

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01, **2015, and ending** 6/30, **2016**

B Check if applicable:	C	D Employer identification number		
<input type="checkbox"/> Address change	THE ARC OF NORTHEASTERN PENNSYLVANIA 115 MEADOW AVENUE SCRANTON, PA 18505-2168	24-0838702		
<input type="checkbox"/> Name change		E Telephone number	(570) 346-4010	
<input type="checkbox"/> Initial return			G Gross receipts \$	6,800,253.
<input type="checkbox"/> Final return/terminated			H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return			H(b) Are all subordinates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer:	If 'No,' attach a list. (see instructions)		
	SAME AS C ABOVE			
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	H(c) Group exemption number ▶		
J Website: ▶	WWW.THEARCNEPA.ORG			
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: 1956	M State of legal domicile: PA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROMOTION OF GENERAL WELFARE OF INTELLECTUALLY AND DEVELOPMENTALLY DISABLED INDIVIDUALS</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	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	216
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-200,624.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-200,624.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,174,555.	6,224,534.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	186.	4,610.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	231,209.	327,197.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,405,950.	6,556,341.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	5,145,217.	5,119,289.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,836.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,556,879.	1,469,086.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,702,096.	6,588,375.
	19	Revenue less expenses. Subtract line 18 from line 12	-296,146.	-32,034.
Net Assets of Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,806,252.	2,901,302.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,794,750.	1,921,834.
			1,011,502.	979,468.

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	
	DONALD W. BRODERICK	EXECUTIVE DIRECTOR	
	Type or print name and title.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MICHAEL A. BARBETTI, CPA	MICHAEL A. BARBETTI, CPA	
	Firm's name ▶ MICHAEL A. BARBETTI CPA LLC	Check <input type="checkbox"/> if self-employed	PTIN P01212102
	Firm's address ▶ 1421 EAST DRINKER STREET DUNMORE, PA 18512	Firm's EIN ▶ 27-2871459	Phone no. (570) 346-2057

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROMOTION OF GENERAL WELFARE OF INTELLECTUALLY AND DEVELOPMENTALLY DISABLED INDIVIDUALS

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 [X] 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 [X] 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 \$ 3,424,627. including grants of \$) (Revenue \$ 4,019,392.)

MH/MR - RESIDENTIAL PROGRAM

4b (Code:) (Expenses \$ 1,494,104. including grants of \$) (Revenue \$ 1,714,337.)

MH/MR - ADULT DAY CARE

4c (Code:) (Expenses \$ 332,901. including grants of \$) (Revenue \$ 400,558.)

MH/MR - RECREATION

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 394,006. including grants of \$) (Revenue \$ 385,366.)

4e Total program service expenses 5,645,638.

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.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....		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.....		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.....		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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....		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.....		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.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		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.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....		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.....	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.....		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.....		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.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		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.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....	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.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		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.....		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.....		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.....		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).....		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.....		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.....		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes', complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		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? <i>If 'Yes,' complete Schedule J.</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="2"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		X
2 a	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. <input type="text" value="216"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/>	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. <input type="checkbox"/>	X	
4 a	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)? <input type="checkbox"/>		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
6 a	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? <input type="checkbox"/>		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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? <input type="checkbox"/>		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
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? <input type="checkbox"/>		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966? <input type="checkbox"/>		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 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. <input type="text"/>		
13 c	Enter the amount of reserves on hand <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 20		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	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 in Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15 a	a The organization's CEO, Executive Director, or top management official.	X	
15 b	b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ PA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
 SUE HALLEY 115 MEADOW AVENUE SCRANTON PA 18505-2168 (570) 346-4010

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

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

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

1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) WILLIAM BURKE DIRECTOR	1 0	X						0.	0.	0.
(2) ROBERT DURKIN PRESIDENT	1 0	X		X				0.	0.	0.
(3) CHRISTINE CARROLL DIRECTOR	1 0	X						0.	0.	0.
(4) SIDNEY J. PREJEAN DIRECTOR	1 0	X						0.	0.	0.
(5) ALAN HUGHES DIRECTOR	1 0	X						0.	0.	0.
(6) ANN HOFFMAN VICE PRESIDENT	1 0	X		X				0.	0.	0.
(7) WILLIAM BURNELL TREASURER	1 0	X		X				0.	0.	0.
(8) MARY BETH D'ANDREA SECRETARY	1 0	X		X				0.	0.	0.
(9) MARY LOU MILLER DIRECTOR	1 0	X						0.	0.	0.
(10) KEN DOOLITTLE PAST PRESIDENT	1 0	X						0.	0.	0.
(11) SARA WOLFF DIRECTOR	1 0	X						0.	0.	0.
(12) MICHAEL RUANE DIRECTOR	1 0	X						0.	0.	0.
(13) MARK MCDADE DIRECTOR	1 0	X						0.	0.	0.
(14) KELLY CAREY DIRECTOR	1 0	X						0.	0.	0.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) VICTORIA CASTELLANOS DIRECTOR	1 0	X					0.	0.	0.
(16) ROBERT SAVAKINUS DIRECTOR	1 0	X					0.	0.	0.
(17) CAROL CHISDAK DIRECTOR	1 0	X					0.	0.	0.
(18) JOSEPH HOLLANDER DIRECTOR	1 0	X					0.	0.	0.
(19) JOHN MERCURI VICE PRESIDENT	1 0	X		X			0.	0.	0.
(20) JOHN WOROBEY DIRECTOR	1 0	X					0.	0.	0.
(21) DONALD W. BRODERICK EXECUTIVE DIRECTOR	40 0				X		124,689.	0.	0.
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							124,689.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							124,689.	0.	0.
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 1									

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	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? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

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 0		

Part VIII Statement of Revenue

Check 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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 6,034,029.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 190,505.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 6,224,534.				
Program Service Revenue	2 a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶ 1,610.			1,610.	
	4 Income from investment of tax-exempt bond proceeds..	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	43,288.			
		(ii) Personal				
		b Less: rental expenses	243,912.			
		c Rental income or (loss)	-200,624.			
	d Net rental income or (loss)	▶ -200,624.		-200,624.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	3,000.			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	3,000.			
	d Net gain or (loss)	▶ 3,000.	3,000.			
	8 a Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a ROOM AND BOARD		306,262.	306,262.			
b MISCELLANEOUS		221,559.	221,559.			
c -----						
d All other revenue						
e Total. Add lines 11a-11d	▶	527,821.				
12 Total revenue. See instructions	▶	6,556,341.	530,821.	-200,624.	1,610.	

