps the individual identify the job, secure the job, and succeed in the job. With nearly two decades of experience, the employers in the Glades have developed a trust in The Arc of the Glades and a personal knowledge of the benefits of employing individuals through the Supported Employment Program.

Supported Living:

Supported Living is the culmination of the continuum. As developmental milestones are delayed in these individuals, so too are the social rites of passage,

Name of the organization	Employer identification number
The Arc of The Glades	59-1760374

like a home of ones own, a job, a family, etc. The

Supported Living Program assists the individual in realizing the independence of a personal residence while providing the needed supports as the individual learns to be a self-sustaining and responsible member of the community.

Individual skill limitations and weaknesses vary according to the experience and capabilities of the individual. By using a Coach model, the individuals weaknesses are identified and supported until the skill-sets needed are acquired.

The Arc and its Supported Living staff make a 24/7/365 commitment to the health, safety, and security of individuals in the Supported Living program, available any day, any time to help resolve a perceived crisis.

Equally important, The Arc makes that assurance to the stakeholders who value that individual. An aging parent or caregiver concerned about the well-being of that person in future years develops confidence in The Arc and its commitment to provide needed support, gives them comfort and reassurance as they become progressively less able to provide natural supports.

Supported Living is also a Coach-based implementation model available to adults with cognitive or other developmental disabilities who reside in western Palm Beach County and desire independent living. The Coach assists those individuals who are not entirely competent in the requisite skills (e.g. finding suitable and affordable housing, household budgeting, shopping, cooking, cleaning, banking, etc.) and is on-call twenty-four hours a day by telephone, mobile phone, and staff back-up.

Community Inclusion Program:

Community Inclusion provides supervised small-group activities. This includes learning to access public transportation, shopping and money management, appropriate public behavior, attire, language all leading to appropriate social, cultural, and employment skill-sets needed for independent community living.

Name of the organization	Employer identification number
The Arc of The Glades	59-1760374

Community Inclusion is a Coach-based service model. It provides experiential opportunities for participants to develop competencies needed for independent living and community employment, skills considered routine in the non-disabled population. A component of Community Inclusion also provides an employment simulation experience through volunteerism (see below).

The Arc has developed relationships with area not-for-profit organizations (public libraries, daycare centers, senior centers, AIDS organizations, food banks, and community meal sites) and program participants choose at which host site to volunteer. This activity promotes community participation, assists the host agency in fulfilling its mission, provides the individual with work tasks in a community setting under host agency supervision (with staff from The Arc present and available), and generates reference material useful to the participant when applying for gainful employment.

DRAFT

Form **8868**

(Rev. January 2024)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <u>The Arc of The Glades</u>	Taxpayer identification number (TIN) <u>59-1760374</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>4250 NW 16th Street</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Belle Glade FL 33430</u>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY) _____

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of The ARC of The Glades

Telephone No. (561) 996-9583 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until Aug 15, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20____ or
- ☒ tax year beginning Oct 1, 2023, and ending Sep 30, 2024.
- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Federal Depreciation Options**2023**

► Keep for your records

Name as Shown on Return

The Arc of The Glades

Employer Identification No.

59-1760374

MACRS Convention☒ Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2023, and checks the appropriate box below.

The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 ☐ Half-year convention2 ☒ Mid-quarter convention**MACRS Computation**

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☒ No

Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . . ☐ Reg ☐ Ext ☒ No

Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☐ No

Was this business located in a Qualified Disaster Area? ☐ Yes ☐ No

Form 990-T Section 179 Information

1	Taxable income computed without the Section 179 or contribution deduction . .	1	
2	Contribution deduction for purposes of Section 179 limitation	2	
3	Taxable income computed for the Section 179 limitation	3	
4	Elect to treat Qualified Real Property as "Section 179 Property"	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a	Calculated "Total cost of Section 179 property placed in service"	5 a	
b	Additions or subtractions to calculated value	b	
6	Section 179 carryover from 2022 to 2023	6	

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023Attachment
Sequence No. **179**

