# Form **990**

В

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

, 20 D Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2023 calendar year, or tax year beginning

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2023, and ending

	Α	ddress change	L'ARCHE USA		91-1	1355	711	
	N	lame change	2475 SE LADD AVENUE #430		E Telepho	ne numb	er	
	Ir	nitial return	PORTLAND, OR 97214		503-	-282	-6231	
	Fi	nal return/terminated						
	H <sub>A</sub>	mended return			<b>G</b> Gross re	eceints \$	2,540,	660
	-	pplication pending	F Name and address of principal officer: ANDY NOETHE	H(a) Is this	a group return			X No
	ш′`	ppheation penang	SAME AS C ABOVE	H(b) Are all	I subordinates " attach a list.	included		No
_	Tav	-exempt status:	X   501(c)(3)   501(c) ( ) (insert no.)   4947(a)(1) or   527	If "No,	" attach a list.	See inst	tructions.	ш
<u>'</u>		•	W. LARCHEUSA. ORG					
K			1		exemption nu		OD	
		n of organization:		ation: 199	/ IVI S	tate of le	egal domicile: OR	
Pa	rt i	Summar Priofly dosori		TON OF	TINDCII	г тс	mo ciiddo	DIII
	1		be the organization's mission or most significant activities: THE MISS					<u>K1</u>
ce			ITH INTELLECTUAL DISABILITIES AND, TOGETHER OF THE STATE					
Governance		BEHIND.	13ADILIII MOVEMENI, 10 DOILD A MORE HOMAN 30	OTEII W	HERE IN	O ON	E IS FELL	
/eri	2	Check this bo	if the organization discontinued its operations or disposed of m	oro than 25	0/ of its no	ot acco		
Go	3		ting members of the governing body (Part VI, line 1a)			3	15.	9
	4		dependent voting members of the governing body (Part VI, line 1b)			4		9
Activities &	5		of individuals employed in calendar year 2023 (Part V, line 2a)		L	5		20
iivil	6	Total number	of volunteers (estimate if necessary)			6		29
Ac	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			7b		0.
					Prior Year		Current Ye	ar
ø)	8	Contributions	and grants (Part VIII, line 1h)	2	2,134,4		1,697,	629.
ņ	9	•	ice revenue (Part VIII, line 2g)		635,3	59.	645,	428.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,2			742.
ď	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		142,4			861.
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,914,5		2,540,	,660.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		770,3	22.	810,	450.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)					
S	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1	1,522,0	56.	1,579,	392.
se	16a	Professional	fundraising fees (Part IX, column (A), line 11e)					
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 459,183					
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		635,8	16	130	793.
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,928,2		2,829	
	19	•	expenses. Subtract line 18 from line 12.		-13,6		-288	
or	13	rtevenue less	expenses. Subtract line to from line 12.		ng of Current		End of Ye	
its o	20	Total assets	(Part X, line 16)		1,478,0		1,257	
Assets I Balanc	21		s (Part X, line 26).		298,6			119.
Net / Fund	22		fund balances. Subtract line 21 from line 20.					
	rt II	Signatur			1,179,3	91.	090,	416.
				ant of marriemoral	ladaa aad balis	of it in to	in anyont and	
comp	olete. D	Declaration of prepa	lare that I have examined this return, including accompanying schedules and statements, and to the b irer (other than officer) is based on all information of which preparer has any knowledge.	est of filly knowl	leuge and bene	;, it is tit	ie, correct, and	
Sig	ın	Signature of	officer	Date				
He	re	ANDREV	V CALLAHAN	DIRECTO	OR OF F	'INAN	ICE	
			name and title					
		Print/Type p	preparer's name Preparer's signature Date		Check	ζ if I	PTIN	
Pai	id	CHERY	L L. MORGAN, CPA		self-employe		P00168869	
	epar		THE STATE OF THE S		1. 77		222333	
	e Or				Firm's EIN	93-	-1157146	
_ •		J I IIII's addit	PORTLAND, OR 97201		Phone no.	(503		18
Mar	tho	IRS discuss th	is return with the preparer shown above? See instructions		i-Horie Ho.	(505	X Yes	No
iviay	เมษ	ii vo uiscuss III	is return with the preparer shown above: See instructions				A res	INO