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	124,689.	105,986.	18,703.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	3,441,241.	2,864,393.	545,782.	31,066.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,277.	69,118.	14,306.	853.
9 Other employee benefits	1,196,223.	1,056,718.	138,136.	1,369.
10 Payroll taxes	272,859.	229,598.	40,713.	2,548.
11 Fees for services (non-employees):				
a Management				
b Legal	60,062.	54,181.	5,881.	
c Accounting	12,000.	10,825.	1,175.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)				
12 Advertising and promotion	87,229.	78,688.	8,541.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	314,058.	283,305.	30,753.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,819.	25,997.	2,822.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>TRANSPORTATION</u>	322,284.	290,726.	31,558.	
b <u>SUPPLIES</u>	278,681.	251,392.	27,289.	
c <u>FAMILY LIVING FEES</u>	106,438.	96,016.	10,422.	
d <u>EQUIPMENT & MAINTENANCE</u>	80,660.	72,762.	7,898.	
e All other expenses	178,855.	155,933.	22,922.	
25 Total functional expenses. Add lines 1 through 24e	6,588,375.	5,645,638.	906,901.	35,836.
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.....	178,633.	1	171,964.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	791,118.	4	1,004,639.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	73,935.	9	64,919.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 3,994,239.		
	b Less: accumulated depreciation.....	10b 2,334,459.	1,762,566.	10c 1,659,780.
	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	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	2,806,252.	16	2,901,302.	
Liabilities	17 Accounts payable and accrued expenses.....	346,039.	17	498,405.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....	1,448,711.	23	1,423,429.
	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.....	1,794,750.	26	1,921,834.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets.....	1,011,502.	27	979,468.
	28 Temporarily restricted net assets.....		28	
	29 Permanently restricted net assets.....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds.....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund.....		31	
	32 Retained earnings, endowment, accumulated income, or other funds.....		32	
	33 Total net assets or fund balances.....	1,011,502.	33	979,468.
34 Total liabilities and net assets/fund balances.....	2,806,252.	34	2,901,302.	

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Form 990 (2015)

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	6,556,341.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,588,375.
3	Revenue less expenses. Subtract line 2 from line 1	3	-32,034.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,011,502.
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	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	979,468.

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 in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 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?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3 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 in Schedule O and describe any steps taken to undergo such audits.	X	

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Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE ARC OF NORTHEASTERN PENNSYLVANIA	Employer identification number 24-0838702
-------------------------------------------------------------------------	-----------------------------------------------------

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 11, 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	5,872,247.	5,746,801.	6,255,970.	6,174,555.	6,224,534.	30,274,107.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	5,872,247.	5,746,801.	6,255,970.	6,174,555.	6,224,534.	30,274,107.
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).						0.
6 Public support. Subtract line 5 from line 4.						30,274,107.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	5,872,247.	5,746,801.	6,255,970.	6,174,555.	6,224,534.	30,274,107.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	387.	105.	99.	186.	1,610.	2,387.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	-223,099.	-193,339.	-215,550.	-152,281.	-161,920.	-946,189.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI			6,638.		3,000.	9,638.
11 Total support. Add lines 7 through 10.						29,339,943.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five 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 2015 (line 6, column (f) divided by line 11, column (f)).	14	100.00 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	100.00 %
16a 33-1/3% support test – 2015. 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 33-1/3% support test – 2014. 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 – 2015. 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 – 2014. 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 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2015. 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

b 33-1/3% support tests – 2014. 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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) 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).</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
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)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in (2), 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?

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 [] The organization satisfied the Activities Test. Complete line 2 below.
b [] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

Table with 3 columns: Question, Yes, No. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 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 November 20, 1970. 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 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.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in Part VI). See instructions.....	
7 Total annual distributions. Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.....	
9 Distributable amount for 2015 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013.....			
e From 2014.....			
f Total of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2015 distributable amount.....			
i Carryover from 2010 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2015 from Section D, line 7: \$.....			
a Applied to underdistributions of prior years.....			
b Applied to 2015 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013.....			
d Excess from 2014.....			
e Excess from 2015.....			

BAA

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
GAIN ON SALE OF ASSET	\$ 3,000.		\$ 6,638.		
TOTAL	<u>\$ 3,000.</u>	<u>\$ 0.</u>	<u>\$ 6,638.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

THE ARC OF NORTHEASTERN PENNSYLVANIA

24-0838702

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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?
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?

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).
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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 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?
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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
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.

- 1 a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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:
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 SFAS 116 (ASC 958) relating to these items:

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 are a 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 programs
 - 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.

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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 on Part XIII. Yes No

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
1 a 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 Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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
1 a Land		203,171.		203,171.
b Buildings		1,841,361.	882,510.	958,851.
c Leasehold improvements		669,045.	427,481.	241,564.
d Equipment		1,193,101.	967,164.	225,937.
e Other		87,561.	57,304.	30,257.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,659,780.

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	6,556,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,556,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,556,341.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	6,588,375.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	6,588,375.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,588,375.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE STATEMENT OF ACTIVITIES.

THE ORGANIZATION ADOPTED PREVIOUSLY DEFERRED GUIDANCE RELATED TO UNCERTAIN TAX

Part XIII Supplemental Information *(continued)***PART X - FIN 48 FOOTNOTE (CONTINUED)**

POSITIONS. FASB ASC 740-10 AND RELATED SUBSECTIONS PRESCRIBES RULES FOR RECOGNITION, MEASUREMENT, CLASSIFICATION, AND DISCLOSURE IN THE FINANCIAL STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S TAX RETURNS. AS A RESULT OF IMPLEMENTING THIS GUIDANCE, MANAGEMENT HAS DETERMINED THAT THE AGENCY DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND RELATED DISCLOSURES.

SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE ORGANIZATION WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES, AND INTEREST AS A RESULT OF SUCH CHALLENGE. GENERALLY, THE ORGANIZATION'S TAX RETURNS REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS FROM THE DATE OF FILING.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

THE ARC OF NORTHEASTERN PENNSYLVANIA

Employer identification number

24-0838702

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MH/MR - TRANSPORTATION

MH/MR - SUPPORTED EMPLOYMENT

MH/MR - ADVOCACY

PARENTS OF DOWN SYNDROME

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD OF DIRECTORS MEMBERS AND KEY EMPLOYEES MUST SIGN A CONFLICT OF INTEREST
STATEMENT. THESE STATEMENTS ARE REVIEWED AND UPDATED ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPY OF THE FORM 990 IS KEPT IN THE ADMINISTRATIVE OFFICE OF THE ORGANIZATION WHERE
IT CAN BE VIEWED BY THE PUBLIC. MINUTES OF THE BOARD MEETINGS OF THE ORGANIZATION
ARE ALSO AVAILABLE IN THE ADMINISTRATIVE OFFICE FOR PUBLIC VIEWING.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment
Sequence No. **179**

Name(s) shown on return

THE ARC OF NORTHEASTERN PENNSYLVANIA

Identifying number

24-0838702

Business or activity to which this form relates

FORM 990/990-PF

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 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	170,362.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
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 2015 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
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	170,362.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 10/27/15

Form **4562** (2015)

**MICHAEL A. BARBETTI CPA LLC
1421 EAST DRINKER STREET
DUNMORE, PA 18512
(570) 346-2057**

April 24, 2017

THE ARC OF NORTHEASTERN PENNSYLVANIA
115 Meadow Avenue
Scranton, PA 18505-2168

Dear Client:

Your 2015 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2015 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. There is an overpayment of \$2,000, of which \$2,000 has been applied to your 2016 estimated tax. Mail your Federal return on or before November 15, 2016 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Enclosed is the original and duplicate copies of your Charitable Organization Registration Statement - Form BCO - 10. The registration statement should be signed on page six. There is a \$250 fee payable to the Commonwealth of Pennsylvania with the filing of the form. Mail your Pennsylvania Registration Statement and filing fee immediately to:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

Please be sure to call us if you have any questions.

Sincerely,

MICHAEL A. BARBETTI, CPA

**RENTAL INCOME WORKSHEET
FORM 990**
COMMERCIAL BUILDING

GROSS RENTAL INCOME.....	\$	43,288.
EXPENSES		
SUPPLIES.....		243.
UTILITIES.....		19,943.
WAGES AND SALARIES.....		38,704.
DEPRECIATION.....		170,362.
EQUIPMENT REPLACEMENTS.....		14,660.
TOTAL EXPENSES.....	\$	<u>243,912.</u>
NET RENTAL INCOME OR LOSS		\$ <u><u>-200,624.</u></u>

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	5,645,638.	5,645,638.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	6,519,653.	0.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONTRIBUTIONS AND DONATIONS	2,566.	2,315.	251.	
DUES	27,527.	24,832.	2,695.	
EDUCATIONAL EXPENSES				
EMPLOYEE PHYSICALS	11,157.	10,065.	1,092.	
MISCELLANEOUS	42,789.	33,189.	9,600.	
NATIONAL DUES	28,712.	25,901.	2,811.	
PROGRAM ACTIVITIES	62,784.	56,636.	6,148.	
SPECIAL ASSISTANCE	3,320.	2,995.	325.	
TOTAL	<u>\$ 178,855.</u>	<u>\$ 155,933.</u>	<u>\$ 22,922.</u>	<u>\$ 0.</u>

COMPUTATION OF 2015 NET OPERATING LOSS

1. TOTAL INCOME.....	-200,624.
2. TOTAL DEDUCTIONS.....	0.
3. UNRELATED BUSINESS TAXABLE INCOME (LINE 1 LESS LINE 2).....	<u>-200,624.</u>
2015 NET OPERATING LOSS.....	<u><u>200,624.</u></u>