Name(s) shown on return

The Arc of The Glades

Business or activity to which this form relates

Form 990 / Form 990EZ

Identifying number

59-1760374

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	27,515.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		11,585.	15.0 yrs	MQ	S/L	97.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	11/23	4,436.	39 yrs.	MM	S/L	100.
	Various	9,050.	39.0 yrs	MM	S/L	158.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	25,325.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	53,195.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .						25		
26 Property used more than 50% in a qualified business use:								
Dodge Caravan 2011	08/12/2010	100%	40,763.	40,763.	5.00	200 DB-HY	0.	
2 12 Passenger Vans	05/07/2013	100%	49,818.	49,818.	5.00	SL-HY	0.	
See Additional Listed Property Statement		%					25,325.	
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						28	25,325.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .						29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles) .												
31 Total commuting miles driven during the year .												
32 Total other personal (noncommuting) miles driven .												
33 Total miles driven during the year. Add lines 30 through 32 .												
34 Was the vehicle available for personal use during off-duty hours? .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? .												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .		
39 Do you treat all use of vehicles by employees as personal use? .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions .		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year .					43
44 Total. Add amounts in column (f). See the instructions for where to report .					44

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning Oct 1, 2023, and ending Sep 30, 2024**2023****Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

The Arc of The Glades

EIN or SSN

59-1760374

Name and title of officer or person subject to tax

Debra Lee, Executive Director**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>1,070,085.</u>
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . .	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . .	5b _____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . .	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . .	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . .	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . .	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize KATHLEEN M SHAFER CPA to enter my PIN 1 1 8 9 3 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 06/11/2025**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	9	2	7	4	1	1	1	8	9	3
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 06/24/2025

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 4562**Depreciation and Amortization Report****2023**Tax Year 2023
► Keep for your records

Page 1 of 2

Name as Shown on Return
The Arc of The GladesIdentifying Number
59-1760374**QuickZoom** here to enter assets ►**QuickZoom** here to set MACRS convention for assets acquired in 2023 ►

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
3 Ton A/C		11/27/23	4,436		100.00			4,436	39.00	SL/MM		100
5 Ton A/C		01/31/24	5,893		100.00			5,893	39.00	SL/MM		107
Air Handler		02/17/24	3,157		100.00			3,157	39.00	SL/MM		51
Storage Room Rebuild		09/03/24	5,700		100.00			5,700	15.00	SL/MQ		48
Sewer Connection		09/11/24	5,885		100.00			5,885	15.00	SL/MQ		49
SUBTOTAL CURRENT YEAR			25,071	0		0	0	25,071			0	355
Building - 4250 SR 715		06/20/88	129,958	25,000	100.00			129,958	31.50	SL/MM	129,958	0
HWY Improvments		09/01/90	43,858		100.00			43,858	31.50	SL/MM	43,858	0
HWY Impr		04/30/94	93,431		100.00			93,431	39.00	SL/MM	83,395	1,052
Improvments		09/30/95	75,466		100.00			75,466	39.00	SL/MM	70,668	438
Improvments		10/30/95	5,040		100.00			5,040	39.00	SL/MM	4,394	59
Imprvments		01/01/96	2,265		100.00			2,265	39.00	SL/MM	2,022	22
Improvments		01/01/97	3,286		100.00			3,286	39.00	SL/MM	2,834	37
Improvments		08/14/97	1,900		100.00			1,900	39.00	SL/MM	1,572	25
Improvments		01/01/99	98,084		100.00			98,084	39.00	SL/MM	80,912	1,202
Improvments		01/23/01	1,500		100.00			1,500	39.00	SL/MM	1,159	21
Roof		04/19/04	25,875		100.00			25,875	39.00	SL/MM	19,671	317
Equipment 9/1/86 to 5/21/05		05/21/05	46,242		100.00			46,242	7.00	200DB/HY	46,242	0
Classroom A/C Conderser		06/24/08	1,500		100.00			1,500	5.00	200DB/HY	1,500	0
Parking Lot		02/10/09	14,300		100.00			14,300	39.00	SL/MM	8,893	222
Air Conditioner		06/12/09	1,700		100.00			1,700	5.00	200DB/HY	1,700	0
Security System		06/23/09	4,730		100.00			4,730	5.00	200DB/HY	4,730	0
Dodge Caravan 2011 L	L	08/12/10	40,763		100.00			40,763	5.00	200DB/HY	40,763	0
5 Ton A/C		11/10/10	1,200		100.00			1,200	5.00	200DB/HY	1,200	0
2 12 Passenger Vans	L	05/07/13	49,818		100.00			49,818	5.00	SL/HY	49,818	0
A/C		09/10/13	7,025		100.00			7,025	7.00	SL/HY	7,025	0
Building Improvments		07/17/14	13,727		100.00			13,727	39.00	SL/MM	3,241	352
A/C & Refrig		09/30/14	2,315		100.00			2,315	7.00	SL/MQ	2,315	0
Telephone System		01/08/16	4,399		100.00			4,399	7.00	SL/MQ	4,399	0
Equip. Burners		06/01/16	4,665		100.00			4,665	7.00	SL/MQ	4,665	0
2 Toyota Vans	L	09/07/16	54,000		100.00			54,000	5.00	SL/MQ	54,000	0
A/C System		04/05/18	7,968		100.00			7,968	7.00	200DB/HY	6,901	711
Building Improvements		08/14/18	25,440		100.00			25,440	39.00	SL/MM	3,342	652
2019 Elkhart Coach	L	11/13/18	67,378		100.00			67,378	5.00	200DB/HY	63,497	3,881
Handicap Ramp		07/06/19	4,500		100.00			4,500	39.00	SL/MM	484	115