rai		response or note to any line in this Part III.		X
1	Briefly describe the organization's mis			
1	· ·		NUMBER TECHNIAL DECARTITHES AND	
			NTELLECTUAL DISABILITIES AND	
			Y MOVEMENT, TO BUILD A MORE	HUMAN
	SOCIETY WHERE NO ONE IS	<u>LEFT BEHIND.</u>		
	Billion in the second second			
2		nificant program services during the year w		
			Yes	X No
	If "Yes," describe these new services of		_	_
3	Did the organization cease conducting	, or make significant changes in how it cond	lucts, any program services? Yes	X No
	If "Yes," describe these changes on Se	chedule O.	_	
4	Describe the organization's program se	ervice accomplishments for each of its three	largest program services, as measured by exp f grants and allocations to others, the total expe	oenses.
	Section 501(c)(3) and 501(c)(4) organ	zations are required to report the amount of	grants and allocations to others, the total expe	enses,
	and revenue, if any, for each program	service reported.		
4a	(Code:) (Expenses \$	2,090,362. including grants of \$	810,450.) (Revenue \$ 64	5,428.
	SEE SCHEDULE O			
			·	
			·	
/lh	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
40	(Code) (Expenses $\Psi$		) (Nevenue Y	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
N -1	Other program convices (Describe on S	Schedule ()		
<b>4</b> 0	Other program services (Describe on S		) (Payanya C	`
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	2,090,362.		

# Form 990 (2023) L'ARCHE USA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
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.	5		Х
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? <i>If "Yes," complete Schedule D, Part I.</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	: Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
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? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		Х
		18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

# Form 990 (2023) L'ARCHE USA Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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>	37		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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.			. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ	
<b>ΣΛΛ</b>	TFFA01041 08/23/23		990 (	0000

# Form 990 (2023) L'ARCHE USA Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			•		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-					
	ments, filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment ta	x ret	urns?	2b	X	
За	$\label{eq:decomposition} \mbox{Did the organization have unrelated business gross income of \$1,000 \mbox{ or more during the year?} \ .$			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or	othe	r authority over, a	4-		Х
h	financial account in a foreign country (such as a bank account, securities account, or other finar If "Yes," enter the name of the foreign country	nciai	account)?	4a		Λ
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan	rcial	Accounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did t	he organization			
	solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such cont not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor?	ly for	goods and	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		- 11
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which			710		
	Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7f		_ X
-	If the organization received a contribution of qualified intellectual property, did the organization tas required?			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintain			_		
^	organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make any taxable distributions under section 4500:			9b		
	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	_	11a				
	ÿ ,	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	1	041?	12a		
		12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		+	12		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
ь	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O	<i>)</i> .				
	_ · · · · · · · · · ·	13b				
	Enter the amount of reserves on hand	13c		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on So</i>		•	14a 14b		Λ
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in re			עדי		<del>                                     </del>
	excess parachute payment(s) during the year?			15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net invest	tmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in an			17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
AA	TEEA0105L 08/23/23			Form	990 (	2023)

Form 990 (2023) L'ARCHE USA 91-1355711 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ...... 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?..... 8a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O Χ 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? Χ a The organization's CEO, Executive Director, or top management official..... 15a X 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a 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 <u>OR</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

State the name, address, and telephone number of the person who possesses the organization's books and records. ANDREW CALLAHAN 2475 SE LADD AVE STE 430 PORTLAND OR 97214 503-282-6231

Form 990 (2023) L'ARCHE USA 91-1355711 Page

# 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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)

(B)

(do not check more than one (D)

(E)

(F)