THE ARC OF NORTHEASTERN PENNSYLVANIA

24-0838702

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
AUTO / TRANSPORT EQUIPMENT										
37	2001 DODGE VAN ECB9202	6/22/01		25,268			25,268	S/L	5	0
46	2004 FORD E350 FTP1794	10/11/04		20,975			20,975	S/L	5	0
49	2005 FORD PD9852P	9/26/05		17,995			17,995	S/L	5	0
50	2006 CHEVY VAN GKT8625	6/30/06		28,605			28,605	S/L	5	0
51	2006 FORD VAN PD9851P	6/30/06		41,000			41,000	S/L	5	0
52	2008 HYUNDAI GML9792	6/30/06	4/08/16	18,477			18,477	S/L	5	0
53	2006 CHRYLSER T&C GML9793	6/30/06		17,696			17,696	S/L	5	0
54	2006 CHRYSLER T&C GML9794	6/30/06		18,142			18,142	S/L	5	0
55	2006 CHRYSLER T&C GML9795	6/30/06		21,029			21,029	S/L	5	0
58	2006 DODGE VAN FDR8247	8/31/06		21,484			21,484	S/L	5	0
59	2006 FORD E350 GNJ3422	6/20/07		25,335			25,335	S/L	5	0
60	2007 TOYOTA SIENA 04952PD	6/22/07		25,641			25,641	S/L	5	0
61	2007 DODGE VAN GRD9145	6/27/07		23,316			23,316	S/L	5	0
65	2008 NISSAN ROGUE GWG8041	3/17/08		23,942			23,942	S/L	5	0
66	2005 FORD EC3 VAN HBD7424	6/06/08		19,100			19,100	S/L	5	0
67	2008 DODGE VAN GYS6722	6/24/08		22,118			22,118	S/L	5	0
68	2008 DODGE VAN GYS6723	6/24/08		22,117			22,117	S/L	5	0
69	2008 TOYOTA VAN GYL0378	6/24/08		24,842			24,842	S/L	5	0
70	2008 TOYOTA L VAN GYL0379	6/24/08		27,989			27,989	S/L	5	0
88	2008 KIA HBX4343	8/25/08		19,012			19,012	S/L	5	0
89	2009 KIA PD9848P	6/30/09		28,770			28,770	S/L	5	0
90	2009 KIA EPE1043	6/30/09		22,785			22,785	S/L	5	0
91	2010 TOYOTA HFR7174	6/30/09		26,092			26,092	S/L	5	0
97	2011 TOYOTA SIENA HNJ4118	6/30/10		27,624			27,624	S/L	5	0
105	2012 KIA SEDONA FRX0951	6/30/11		20,195			16,156	S/L	5	4,039
106	2012 KIA SEDONA PD9850P	6/30/11		20,695			16,556	S/L	5	4,139
107	2004 FORD GNJ3427	10/11/04		20,975			20,975	S/L	5	0
108	2011 TOYOTA SIENA HSN0396	6/22/11		28,455			22,764	S/L	5	5,691
113	2014 KIA SEDONA JHK6070	6/30/13		23,558			9,424	S/L	5	4,712
114	2013 FORD E350 JJF3907	6/30/13		26,327			10,530	S/L	5	5,265
115	2013 FORD E250 JGG8459	5/20/13		36,988			15,412	S/L	5	7,398
116	2013 FORD E250 JGG8460	5/20/13		36,988			15,412	S/L	5	7,398
117	2012 TOYOTA SIENA HYK2915	6/30/12		31,010			18,606	S/L	5	6,202
121	2014 KIA SEDONA GDE5850	10/28/13		22,854			6,856	S/L	5	4,571
122	2014 TOYOTA SIENA GJP5226	5/19/14		27,500			8,250	S/L	5	5,500

THE ARC OF NORTHEASTERN PENNSYLVANIA

24-0838702

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.	
123	2013 TOYOTA JLR3850	6/13/14		27,000			8,100	S/L	5	5,400	
131	2014 TOYOTA SIENA EPE1044	10/25/14		28,320			2,832	S/L	5	5,664	
132	2014 TOYOTA SIENA GSN6767	10/25/14		25,248			2,525	S/L	5	5,050	
133	2014 DODGE RAM YXR8358	7/23/14		22,837			2,284	S/L	5	4,567	
134	2014 KIA SEDONA 10572PD	9/26/14		19,050			1,905	S/L	5	3,810	
135	2014 KIA SEDONA JSB2274	9/26/14		20,550			2,055	S/L	5	4,110	
	TOTAL AUTO / TRANSPORT EQUI			1,007,904		0	749,996			83,516	
	BUILDING IMPROVEMENTS										
24	RENOVATIONS - ARC	3/23/00		137,300			137,300	S/L	10	0	
25	BUILDING RENOVATIONS -ARC	3/31/00		136,997			136,997	S/L	10	0	
35	FLOORING - ADVOCACY	10/01/01		2,200			2,200	S/L	10	0	
44	PAVING - CLARKS SUMMIT	4/19/04		3,550			3,550	S/L	7	0	
76	IMPROVEMENT - ADC	12/02/08		1,525			1,007	S/L	10	153	
77	IMPROVEMENT - WINFIELD	11/17/08		44,150			7,452	S/L	39	1,132	
80	IMPROVEMENT - SCOTT	9/05/08		7,385			5,049	S/L	10	739	
82	IMP ROOF - FARR ST	4/29/09		9,885			3,046	S/L	20	494	
85	DRIVEWAY - NEWTON	8/28/08		8,740			5,972	S/L	10	874	
86	CHILLER UNIT MEADOW AVE	4/23/09		121,548			73,111	S/L	10	12,155	
109	ROOF - MEADOW AVENUE	8/16/10		79,000			17,775	S/L	20	3,950	
124	BATHROOM - SCOTT	11/25/13		5,894			884	S/L	10	589	
125	LAUNDRY ROOM - SCOTT	11/25/13		1,400			210	S/L	10	140	
126	BATHROOM - FARR ST	9/23/13		6,687			1,003	S/L	10	669	
127	KITCHEN - REBECCA AVE	4/09/14		14,894			2,234	S/L	10	1,489	
128	DOOR & WALL - ADC	1/27/14		3,367			129	S/L	39	86	
136	THEODORE ST BATHROOM	2/27/15		7,305			365	S/L	10	731	
137	SCOTT TWP ROOF & PORCH	5/15/15		11,812			295	S/L	20	591	
138	FARR ST KITCHEN	5/12/15		15,147			757	S/L	10	1,515	
139	NEWTON BATHROOM	5/07/15		3,250			163	S/L	10	325	
	TOTAL BUILDING IMPROVEMENTS			622,036		0	399,499			25,632	
	BUILDINGS										
1	GROUP HOME 6 WINFIELD	6/22/90		72,683			64,407	S/L	31.5	2,307	
2	OFFICE BUILDING	8/01/87		287,474			254,772	S/L	31.5	9,126	
3	LEASEHOLD IMP. - OFFICE	4/01/86		11,052			11,052	S/L	7.5	0	
4	BLDG IMPROVEMENTS - ADC	1/01/89		71,882			60,472	S/L	31.5	2,282	
5	BLDG IMPROVEMENTS - ADC	1/01/89		99,195			83,449	S/L	31.5	3,149	