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

Form 4562**Depreciation and Amortization Report****2023**Tax Year 2023
► Keep for your records

Page 2 of 2

Name as Shown on Return
The Arc of The GladesIdentifying Number
59-1760374**QuickZoom** here to enter assets ►**QuickZoom** here to set MACRS convention for assets acquired in 2023 ►

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
Refrigeration Skid		07/26/19	2,673		100.00			2,673	5.00	SL/HY	2,406	267
Classroom lighting sys		08/22/19	2,536		100.00			2,536	39.00	SL/MM	268	65
Front glass door		09/26/19	11,314		100.00			11,314	39.00	SL/MM	1,172	290
Add'l classroom lighting		10/17/19	4,246		100.00			4,246	39.00	SL/MM	431	109
2020 Chevy Traverse	L	10/29/20	32,664		100.00			32,664	5.00	200DB/HY	23,257	3,763
Wooden Storage Bldg		11/04/20	4,600		100.00			4,600	15.00	SL/HY	767	307
Multi-sensory Room		11/20/20	51,990		100.00			51,990	39.00	SL/MM	3,832	1,333
Lighting		11/29/20	4,800		100.00			4,800	39.00	SL/MM	354	123
Trailer		11/30/20	6,043		100.00			6,043	7.00	200DB/HY	3,400	755
New Sidewalk		12/01/20	4,850		100.00			4,850	39.00	SL/MM	346	124
New Cooler		01/08/21	34,652		100.00			34,652	7.00	200DB/HY	19,498	4,330
Roofing over Cooler		03/16/21	10,300		100.00			10,300	39.00	SL/MM	671	264
Sewer Tie-in		03/26/21	7,390		100.00			7,390	39.00	SL/MM	481	190
Vinyl Flooring		04/09/21	7,731		100.00			7,731	15.00	SL/HY	1,288	515
Furn & Equip for Sensory Room		04/23/21	34,500		100.00			34,500	7.00	200DB/HY	19,413	4,311
3 Computers & Printer		04/28/21	4,578		100.00			4,578	5.00	200DB/HY	3,260	527
2020 Chrysler Voyager	A	06/25/21	52,602		100.00			52,602	5.00	200DB/HY	36,400	5,860
New Roof		08/25/21	110,909		100.00			110,909	39.00	SL/MM	6,043	2,844
New Ducts		09/22/21	2,655		100.00			2,655	39.00	SL/MM	139	68
Backflow Preventor		09/28/21	1,925		100.00			1,925	39.00	SL/MM	100	49
Ceiling		09/30/21	25,000		100.00			25,000	39.00	SL/MM	1,309	641
New Ducts		10/02/21	3,300		100.00			3,300	39.00	SL/MM	166	85
LED Lamps - Sensory Room		10/02/21	880		100.00			880	7.00	200DB/MQ	409	135
Multi-Sensory Equipment		11/30/21	11,480		100.00			11,480	7.00	200DB/MQ	5,330	1,757
New Canopy		01/27/22	3,550		100.00			3,550	5.00	SL/MQ	1,154	710
2022 Ford Transit-350	L	09/14/22	51,845		100.00			51,845	5.00	200DB/MQ	22,293	11,821
Plumbing (connection to Lake Breeze)		10/18/22	11,530		100.00			11,530	39.00	SL/MM	283	296
Wood Deck for Canopy		11/14/22	2,000		100.00			2,000	5.00	SL/HY	200	400
Hot Water Heater		01/17/23	1,465		100.00			1,465	7.00	200DB/HY	209	359
Parking Lot Paving		05/12/23	56,000		100.00			56,000	39.00	SL/MM	538	1,436
SUBTOTAL PRIOR YEAR			1,392,341	25,000		0	0	1,392,341			900,575	52,840
TOTALS			1,417,412	25,000		0	0	1,417,412			900,575	53,195