				-(C					
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck i ss pei	rson i lirecto	than one is both are is both are in trustee). Highest compensated	Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) ANDY NOETHE INTERIM EXE DIR	$-\frac{40}{0}$			v			101 255	0	12 052
				Χ		-	101,355.	0.	13,053.
	$-\frac{40}{0}$	1		Х			91,624.	0.	12,609.
(3) TINA BOVERMANN	40								,
NATIONAL LEADER	0	•		Χ			58,453.	0.	2,907.
(4) LAURA GIDDINGS	40								
NATIONAL LEADER	0			Χ			3,833.	0.	192.
(5) MATTHEW RHODES	1								
PRESIDENT	0	Х		Χ			0.	0.	0.
(6) BRIAN BERG	1								
VICE PRESIDENT	0	Х		Χ			0.	0.	0.
(7) LISA SCHILTZ	1								
SECRETARY	0	Х		Χ			0.	0.	0.
(8) REBECCA CATES	1								
TREASURER	0	Х		Χ			0.	0.	0.
(9) STEPHEN ROTHROCK	1								
BOARD MEMBER	0	Х					0.	0.	0.
(10) GEORGETTE LEDGISTER	1								
BOARD MEMBER	0	X					0.	0.	0.
(11) STEVE LAWRENCE	1								
BOARD MEMBER	0	Х					0.	0.	0.
(12) JAMES HOEY	1								
BOARD MEMBER	0	Х					0.	0.	0.
(13) MAUREEN COSTELLO-SHEA	1								
BOARD MEMBER	0	X					0.	0.	0.
(14)									
		1	1	ľ	1	1 1	1	I	ı

Form 990 (2023) L'ARCHE USA 91-1355711										
Part VII   Section A. Officers, Directors, Tre	ustees,	Key	/ Er			ees,	an	d Highest Cor	npensated Emp	oloyees (continued)
(A) Name and title	(B) Average hours	box, offic	unles er an	Posi neck r ss per d a di	more rson i irecto	than o s both r/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								255,265.	0.	28,761.
c Total from continuation sheets to Part VII, Section								0.	0.	0.
d Total (add lines 1b and 1c)								255, 265.		28,761. e compensation
	ar tructor	kov	, 000	nlo	100	or hi	aho	st componented o	mplayaa	Yes No
on line 1a? If "Yes,"complete Schedule J for such	individua	il								. <b>3</b> X
For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual.	ʻthan \$15	50,00	0'? 1	f "Y	es,"	com	oleti	e Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>	compens ," comple	satior te So	n fro chea	m a lule .	ny u <i>J for</i>	nrela <i>sucl</i>	ted h pe	organization or in erson	idividual	. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compens compensation from the organization. Report compensation from the organization.										ax year.
(A) Name and business addr								Description o		(C) Compensation
2 Total number of independent contractors (including	g but not	limit	ed t	o the	ose	listed	l ab	ove) who received	more than	
\$100,000 of compensation from the organization	0									

Form 990 (2023) L'ARCHE USA
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to any	line in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Is	1a	Federated campaigns 1a					
ant	h	Membership dues 1b					
Contributions, Gifts, Grants, and Other Similar Amounts	~	Fundraising events					
ts, A		_					
Gif	a	3					
ns, Sin	e	Government grants (contributions) 1e					
tio er 9	Ť	All other contributions, gifts, grants, and similar amounts not included above 1f	1 (07 (00				
효호	~	Noncash contributions included in	1,697,629.				
E D	9	lines 1a-1f	5,643.				
Co	h	Total. Add lines 1a-1f		1,697,629.			
<u>e</u>			Business Code				
enc	2a	MEMBERSHIP FEES	900099	615,256.	615,256.		
}ev	b	REGISTRATION FEES	900099	30,172.	30,172.		
Program Service Revenue	~		900099	30,172.	30,172.		
Ρįς	4						
Se	u						
am	e	<del></del>					
ogr	t	All other program service revenue					
ď.	g	Total. Add lines 2a-2f		645,428.			
	3	Investment income (including dividends					
		other similar amounts)		4,742.			4,742.
	4	Income from investment of tax-exempt	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		(i) Securities	(ii) Other				
	/a	Gross amount from sales of assets					
	_	other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	_	Gain or (loss) 7c					
		Net gain or (loss)					
	a	Net gain or (loss)					
ne ne	8a	Gross income from fundraising events					
en		(not including \$					
ev		of contributions reported on line 1c).					
rB		See Part IV, line 18					
Other Revenu		Less: direct expenses 8					
ð	С	Net income or (loss) from fundraising e	events				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 9					
	b	Less: direct expenses 9	b				
	С	Net income or (loss) from gaming active	rities				
	10s	Gross sales of inventory, less					
	iva	returns and allowances	)a				
	b	Less: cost of goods sold	)b				
		Net income or (loss) from sales of inve					
10	Ť	(111)	Business Code				
ž .	11a	EXPENSE REIMBURSEMENT	900099	191,157.	191,157.		
질	b			1,704.	1,704.		
Miscellaneous Revenue	,	OTHER INCOME	900099	1,/04.	1,/04.		
e G	C						
als 구	_	All other revenue					
		Total. Add lines 11a-11d		192,861.			
	12	<b>Total revenue.</b> See instructions		2,540,660.	838,289.	0.	4.742.