THE ARC OF NORTHEASTERN PENNSYLVANIA

24-0838702

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6	BLDG IMPROVEMENTS - ADC	1/01/89		9,375			7,893	S/L	31.5	298
7	IMPROVEMENTS- REBECCA	4/28/95		1,000			524	S/L	39	26
8	GROUP HOME #7 - REBECCA	4/28/95		75,600			39,165	S/L	39	1,938
20	IMPROVEMENTS -ADULT DAY	5/27/99		1,354			1,354	S/L	15	0
21	IMPROVEMENTS- REBECCA AVE	12/29/98		1,690			1,690	S/L	10	0
23	GROUP HOME-NEWTON	3/15/00		99,143			48,254	S/L	31.5	3,147
30	BATHROOM RENOV.-NEWTON	5/19/00		1,991			1,991	S/L	10	0
36	BUILDING SEYMOUR AVE	1/28/02		112,000			47,709	S/L	31.5	3,556
38	BUILDING - SCOTT TWP	10/27/00		113,030			52,624	S/L	31.5	3,588
45	WATER TOWER OFFICE	3/04/04		5,708			5,708	S/L	10	0
47	GROUP HOME - FARR ST	6/23/05		118,514			30,390	S/L	39	3,039
56	SECURITY SYSTEM R. PARK	5/31/06		6,175			6,175	S/L	7	0
57	ELECTRIC SVE FARR ST	7/22/05		4,290			1,045	S/L	39	110
62	SHED/GARAGE	4/26/07		4,245			1,802	S/L	20	212
78	ELECTRICAL SVC THEODORE	8/07/08		3,857			685	S/L	39	99
92	GROUP HOME- CHESTERFIELD	11/24/08		186,894			31,547	S/L	39	4,792
93	GROUP HOME - #3 THEODORE	7/15/08		168,067			30,163	S/L	39	4,309
98	GROUP HOME - COURT STREET	6/04/10		185,693			23,805	S/L	39	4,761
110	GROUP HOME - SANDERS ST	1/19/11		194,294			22,419	S/L	39	4,982
111	WINDOWS - NEWTON	1/25/11		6,155			1,386	S/L	20	308
	TOTAL BUILDINGS			1,841,361		0	830,481			52,029
	CONSTRUCTION IN PROGRESS									
141	KITCHEN - SEYMOUR C.I.P.	6/07/16		8,587						0
	TOTAL CONSTRUCTION IN PROGR			8,587		0	0			0
	IMPROVEMENTS									
18	IMPROVEMENTS-LIL TYKES	2/26/99		2,000			2,000	S/L	10	0
19	IMPROVEMENTS-LIL TYKES	4/01/99		2,000			2,000	S/L	10	0
22	LAND IMPROVEMENTS-PAVING	11/12/98		13,300			13,300	S/L	10	0
26	PAVING-ADC	6/30/00		3,475			3,475	S/L	10	0
28	PAVING-ADC	8/31/99		5,000			5,000	S/L	10	0
29	PAVING-WINFIELD AVE SCR	10/19/99		1,850			1,850	S/L	10	0
31	ROOF-ROBINSON PARK	6/30/99		11,520			11,520	S/L	10	0
42	IMPROVEMENTS - SPRINKLER	3/27/03		1,728			1,728	S/L	10	0
43	IMPROVEMENTS - MASONRY	6/30/03		4,000			4,000	S/L	10	0
71	IMP. MASONRY - MEADOW AVE	10/12/07		4,500			3,375	S/L	10	450

THE ARC OF NORTHEASTERN PENNSYLVANIA

24-0838702

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
99	IMP. LIGHTING MEADOW AVE	1/01/10		22,000			3,102	S/L	39	564
100	IMP - NEWTON MASONRY	1/01/10		7,600			4,180	S/L	10	760
142	IMPROVEMENTS - ROBINSON	8/21/15		19,896				S/L	10	995
143	IMPROVEMENTS - WINFIELD	12/04/15		10,782				S/L	10	539
144	SHOWER STALL - ADC	11/19/15		9,687				S/L	10	484
145	DRIVEWAY - CHESTERFIELD	11/16/15		6,645				S/L	10	332
	TOTAL IMPROVEMENTS			125,983		0	55,530			4,124
	LAND									
14	LAND - #6 WINFIELD	8/01/97		7,500						0
15	LAND - OFFICE BLDG.	8/01/87		31,250						0
32	LAND - #9 NEWTON	3/15/00		11,015						0
39	LAND - #4 SEYMOUR AVE	1/28/02		10,000						0
40	LAND - #5 SCOTT TWP	10/27/00		12,559						0
48	LAND - #2 FARR ST	6/23/05		13,168						0
72	LAND - #10 CHESTERFIELD	4/16/08		47,584						0
94	LAND - #3 THEODORE	7/15/08		18,674						0
95	LAND - #7 REBECCA	6/21/90		9,200						0
101	LAND - COURT STREET	6/04/10		20,633						0
112	LAND - SANDERS ST	1/19/11		21,588						0
	TOTAL LAND			203,171		0	0			0
	MACHINERY AND EQUIPMENT									
9	HEATING SYSTEM	12/31/90		22,500			22,500	S/L	7	0
10	TELEPHONE SYSTEM	1/01/98		2,947			2,947	S/L	7	0
11	TELEPHONE SYSTEM	12/01/92		7,095			7,095	S/L	5	0
12	EQUIPMENT	1/01/94		12,099			12,099	S/L	7	0
13	OVERHEAD DOOR	12/19/95		1,895			1,895	S/L	7	0
16	FURNACES-WIN/REB	9/25/98		3,805			3,805	S/L	7	0
17	IMPROVEMENTS - PAVEMENT	11/20/98		6,650			6,650	S/L	10	0
27	HEAT PUMP ADC	12/31/99		1,900			1,900	S/L	5	0
33	AIR CONDITIONER- ADC	8/01/01		520			520	S/L	7	0
34	SNOWBLOWER- ADC	2/01/02		723			723	S/L	7	0
41	SUB PUMP NEWTON	8/15/00		1,580			1,580	S/L	7	0
63	PROJECTOR REBECCA	6/30/07		1,348			1,348	S/L	5	0
64	SIGN - ARC OF NEPA	4/30/07		3,075			3,075	S/L	5	0
73	BOILER - MEADOW AVENUE	10/30/07		5,681			4,260	S/L	10	568