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

**990-EZ, 990, 990-T and 990-PF
Information Worksheet****2023****Part I – Identifying Information**Employer Identification Number . 59-1760374Name The Arc of The Glades

Doing Business As _____

Address 4250 NW 16th Street Room/Suite . _____City Belle Glade State . . . FL ZIP Code . . . 33430

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number (561) 996-9583 Extension . _____ Foreign Phone No. _____Fax _____ E-Mail Address . . dlee@arcglades.org☐
☐**Eligible for hurricane tax relief legislation benefits, check here**
File a second return for the same filing year**Part II – Type of Return****IMPORTANT**

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

☐
☒
☐
☐Form 990-EZ **only**
Form 990 **only**
Form 990-PF **only**
Form 990-T **only**☐
☐
☐
☐Form 990-EZ **and** Form 990-T
Form 990 **and** Form 990-T
Form 990-PF **and** Form 990-T
Form 990-N (gross receipts \$50,000 or less)☐**QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.**IMPORTANT**

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization☒
☐
☐
☐
☐
☐
☐
☐
☐501(c) Corporation/Association
501(c) Trust
4947(a)(1) Trust
408(e) Trust
401(a) Trust
Public College or University
Other _____ (describe)
6417(d)(1)(A) Applicable Entity3 (subsection number)
____ (subsection number)Corporation/Association
Or Trust☐
☐
☐
☐
☐
☐
☐
☐220(e) Trust
408A Trust
529(a) Corporation
529(a) Trust
530(a) Trust
527 Organization
501(c) Association**Part IV – Tax Year and Filing Information**☐
☒
☐
☐Calendar year
Fiscal year — Ending month . . . 9
Short year — Beginning date . . _____ Ending date . . . _____
Change of Accounting Period _____

☒ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2023 Estimated Taxes Paid

☐ Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2022 overpayment credited to 2023 estimated tax

		Form 990-T		Form 990-PF	
Payment Quarters	Due Date	Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	01/16/24				
2nd Quarter Payment	03/15/24				
3rd Quarter Payment	06/17/24				
4th Quarter Payment	09/16/24				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's NameDebra Lee
Officer's SSN412-08-5676 Officer's TitleExecutive Director
Officer's Phone number

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments			
				1	2	3	4
Federal Filings							
990, 990-EZ, 990-PF, or 990-N . . . ▶	<div>X</div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
990-T ▶	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Form 114 (FBAR). ▶	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
State Filings							
<i>Information Only: Selection of</i>							
<i>state/city return(s) was made . . . ▶</i>	<div></div>	<div></div>	<div></div>				
California Form 199 ▶	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
California Form 109 ▶	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

QuickZoom to the Electronic Filing Information Worksheet ▶
QuickZoom to the Form 8868 Electronic Filing Information Worksheet ▶

Practitioner PIN program:

☒ Sign this return electronically using the Practitioner PIN
☒ ERO entered PIN
Officer's PIN (enter any 5 numbers). . . 11893
Date PIN entered 06/11/2025

Responsible Party Information:

Yes No
☐ ☐ Is Form 8822-B required to report a change of responsible party?

Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)**Yes No**
☐
☐
☐
☐
☐
☐
Use electronic funds withdrawal of **Form 990-PF Return** balance due (EF Only)?Use electronic funds withdrawal of **Form 990-PF Extension** Form 8868 balance due (EF Only)?Use electronic funds withdrawal of **Form 990-PF Amended** balance due (EF Only)?
☐
☐
☐
☐
☐
☐
Use electronic funds withdrawal of **Form 990-T Return** balance due? (EF Only)Use electronic funds withdrawal of **Form 990-T Extension** Form 8868 balance due? (EF Only)Use electronic funds withdrawal of **Form 990-T Amended** balance due? (EF Only)**Bank Information**Check to confirm transferred account information (which appears in green) is correct . . . ☐

Name of Financial Institution (optional) . . .

Check the appropriate box . . . ☐ Checking ☐ Savings

Routing number . . .

Account number . . .

Form 990-PF Payment Information

Enter the Form 990-PF payment date . . .

Balance due amount from this Form 990-PF return . . .

Enter an amount to withdraw tax payment . . .

If partial payment is made, the remaining balance due . . .

Enter the Form 990-PF Extension payment date . . .

Balance due amount from this 990-PF Extension . . .

Payment date for amended Form 990-PF returns . . .

Balance due amount for amended Form 990-PF return . . .

Form 990-T Payment Information

Enter the Form 990-T payment date . . .

Balance due amount from this 990-T return . . .

Enter the Form 990-T Extension payment date . . .

Balance due amount from this 990-T Extension . . .

Enter the amended Form 990-T payment date . . .

Balance due amount from Form 990-T amended . . .

Date 990-T Exempt Organization Return was EFiled . . .

Date 990-T Exempt Organization Return was accepted . . .

Date 990-T Exempt Organization Extension was EFiled . . .

Date 990-T Exempt Organization Extension was accepted . . .

Date 990-T Exempt Organization Amended Return was EFiled . . .

Date 990-T Exempt Organization Amended Return was accepted . . .

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date . . .	08/15/25		

Letter Salutation . . .

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 007

QuickZoom to Firm/Preparer Info . . .**QuickZoom** to Form 990-EZ, Pages 1 through 4 . . .**QuickZoom** to Form 990, Page 1 . . .**QuickZoom** to Form 990-PF, Page 1 . . .**QuickZoom** to Form 990-T, Page 1 . . .**QuickZoom** to Form 990-N, e-PostCard . . .**QuickZoom** to Client Status . . .