### Part IX Statement of Functional Expenses

SOP 98-2 (ASC 958-720).....

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. (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Management and Fundraising Program service expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22...... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 810,450. 810,450 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 198,924. 126,823 23,198 48,903. 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. Other salaries and wages..... 708,852 129,659 273,333. 1,111,844 Pension plan accruals and contributions (include section 401(k) and 403(b) 50,396 32,130 5,877 12,389. 68,770 12,579 Other employee benefits...... 107,867 26,518. Payroll taxes..... 110,361 70,360 12,870. 27,131. Fees for services (nonemployees): a Management..... **b** Legal..... c Accounting...... d Lobbying ...... e Professional fundraising services. See Part IV, line 17. . . . Investment management fees..... Other. (If line 11g amount exceeds 10% of line 25, column 117,771 51,778. 35,371 30,622. (A), amount, list line 11g expenses on Schedule 0.).... 12 Advertising and promotion..... 11,305 494 150 10,661. Information technology..... 14 15 39,847. 8,525. 27,722. 3,600. 79,294 8,250 17 98,169. 10,625. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings..... 19 13,026 51,568 29,446 9.096. Interest..... Payments to affiliates..... 21 Depreciation, depletion, and amortization . . . . 23 Insurance..... 17,744. 7,404 7,844 2,496. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... 94,213 INTERNATIONAL ASSESSMENT 94,213 SUPPLIES AND EQUIPMENT 4,807 1,634 2,009 1,164. OTHER EXPENSES 4,369 189 1,535 2,645. d e All other expenses..... 2,090,362 **25** Total functional expenses. Add lines 1 through 24e . . . 2,829,635 280,090 459,183. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	, -,	2	710,167.
	3	Pledges and grants receivable, net	210,163.	3	404,236.
	4	Accounts receivable, net	11,643.	4	26,570.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	12,493.	9	10,937.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	==, 3000		==,,,,,,,
	b	Less: accumulated depreciation		10c	
	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.	127,258.	15	105,625.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,478,075.	16	1,257,535.
	17	Accounts payable and accrued expenses	56,361.	17	51,235.
	18	Grants payable		18	210,259.
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities.		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	105,625.
	26	Total liabilities. Add lines 17 through 25	298,684.	26	367,119.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	/ =	27	316,186.
00	28	Net assets with donor restrictions	372,242.	28	574,230.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
1 te	32	Total net assets or fund balances.	, -,	32	890,416.
ž	33	Total liabilities and net assets/fund balances.	1,478,075.	33	1,257,535.
BA	Δ	TEEA0111L 08/23/23			Form <b>990</b> (2023)

Par	t 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	2,5	40,	660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,8	29,	635.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-2	88,	975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1	79,3	391.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8	90,4	416.
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII.				П
-				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ 🗆		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	on a			
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20	71	
	basis, consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits				
BAA				990	(2023)

### SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number L'ARCHE USA 91-1355711 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 **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. 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. 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. **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.** 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. **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (ii) EIN (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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