THE ARC OF NORTHEASTERN PENNSYLVANIA

24-0838702

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
74	DEFIBRILLATOR ADC	4/30/08		1,346			1,346	S/L	7	0
75	KIT. CABINETS - WINFIELD	6/06/08		1,125			847	S/L	10	113
79	CARPETING - THEODORE ST	9/17/08		4,008			3,867	S/L	7	141
81	CARPETING - SCOTT TWP	10/14/08		2,772			2,673	S/L	7	99
83	CARPETING - REBECCA	7/28/08		3,215			3,175	S/L	7	40
84	REFRIG/STOVE - SEYMOUR	12/03/08		1,591			1,495	S/L	7	96
87	SOFTWARE UPGRADE	12/22/08		21,131			20,731	S/L	5	0
96	CARPETING - WINFIELD	12/01/08		1,600			1,507	S/L	7	93
102	KITCHEN - NEWTON	3/18/10		3,695			2,035	S/L	10	370
103	KITCHEN - NEWTON	3/18/10		3,489			1,919	S/L	10	349
104	FURNITURE	8/12/09		1,830			1,678	S/L	5	0
118	FOLDING CHAIRS (80)	3/27/00		1,600			1,600	S/L	5	0
119	CIRCULATING PUMP - ADC	2/04/00		6,170			6,170	S/L	5	0
120	CARPETING - NEWTON	11/16/05		2,960			2,960	S/L	5	0
129	ALARM SYSTEM - ADC	5/30/14		27,535			2,065	S/L	20	1,377
130	CAMERA SYSTEM	6/30/14		9,550			1,433	S/L	10	955
140	ALARM SYSTEM RPK	3/12/15		5,220			130	S/L	20	261
146	FURNANCE A/C - SANDERS	12/10/15		11,980				S/L	10	599
TOTAL MACHINERY AND EQUIPME				182,635		0	126,028			5,061
TOTAL DEPRECIATION				<u>3,991,677</u>		<u>0</u>	<u>2,161,534</u>			<u>170,362</u>
GRAND TOTAL DEPRECIATION				<u>3,991,677</u>		<u>0</u>	<u>2,161,534</u>			<u>170,362</u>
DEPRECIATION ASSETS SOLD				18,477		0	18,477			0
DEPR REMAINING ASSETS				<u>3,973,200</u>		<u>0</u>	<u>2,143,057</u>			<u>170,362</u>

THE ARC OF NORTHEASTERN PENNSYLVANIA

24-0838702

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
37	2001 DODGE VAN ECB9202	6/22/01		25,268							25,268	25,268	S/L	5		0
46	2004 FORD E350 FTP1794	10/11/04		20,975							20,975	20,975	S/L	5		0
49	2005 FORD PD9852P	9/26/05		17,995							17,995	17,995	S/L	5		0
50	2006 CHEVY VAN GKT8625	6/30/06		28,605							28,605	28,605	S/L	5		0
51	2006 FORD VAN PD9851P	6/30/06		41,000							41,000	41,000	S/L	5		0
52	2008 HYUNDAI GML9792	6/30/06	4/08/16	18,477							18,477	18,477	S/L	5		0
53	2006 CHRYLSER T&C GML9793	6/30/06		17,696							17,696	17,696	S/L	5		0
54	2006 CHRYSLER T&C GML9794	6/30/06		18,142							18,142	18,142	S/L	5		0
55	2006 CHRYSLER T&C GML9795	6/30/06		21,029							21,029	21,029	S/L	5		0
58	2006 DODGE VAN FDR8247	8/31/06		21,484							21,484	21,484	S/L	5		0
59	2006 FORD E350 GNJ3422	6/20/07		25,335							25,335	25,335	S/L	5		0
60	2007 TOYOTA SIENA 04952PD	6/22/07		25,641							25,641	25,641	S/L	5		0
61	2007 DODGE VAN GRD9145	6/27/07		23,316							23,316	23,316	S/L	5		0
65	2008 NISSAN ROGUE GWG8041	3/17/08		23,942							23,942	23,942	S/L	5		0
66	2005 FORD EC3 VAN HBD7424	6/06/08		19,100							19,100	19,100	S/L	5		0
67	2008 DODGE VAN GYS6722	6/24/08		22,118							22,118	22,118	S/L	5		0
68	2008 DODGE VAN GYS6723	6/24/08		22,117							22,117	22,117	S/L	5		0
69	2008 TOYOTA VAN GYL0378	6/24/08		24,842							24,842	24,842	S/L	5		0
70	2008 TOYOTA L VAN GYL0379	6/24/08		27,989							27,989	27,989	S/L	5		0
88	2008 KIA HBX4343	8/25/08		19,012							19,012	19,012	S/L	5		0
89	2009 KIA PD9848P	6/30/09		28,770							28,770	28,770	S/L	5		0
90	2009 KIA EPE1043	6/30/09		22,785							22,785	22,785	S/L	5		0
91	2010 TOYOTA HFR7174	6/30/09		26,092							26,092	26,092	S/L	5		0