Form 4562**Alternative Minimum Tax Depreciation Report****2023**

Tax Year 2023

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Page 1 of 2

Name as Shown on Return The Arc of The Glades	Identifying Number 59-1760374
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Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/ Pref
DEPRECIATION													
3 Ton A/C		11/27/23	4,436		100.00			4,436	39.00	SL/MM		100	0.
5 Ton A/C		01/31/24	5,893		100.00			5,893	39.00	SL/MM		107	0.
Air Handler		02/17/24	3,157		100.00			3,157	39.00	SL/MM		51	0.
Storage Room Rebuild		09/03/24	5,700		100.00			5,700	15.00	SL/MQ		48	0.
Sewer Connection		09/11/24	5,885		100.00			5,885	15.00	SL/MQ		49	0.
SUBTOTAL CURRENT YEAR			25,071	0		0	0	25,071			0	355	0.
Building - 4250 SR 715		06/20/88	129,958	25,000	100.00			129,958	40.00	SL/MM	129,958	0	0.
HWY Improvments		09/01/90	43,858		100.00			43,858	40.00	SL/MM	41,287	369	-369.
HWY Impr		04/30/94	93,431		100.00			93,431	40.00	SL/MM	82,884	1,001	51.
Improvments		09/30/95	75,466		100.00			75,466	40.00	SL/MM	70,468	418	20.
Improvments		10/30/95	5,040		100.00			5,040	40.00	SL/MM	4,369	56	3.
Imprvments		01/01/96	2,265		100.00			2,265	40.00	SL/MM	2,013	21	1.
Improvments		01/01/97	3,286		100.00			3,286	40.00	SL/MM	2,814	36	1.
Improvments		08/14/97	1,900		100.00			1,900	40.00	SL/MM	1,560	25	0.
Improvments		01/01/99	98,084		100.00			98,084	39.00	SL/MM	80,912	1,202	0.
Improvments		01/23/01	1,500		100.00			1,500	39.00	SL/MM	1,159	21	0.
Roof		04/19/04	25,875		100.00			25,875	39.00	SL/MM	19,671	317	0.
Equipment 9/1/86 to 5/21/05		05/21/05	46,242		100.00			46,242	7.00	150DB/HY	46,242	0	0.
Classroom A/C Condenser		06/24/08	1,500		100.00			1,500	5.00	150DB/HY	1,500	0	0.
Parking Lot		02/10/09	14,300		100.00			14,300	39.00	SL/MM	8,893	222	0.
Air Conditioner		06/12/09	1,700		100.00			1,700	5.00	150DB/HY	1,700	0	0.
Security System		06/23/09	4,730		100.00			4,730	5.00	150DB/HY	4,730	0	0.
Dodge Caravan 2011L		08/12/10	40,763		100.00			40,763	5.00	150DB/HY	40,763	0	0.
5 Ton A/C		11/10/10	1,200		100.00			1,200	5.00	150DB/HY	1,200	0	0.
2 12 Passenger VansL		05/07/13	49,818		100.00			49,818	5.00	SL/HY	49,818	0	0.
A/C		09/10/13	7,025		100.00			7,025	7.00	SL/HY	7,025	0	0.
Building Improvments		07/17/14	13,727		100.00			13,727	39.00	SL/MM	3,241	352	0.
A/C & Refrig		09/30/14	2,315		100.00			2,315	7.00	SL/MQ	2,315	0	0.
Telephone System		01/08/16	4,399		100.00			4,399	7.00	SL/MQ	4,399	0	0.
Equip. Burners		06/01/16	4,665		100.00			4,665	7.00	SL/MQ	4,665	0	0.
2 Toyota Vans L		09/07/16	54,000		100.00			54,000	5.00	SL/MQ	54,000	0	0.
A/C System		04/05/18	7,968		100.00			7,968	7.00	150DB/HY	6,504	976	-265.
Building Improvements		08/14/18	25,440		100.00			25,440	39.00	SL/MM	3,342	652	0.
2019 Elkhart CoachL		11/13/18	67,378		100.00			67,378	5.00	200DB/HY	63,497	3,881	0.
Handicap Ramp		07/06/19	4,500		100.00			4,500	39.00	SL/MM	484	115	0.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