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

Page 2

Sec	tion A. Public Support		, p		<u>,                                      </u>		
Cale	ndar year (or fiscal year	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
_	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,787,587.	2,303,971.	1,879,212.	2,134,498.	1,697,629.	10,802,897.
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	2,787,587.	2,303,971.	1,879,212.	2,134,498.	1,697,629.	10,802,897.
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)						4,204,740.
6	Public support. Subtract line 5						
Saa	from line 4						6,598,157.
	tion B. Total Support				1		
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
7	Amounts from line 4	2,787,587.	2,303,971.	1,879,212.	2,134,498.	1,697,629.	10,802,897.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,747.	1,972.	1,563.	2,244.	4,785.	14,311.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	·	,	,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10.						10,817,208.
12	Gross receipts from related activity		tructions)				3,796,547.
13	First 5 years. If the Form 990 is f						
Sac	organization, check this box and tion C. Computation of Pu	•					
	Public support percentage for 20:			ie 11. column (f))		14	61.00%
	Public support percentage from 2	•	•				59.43%
16a	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization						
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization						eck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-ar	id-circumstances	test, check this bo	ox and stop here.	Explain in Part VI	how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization rorganization meets the facts-and	meets the facts-ar -circumstances te	id-circumstances st. The organization	test, check this bo on qualifies as a p	ox and <b>stop here.</b> bublicly supported	Explain in Part VI organization	how the
18	<b>Private foundation.</b> If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, d	or 17b, check this	box and see instr	uctions

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

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

Page 3

C	tion A. Dodelio Community		'	,				
	tion A. Public Support	T		4 > 0004	T			
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions,	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 202	3	(f) Total
•	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							
	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							
С	Add lines 7a and 7b							
	Public support. (Subtract line							
_	7c from line 6.)							
	tion B. Total Support				1	1		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 202	3	(f) Total
-	Amounts from line 6							
IUa	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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b,							_
	whether or not the business is							
12	regularly carried on							
12	Other income. Do not include gain or loss from the sale of							
	capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9,							
	10c, 11, and 12.)					<u> </u>		
14	First 5 years. If the Form 990 is forganization, check this box and	or the organization	n's first, second, t	hird, fourth, or fif	th tax year as a se	ection 501(c)	(3)	
								<u></u>
Sec								
	tion C. Computation of Pu Public support percentage for 20	blic Support F	Percentage	e 13, column (f))			15	%
15	tion C. Computation of Pu	<b>blic Support F</b> 23 (line 8, column	Percentage (f), divided by lin				15 16	00
15 16	tion C. Computation of Pu Public support percentage for 20	<b>blic Support f</b> 23 (line 8, column 2022 Schedule A,	Percentage (f), divided by lin Part III, line 15					
15 16 <b>Se</b> c	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	blic Support F 23 (line 8, column 2022 Schedule A, restment Inco	Percentage  (f), divided by lin Part III, line 15 me Percentag	<u></u> е				
15 16 <b>Sec</b> 17	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	blic Support F 23 (line 8, column 2022 Schedule A, restment Inco or 2023 (line 10c,	Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided	<b>e</b> d by line 13, colu	mn (f))		16	%
15 16 <b>Sec</b> 17 18	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage from 33-1/3% support tests—2023. If the	blic Support F 23 (line 8, column 2022 Schedule A, restment Inco or 2023 (line 10c, om 2022 Schedul the organization di	Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided e A, Part III, line 1 d not check the bo	ed by line 13, column 17	mn (f))		16 17 18 , and line	% % 17
15 16 <b>Sec</b> 17 18 19a	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage from 33-1/3% support tests—2023. If the is not more than 33-1/3%, check	blic Support in 23 (line 8, column 2022 Schedule A, restment Incompression 2023 (line 10c, from 2022 Scheduline organization did this box and stop	Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided e A, Part III, line 1 d not check the booker. The organiz	ed by line 13, coluing 17	mn (f))	han 33-1/3% rted organiza	17   18   , and line ation	% % %
15 16 <b>Sec</b> 17 18 19a	tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage from 33-1/3% support tests—2023. If the	blic Support In 23 (line 8, column 2022 Schedule A, restment Incompression 2023 (line 10c, rom 2022 Scheduline organization did this box and stopme organization did organizatio	Percentage  (f), divided by lin Part III, line 15  me Percentag  column (f), divided e A, Part III, line 1 d not check the bookere. The organized not check a box	ed by line 13, colulation (17)	mn (f))	han 33-1/3% rted organiza	17 18 , and line ation	% % 17 

Schedule A (Form 990) 2023 L'ARCHE USA 91-1355711 Page 4

Part IV Supporting Organizations

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

## **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
2	the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section	1		
_	509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
ŀ	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	,		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If "Yes," provide detail in <b>Part VI.</b>	9a		
k	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
k	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