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97	2011 TOYOTA SIENA HNJ4118	6/30/10		27,624							27,624	27,624	S/L	5		0
105	2012 KIA SEDONA FRX0951	6/30/11		20,195							20,195	16,156	S/L	5		4,039
106	2012 KIA SEDONA PD9850P	6/30/11		20,695							20,695	16,556	S/L	5		4,139
107	2004 FORD GNJ3427	10/11/04		20,975							20,975	20,975	S/L	5		0
108	2011 TOYOTA SIENA HSN0396	6/22/11		28,455							28,455	22,764	S/L	5		5,691
113	2014 KIA SEDONA JHK6070	6/30/13		23,558							23,558	9,424	S/L	5		4,712
114	2013 FORD E350 JJF3907	6/30/13		26,327							26,327	10,530	S/L	5		5,265
115	2013 FORD E250 JGG8459	5/20/13		36,988							36,988	15,412	S/L	5		7,398
116	2013 FORD E250 JGG8460	5/20/13		36,988							36,988	15,412	S/L	5		7,398
117	2012 TOYOTA SIENA HYK2915	6/30/12		31,010							31,010	18,606	S/L	5		6,202
121	2014 KIA SEDONA GDE5850	10/28/13		22,854							22,854	6,856	S/L	5		4,571
122	2014 TOYOTA SIENA GJP5226	5/19/14		27,500							27,500	8,250	S/L	5		5,500
123	2013 TOYOTA JLR3850	6/13/14		27,000							27,000	8,100	S/L	5		5,400
131	2014 TOYOTA SIENA EPE1044	10/25/14		28,320							28,320	2,832	S/L	5		5,664
132	2014 TOYOTA SIENA GSN6767	10/25/14		25,248							25,248	2,525	S/L	5		5,050
133	2014 DODGE RAM YXR8358	7/23/14		22,837							22,837	2,284	S/L	5		4,567
134	2014 KIA SEDONA 10572PD	9/26/14		19,050							19,050	1,905	S/L	5		3,810
135	2014 KIA SEDONA JSB2274	9/26/14		20,550							20,550	2,055	S/L	5		4,110
TOTAL AUTO / TRANSPORT EQUIP				1,007,904		0	0	0	0	0	1,007,904	749,996				83,516
BUILDING IMPROVEMENTS																
24	RENOVATIONS - ARC	3/23/00		137,300							137,300	137,300	S/L	10		0
25	BUILDING RENOVATIONS -ARC	3/31/00		136,997							136,997	136,997	S/L	10		0
35	FLOORING - ADVOCACY	10/01/01		2,200							2,200	2,200	S/L	10		0
44	PAVING - CLARKS SUMMIT	4/19/04		3,550							3,550	3,550	S/L	7		0
76	IMPROVEMENT - ADC	12/02/08		1,525							1,525	1,007	S/L	10		153

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77	IMPROVEMENT - WINFIELD	11/17/08		44,150							44,150	7,452	S/L	39		1,132
80	IMPROVEMENT - SCOTT	9/05/08		7,385							7,385	5,049	S/L	10		739
82	IMP ROOF - FARR ST	4/29/09		9,885							9,885	3,046	S/L	20		494
85	DRIVEWAY - NEWTON	8/28/08		8,740							8,740	5,972	S/L	10		874
86	CHILLER UNIT MEADOW AVE	4/23/09		121,548							121,548	73,111	S/L	10		12,155
109	ROOF - MEADOW AVENUE	8/16/10		79,000							79,000	17,775	S/L	20		3,950
124	BATHROOM - SCOTT	11/25/13		5,894							5,894	884	S/L	10		589
125	LAUNDRY ROOM - SCOTT	11/25/13		1,400							1,400	210	S/L	10		140
126	BATHROOM - FARR ST	9/23/13		6,687							6,687	1,003	S/L	10		669
127	KITCHEN - REBECCA AVE	4/09/14		14,894							14,894	2,234	S/L	10		1,489
128	DOOR & WALL - ADC	1/27/14		3,367							3,367	129	S/L	39		86
136	THEODORE ST BATHROOM	2/27/15		7,305							7,305	365	S/L	10		731
137	SCOTT TWP ROOF & PORCH	5/15/15		11,812							11,812	295	S/L	20		591
138	FARR ST KITCHEN	5/12/15		15,147							15,147	757	S/L	10		1,515
139	NEWTON BATHROOM	5/07/15		3,250							3,250	163	S/L	10		325
TOTAL BUILDING IMPROVEMENTS				622,036		0	0	0	0	0	622,036	399,499				25,632
BUILDINGS																
1	GROUP HOME 6 WINFIELD	6/22/90		72,683							72,683	64,407	S/L	31.5		2,307
2	OFFICE BUILDING	8/01/87		287,474							287,474	254,772	S/L	31.5		9,126
3	LEASEHOLD IMP. - OFFICE	4/01/86		11,052							11,052	11,052	S/L	7.5		0
4	BLDG IMPROVEMENTS - ADC	1/01/89		71,882							71,882	60,472	S/L	31.5		2,282
5	BLDG IMPROVEMENTS - ADC	1/01/89		99,195							99,195	83,449	S/L	31.5		3,149
6	BLDG IMPROVEMENTS - ADC	1/01/89		9,375							9,375	7,893	S/L	31.5		298
7	IMPROVEMENTS- REBECCA	4/28/95		1,000							1,000	524	S/L	39		26
8	GROUP HOME #7 - REBECCA	4/28/95		75,600							75,600	39,165	S/L	39		1,938

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18	IMPROVEMENTS-LIL TYKES	2/26/99		2,000							2,000	2,000	S/L	10		0
19	IMPROVEMENTS-LIL TYKES	4/01/99		2,000							2,000	2,000	S/L	10		0
22	LAND IMPROVEMENTS-PAVING	11/12/98		13,300							13,300	13,300	S/L	10		0
26	PAVING-ADC	6/30/00		3,475							3,475	3,475	S/L	10		0
28	PAVING-ADC	8/31/99		5,000							5,000	5,000	S/L	10		0
29	PAVING-WINFIELD AVE SCR	10/19/99		1,850							1,850	1,850	S/L	10		0
31	ROOF-ROBINSON PARK	6/30/99		11,520							11,520	11,520	S/L	10		0
42	IMPROVEMENTS - SPRINKLER	3/27/03		1,728							1,728	1,728	S/L	10		0
43	IMPROVEMENTS - MASONRY	6/30/03		4,000							4,000	4,000	S/L	10		0
71	IMP. MASONRY - MEADOW AVE	10/12/07		4,500							4,500	3,375	S/L	10		450
99	IMP. LIGHTING MEADOW AVE	1/01/10		22,000							22,000	3,102	S/L	39		564
100	IMP - NEWTON MASONRY	1/01/10		7,600							7,600	4,180	S/L	10		760
142	IMPROVEMENTS - ROBINSON	8/21/15		19,896							19,896		S/L	10		995
143	IMPROVEMENTS - WINFIELD	12/04/15		10,782							10,782		S/L	10		539
144	SHOWER STALL - ADC	11/19/15		9,687							9,687		S/L	10		484
145	DRIVEWAY - CHESTERFIELD	11/16/15		6,645							6,645		S/L	10		332
TOTAL IMPROVEMENTS				125,983		0	0	0	0	0	125,983	55,530				4,124
LAND																
14	LAND - #6 WINFIELD	8/01/97		7,500							7,500					0
15	LAND - OFFICE BLDG.	8/01/87		31,250							31,250					0
32	LAND - #9 NEWTON	3/15/00		11,015							11,015					0
39	LAND - #4 SEYMOUR AVE	1/28/02		10,000							10,000					0
40	LAND - #5 SCOTT TWP	10/27/00		12,559							12,559					0
48	LAND - #2 FARR ST	6/23/05		13,168							13,168					0
72	LAND - #10 CHESTERFIELD	4/16/08		47,584							47,584					0

