

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization The ARC Kent County Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 2922 Fuller Ave NE 201
 City or town State ZIP code
 Grand Rapids MI 49505
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 38-1360508
E Telephone number 616-459-3339
G Gross receipts \$ 326,964

F Name and address of principal officer:
 Michael Taylor 2922 Fuller Ave NE Ste 201, Grand Rapids, MI 49503

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.arckent.org

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1972 **M State of legal domicile:** MI

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To advocate for the general welfare of people with mental retardation and other developmental disabilities and their families in Kent County Michigan.		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	16,125	20,110
	9 Program service revenue (Part VIII, line 2g)	197,139	233,206
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,249	67,177
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,146	253
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,659	320,746
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		164,293	204,648
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,792			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		104,457	94,745
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	268,750	299,393	
19 Revenue less expenses. Subtract line 18 from line 12	-21,091	21,353	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,086,798	End of Year 1,161,655
	21 Total liabilities (Part X, line 26)	90,106	95,243
	22 Net assets or fund balances. Subtract line 21 from line 20	996,692	1,066,412

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 _____ Date _____
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Lori Lemieux CPA	Preparer's signature <i>Lori Lemieux CPA</i>	Date 6/25/2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00064724
Firm's name ▶ Lori J Lemieux CPA PLC	Firm's EIN ▶ 38-3619382	Phone no. 616-735-4233		
Firm's address ▶ 910 Maplerow Ave NW, Grand Rapids, MI 49534				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No