**b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

### 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2023 L'ARCHE USA

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Pai	Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov	. 20. 1970 (explain in l	Part VI). <b>See</b>
Sec	instructions. All other Type III non-functionally integrated supporting organization in a distribution A — Adjusted Net Income	is must o	complete Sections A the (A) Prior Year	rough E.  (B) Current Year (optional)
1	Net short-term capital gain	1		(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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
C	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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 (see instructions).	grated T	ype III supporting orga	anization

BAA Schedule A (Form 990) 2023

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8				
9	Distributable amount for 2023 from Section C, line 6	9	_			
10	Line 8 amount divided by line 9 amount	10				

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

BAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 L'ARCHE USA 91-1355711 Page **8** 

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.)

# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

L'ARCHE USA 91-1355711 Organization type (check one): Filers of: Section: 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

Schedule B (Form 990) (2023) Name of organization Employer identification number

L'ARCHE USA 91-1355711

I alti	Contributors (see instructions). Ose duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 40,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 150,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$126,160.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

L'ARCHE USA 91-1355711 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A 	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
		<u> </u>	L

Name of organization Employer identification number L'ARCHE USA 91-1355711 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

BAA

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

L'A	ARCHE USA	91-1355711
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	or Accounts
	(a) Donor advised funds (	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise are the organization's property, subject to the organization's exclusive legal control?	ed funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose compermissible private benefit?	used only onferring Yes No
Par		
_	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).	
		istorically important land area
		ertified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form or last day of the tax year.	f a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
а	a Total number of conservation easements. 2a	The state of the s
	b Total acreage restricted by conservation easements. 2b	
	c Number of conservation easements on a certified historic structure included on line 2a 2c	
·	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the contact tax year	organization during the
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 views	olations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	statement and balance sheet, and ne organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement are historical treasures, or other similar assets held for public exhibition, education, or research in furtherant Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in furtheran following amounts relating to these items.	nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1.  (ii) Assets included in Form 990, Part X.	\$
2		
	Revenue included on Form 990, Part VIII, line 1.	
b	Assets included in Form 990, Part X	\$

BAA

Part III Organizations Maintaining Coll	ections of Art, Histor	ical Treasures, or (	Other Similar Asset	<b>s</b> (continued <sub>,</sub>	)									
3 Using the organization's acquisition, accession items (check all that apply).	<u> </u>	,	hat make significant use	e of its collection	on									
a Public exhibition d Loan or exchange program  b Scholarly research														
b Scholarly research e Other														
c Preservation for future generations														
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?														
Complete if the organization a Form 990, Part X, line 21.	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on													
1a Is the organization an agent, trustee, custodia	n, or other intermediary for	or contributions or other	r assets not included	Yes	No									
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table.														
- Danisaisan kalasas				Amount										
c Beginning balance														
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>														
f Ending balance														
2a Did the organization include an amount on Fo				Yes	No									
<b>b</b> If "Yes," explain the arrangement in Part XIII.														
Part V Endowment Funds														
Complete if the organization a	nswered "Yes" on F	orm 990, Part IV,	line 10.											
(a) Curren	t year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back									
<b>1a</b> Beginning of year balance	(,	(0)	(.,	(0)										
<b>b</b> Contributions														
c Net investment earnings, gains,														
and losses														
d Grants or scholarships														
e Other expenditures for facilities and programs														
f Administrative expenses														
<b>q</b> End of year balance														
2 Provide the estimated percentage of the curre	nt year end balance (line	1g, column (a)) held as	S:	_1										
a Board designated or quasi-endowment	ર્જ													
<b>b</b> Permanent endowment	5													
c Term endowment %														
The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.													
<b>3a</b> Are there endowment funds not in the possess organization by:	sion of the organization th	at are held and admini	stered for the	Yes	No									
(i) Unrelated organizations?				3a(i)										
(ii) Related organizations?				3a(ii)										
<b>b</b> If "Yes" on line 3a(ii), are the related organization	tions listed as required or	Schedule R?		3b										
4 Describe in Part XIII the intended uses of the	organization's endowmen	t funds.												
Part VI Land, Buildings, and Equipm														
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 va	alue									
1a Land														
<b>b</b> Buildings														
c Leasehold improvements														
<b>d</b> Equipment														
e Other														
Total. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, lin	e 10c, column (B))			0.									