Form 4562**Alternative Minimum Tax Depreciation Report****2023**

Tax Year 2023

► Keep for your records

Page 2 of 2

Name as Shown on Return

The Arc of The Glades

Identifying Number

59-1760374

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/Convention	Prior Depr	Current Depr	Adj/ Pref
Refrigeration Skid		07/26/19	2,673		100.00			2,673	5.00	SL/HY	2,406	267	0.
Classroom lighting sys		08/22/19	2,536		100.00			2,536	39.00	SL/MM	268	65	0.
Front glass door		09/26/19	11,314		100.00			11,314	39.00	SL/MM	1,172	290	0.
Add'l classroom lighting		10/17/19	4,246		100.00			4,246	39.00	SL/MM	431	109	0.
2020 Chevy Traverse L		10/29/20	32,664		100.00			32,664	5.00	200DB/HY	23,257	3,763	0.
Wooden Storage Bldg		11/04/20	4,600		100.00			4,600	15.00	SL/HY	767	307	0.
Multi-sensory Room		11/20/20	51,990		100.00			51,990	39.00	SL/MM	3,832	1,333	0.
Lighting		11/29/20	4,800		100.00			4,800	39.00	SL/MM	354	123	0.
Trailer		11/30/20	6,043		100.00			6,043	7.00	200DB/HY	3,400	755	0.
New Sidewalk		12/01/20	4,850		100.00			4,850	39.00	SL/MM	346	124	0.
New Cooler		01/08/21	34,652		100.00			34,652	7.00	200DB/HY	19,498	4,330	0.
Roofing over Cooler		03/16/21	10,300		100.00			10,300	39.00	SL/MM	671	264	0.
Sewer Tie-in		03/26/21	7,390		100.00			7,390	39.00	SL/MM	481	190	0.
Vinyl Flooring		04/09/21	7,731		100.00			7,731	15.00	SL/HY	1,288	515	0.
Furn & Equip for Sensory Room		04/23/21	34,500		100.00			34,500	7.00	200DB/HY	19,413	4,311	0.
3 Computers & Printer		04/28/21	4,578		100.00			4,578	5.00	200DB/HY	3,260	527	0.
2020 Chrysler Voyager A		06/25/21	52,602		100.00			52,602	5.00	200DB/HY	36,400	5,860	0.
New Roof		08/25/21	110,909		100.00			110,909	39.00	SL/MM	6,043	2,844	0.
New Ducts		09/22/21	2,655		100.00			2,655	39.00	SL/MM	139	68	0.
Backflow Preventor		09/28/21	1,925		100.00			1,925	39.00	SL/MM	100	49	0.
Ceiling		09/30/21	25,000		100.00			25,000	39.00	SL/MM	1,309	641	0.
New Ducts		10/02/21	3,300		100.00			3,300	39.00	SL/MM	166	85	0.
LED Lamps - Sensory Room		10/02/21	880		100.00			880	7.00	200DB/MQ	409	135	0.
Multi-Sensory Equipment		11/30/21	11,480		100.00			11,480	7.00	200DB/MQ	5,330	1,757	0.
New Canopy		01/27/22	3,550		100.00			3,550	5.00	SL/MQ	1,154	710	0.
2022 Ford Transit-350 L		09/14/22	51,845		100.00			51,845	5.00	200DB/MQ	22,293	11,821	0.
Plumbing (connection to Lake Breeze)		10/18/22	11,530		100.00			11,530	39.00	SL/MM	283	296	0.
Wood Deck for Canopy		11/14/22	2,000		100.00			2,000	5.00	SL/HY	200	400	0.
Hot Water Heater		01/17/23	1,465		100.00			1,465	7.00	200DB/HY	209	359	0.
Parking Lot Paving		05/12/23	56,000		100.00			56,000	39.00	SL/MM	538	1,436	0.
SUBTOTAL PRIOR YEAR			1,392,341	25,000		0		1,392,341			896,830	53,398	-558.
TOTALS			1,417,412	25,000		0		1,417,412			896,830	53,753	-558.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

IRS e-file Authentication Statement**2023**

► Keep for your records

Name(s) Shown on Return

The Arc of The Glades

Employer ID No.

59-1760374**A – Practitioner PIN Authorization****QuickZoom** to the Federal Information Worksheet to enter PIN information ►

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN

ERO entered Officer's PIN

<input type="checkbox"/>
<input checked="" type="checkbox"/>

B – Signature of Electronic Return Originator**ERO Declaration:**

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.ERO's PIN (EFIN followed by any 5 numbers) EFIN 692741 Self-Select PIN 11893**C – Signature of Officer****Perjury Statement:**

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2023 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.Officer's PIN 11893Date 06/11/2025

Name Control, enter here to override default ARCO

Smart Worksheets From 2023 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet				
To enter assets, QuickZoom to Asset Entry Worksheet →				
To view a calculated report of all depreciation information for Form 990, QuickZoom to the Depreciation/Amortization Report →				
QuickZoom to Form 4562 for Form 990 →				
The following items carry to line 22 below:				
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
A Depreciation	53,195.	47,876.	5,319.	0.
B Depletion				
C Amortization				

Schedule B: Contributors (Copy 1) -- Smart Worksheet

General Information Smart Worksheet	
A	Description for this copy of Schedule B, Part I. <u>Copy 1</u>

Schedule B: Contributors (Copy 1) -- Smart Worksheet

General Information Smart Worksheet	
A	Description for this copy of Schedule B, Part I. <u>Copy 2</u>

Form 8868: Application for Extension of Time to File an Exempt Organization Return -- Smart Worksheet

Filing Address Smart Worksheet	
Send Form 8868 to:	<u>Department of the Treasury</u>
	<u>Internal Revenue Service Center</u>
	<u>Ogden, UT 84201-0045</u>

[illegible]