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94	LAND - #3 THEODORE	7/15/08		18,674							18,674					0
95	LAND - #7 REBECCA	6/21/90		9,200							9,200					0
101	LAND - COURT STREET	6/04/10		20,633							20,633					0
112	LAND - SANDERS ST	1/19/11		21,588							21,588					0
	TOTAL LAND			203,171		0	0	0	0	0	203,171	0				0
	MACHINERY AND EQUIPMENT															
9	HEATING SYSTEM	12/31/90		22,500							22,500	22,500	S/L	7		0
10	TELEPHONE SYSTEM	1/01/98		2,947							2,947	2,947	S/L	7		0
11	TELEPHONE SYSTEM	12/01/92		7,095							7,095	7,095	S/L	5		0
12	EQUIPMENT	1/01/94		12,099							12,099	12,099	S/L	7		0
13	OVERHEAD DOOR	12/19/95		1,895							1,895	1,895	S/L	7		0
16	FURNACES-WIN/REB	9/25/98		3,805							3,805	3,805	S/L	7		0
17	IMPROVEMENTS - PAVEMENT	11/20/98		6,650							6,650	6,650	S/L	10		0
27	HEAT PUMP ADC	12/31/99		1,900							1,900	1,900	S/L	5		0
33	AIR CONDITIONER- ADC	8/01/01		520							520	520	S/L	7		0
34	SNOWBLOWER- ADC	2/01/02		723							723	723	S/L	7		0
41	SUB PUMP NEWTON	8/15/00		1,580							1,580	1,580	S/L	7		0
63	PROJECTOR REBECCA	6/30/07		1,348							1,348	1,348	S/L	5		0
64	SIGN - ARC OF NEPA	4/30/07		3,075							3,075	3,075	S/L	5		0
73	BOILER - MEADOW AVENUE	10/30/07		5,681							5,681	4,260	S/L	10		568
74	DEFIBRILLATOR ADC	4/30/08		1,346							1,346	1,346	S/L	7		0
75	KIT. CABINETS - WINFIELD	6/06/08		1,125							1,125	847	S/L	10		113
79	CARPETING - THEODORE ST	9/17/08		4,008							4,008	3,867	S/L	7		141
81	CARPETING - SCOTT TWP	10/14/08		2,772							2,772	2,673	S/L	7		99
83	CARPETING - REBECCA	7/28/08		3,215							3,215	3,175	S/L	7		40

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84	REFRIG/STOVE - SEYMOUR	12/03/08		1,591							1,591	1,495	S/L	7		96
87	SOFTWARE UPGRADE	12/22/08		21,131							21,131	20,731	S/L	5		0
96	CARPETING - WINFIELD	12/01/08		1,600							1,600	1,507	S/L	7		93
102	KITCHEN - NEWTON	3/18/10		3,695							3,695	2,035	S/L	10		370
103	KITCHEN - NEWTON	3/18/10		3,489							3,489	1,919	S/L	10		349
104	FURNITURE	8/12/09		1,830							1,830	1,678	S/L	5		0
118	FOLDING CHAIRS (80)	3/27/00		1,600							1,600	1,600	S/L	5		0
119	CIRCULATING PUMP - ADC	2/04/00		6,170							6,170	6,170	S/L	5		0
120	CARPETING - NEWTON	11/16/05		2,960							2,960	2,960	S/L	5		0
129	ALARM SYSTEM - ADC	5/30/14		27,535							27,535	2,065	S/L	20		1,377
130	CAMERA SYSTEM	6/30/14		9,550							9,550	1,433	S/L	10		955
140	ALARM SYSTEM RPK	3/12/15		5,220							5,220	130	S/L	20		261
146	FURNANCE A/C - SANDERS	12/10/15		11,980							11,980		S/L	10		599
TOTAL MACHINERY AND EQUIPME				182,635		0	0	0	0	0	182,635	126,028				5,061
TOTAL DEPRECIATION				<u>3,991,677</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,991,677</u>	<u>2,161,534</u>				<u>170,362</u>
GRAND TOTAL DEPRECIATION				<u>3,991,677</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,991,677</u>	<u>2,161,534</u>				<u>170,362</u>
DEPRECIATION ASSETS SOLD				18,477		0	0	0	0	0	18,477	18,477				0
DEPR REMAINING ASSETS				<u>3,973,200</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,973,200</u>	<u>2,143,057</u>				<u>170,362</u>

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**STMT. OF FUNCTIONAL EXPENSES (990)
OTHER SALARIES AND WAGES**

AMOUNT PER F/S.....	\$	3,594,772.
LESS AMOUNT ALLOCATED TO RENT.....		-28,842.
LESS EXECUTIVE DIRECTOR.....		-124,689.
TOTAL	\$	<u>3,441,241.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)
PAYROLL TAXES**

AMOUNT PER PAYROLL W/S.....	\$	282,721.
LESS AMOUNT ALLOCATED TO RENT.....		-9,862.
TOTAL	\$	<u>272,859.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)
OCCUPANCY**

AMOUNT PER F/S.....	\$	334,001.
LESS AMOUNT ALLOCATED TO RENT.....		-19,943.
TOTAL	\$	<u>314,058.</u>

**STMT. OF FUNCTIONAL EXPENSES (990)
BOOK DEPRECIATION (SEE SCREEN 37)[O]**

AMOUNT PER F/S.....	\$	170,362.
LESS AMOUNT ALLOCATED TO RENT.....		-170,363.
TOTAL	\$	<u>-1.</u>