Part VII	Investments -			5 000 B : W !:	N/A	
					e 11b. See Form 990, Part X, line 12.	
	otion of security or catego			(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
` '	I derivatives					
• •	neld equity interests	5				
(3) Other _						
$\frac{(A)}{(B)}$		· — — — ·				
(B) (C)		. – – – -				
(D)						
(E)		. – – – -				
(F)		. — — — -				
(G)						
(H)		. — — — -				
(l)						
Total. (Column	n (b) must equal Form 99	0, Part X, lin	ne 12, column (B))			
Part VIII	Investments -	- Progra	am Related	E 000 B 1 IV I	N/A	
	(a) Description of in	ganization	<u>1 answered "Yes" o</u>	1 Form 990, Part IV, IIII (b) Book value	e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or en	d of year market value
(1)	(a) Description of it	ivestilleri	l .	(b) book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 99	0, Part X, lin	ne 13, column (B))			
Part IX	Other Assets	raanizatior	a answored "Ves" o	n Form 000 Part IV line	e 11d. See Form 990, Part X, line 15.	
	Complete if the or	yamzanor	(a) De	scription	e 11u. See 101111 550, 1 art X, 111le 15.	(b) Book value
(1) OPER	ATING LEASE	RIGHT	OF USE ASSE	TS		105,625.
(2)						
(3)						
<u>(4)</u> (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
			Part X, line 15, co	olumn (B))		105,625.
Part X	Other Liabilitie	<b>es</b> manization	answered "Ves" o	n Form 990 Part IV line	e 11e or 11f. See Form 990, Part X, lin	۵5 م
1.	Complete if the or	garrizatioi		iption of liability	C 110 01 111. 000 101111 330, 1 are X, 1111	(b) Book value
(1) Federa	I income taxes		.,	'		,,
	ATING LEASE	RIGHT	OF USE LIAB	ILITY		105,625.
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
(11)						
						105,625.
					nancial statements that reports the organization's	
tax positions un	ger FASB ASC /40. Chec	k nere it the	text of the footnote has	peen provided in Part XIII		·····

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn N/	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	117	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities.	$\dashv$	
c Recoveries of prior year grants	$\dashv$	
d Other (Describe in Part XIII.).	$\dashv$	
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.		
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		
b Other (Describe in Part XIII.)	-	
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	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn N	I/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		-
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.). 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
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		
b Other (Describe in Part XIII.). 4b		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2023

### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

L'ARCHE USA

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"

· u	on Form 990, Par	t IV, line 14b.	outside the on	ited States. Complete in the	organization answer	cu ics								
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?													
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V													
3	Activities per Region. (The	following Part I, Ii	ne 3 table can be	duplicated if additional space i	s needed.)									
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region								
(1)	EUROPE			PROGRAM SERVICES	GRANTMAKING	775,784.								
(2)	NORTH AMERICA			PROGRAM SERVICES	GRANTMAKING	34,666.								
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
10)														
11)														
12)														
13)														
14)														
15)														
16)														
17)														
3a	Subtotal					810,450.								
b	Total from continuation sheets to Part I													

0

c Totals (add lines 3a and 3b).

810,450.

91-1355711

L'ARCHE USA

Schedule F (Form 990) 2023

Page 2 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

																α	0	(Form 990) 2023
																		Schedule F
																exempt 501(c)(3)		
WIRE																ecognized as a tax		
775,784.	34, 666.															foreign country, reuivalency letter		
GENERAL OPERATIONS	GENERAL OPERATIONS															s charities by the tion 501(c)(3) eq		
EUROPE	NORTH AMERICA															at are recognized a has provided a sec		
																ations listed above that the grantee or counsel	ns or entities	
																		BAA
	GENERAL OPERATIONS 775, 784.	GENERAL OPERATIONS 775,784. GENERAL OPERATIONS 34,666.	GENERAL OPERATIONS GENERAL OPERATIONS 34,666.		EUROPE GENERAL  NORTH AMERICA OPERATIONS 34,666.  WRTH AMERICA OPERATIONS 34,666.  Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter total number of other organizations or entities.													

BAA

Page 3

91-1355711

L'ARCHE USA Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2023 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA 8  $\in$  $\mathfrak{S}$ 4 2 9 6 8 (10) (1) (12) (13) (14) (15) (16) (1) 6

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471).	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?  If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

BAA Schedule F (Form 990) 2023 TEEA3505L 11/01/23

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

### PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

L'ARCHE USA UTILIZES MULTIPLE LAYERS OF DOCUMENTATION TO MONITOR OUR GRANTS OUTSIDE OF
THE UNITED STATES. THIS INCLUDES BOARD RESOLUTIONS, GRANT APPLICATIONS, GRANT
AGREEMENTS, AND DUE DILIGENCE REPORTS. THIS HELPS ENSURE THE GRANTS ARE USED FOR THE
INTENDED PURPOSE AND FUNDS ARE USED TO FURTHER L'ARCHE USA'S CHARITABLE PURPOSES.

BAA TEEA3504L 11/01/23 Schedule F (Form 990) 2023

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization L'ARCHE USA

Department of the Treasury Internal Revenue Service

Employer identification number 91–1355711

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

L'ARCHE USA WORKS WITH AND ON BEHALF OF L'ARCHE COMMUNITIES IN THE U.S. TO ADVANCE THE RIGHTS AND INCLUSION OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

THROUGH INCLUSIVE LEADERSHIP, FRIENDSHIP ACROSS DIFFERENCE, AND BRINGING THE POWER OF COMMUNITY TO LIFE. OUR GOAL IS TO CHANGE SOCIETY SO PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ARE RECOGNIZED AS CONTRIBUTORS AND CAN THRIVE. L'ARCHE CELEBRATES PEOPLE ACROSS THE FULL SPECTRUM OF HUMAN ABILITY. WE WORK TOWARDS OUR MISSION IN THREE FUNDAMENTAL WAYS.

BUILDING UNITY: L'ARCHE USA CONNECTS NEARLY 300 PEOPLE WITH INTELLECTUAL DISABILITIES
FROM 21 COMMUNITIES ACROSS 18 U.S. STATES WITH OPPORTUNITIES FOR LEADERSHIP,
LEARNING, FRIENDSHIP, AND GROWTH. L'ARCHE USA FOSTERS PERSONAL AGENCY, SPIRITUAL
GROWTH, CONNECTIONS BETWEEN L'ARCHE COMMUNITIES IN NEARLY 40 COUNTRIES AROUND THE
WORLD, AND OPPORTUNITIES FOR PEOPLE WITH DISABILITIES TO LEAD BOTH INSIDE AND OUTSIDE
OUR FEDERATION.

GROWING IMPACT: WE BELIEVE THAT THE L'ARCHE MOVEMENT DEMONSTRATES THE POWER OF KINDER,
MORE INCLUSIVE COMMUNITIES FOR THE BENEFIT OF SOCIETY OVERALL. REPRESENTING 79
COMMUNITY-BASED RESIDENTIAL SETTINGS AND MANY PARTICIPANTS IN NON-RESIDENTIAL
PROGRAMS, WE AIM TO ADVANCE INCLUSION AND SELF ADVOCACY BY ENGAGING CRITICAL ISSUES
THAT IMPACT PEOPLE WITH DISABILITIES AT THE LOCAL, NATIONAL AND INTERNATIONAL LEVELS.

FOSTERING ACCOUNTABILITY: L'ARCHE USA ENSURES THAT SAFEGUARDING MECHANISMS TO PROTECT VULNERABLE ADULTS ARE UNDERSTOOD AND IN PLACE IN OUR COMMUNITIES. WE ENGAGE IN CAPACITY BUILDING WITH U.S. COMMUNITIES TO ENHANCE BOARD, VOLUNTEER AND INCLUSIVE

Name of the organization

L'ARCHE USA

Employer identification number
91–1355711

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EVALUATION AND IMPACT.

AT L'ARCHE, PEOPLE WITH INTELLECTUAL DISABILITIES ARE SUPPORTED IN A NETWORK OF FRIENDSHIP, ALLYSHIP, AND PROFESSIONAL SERVICE THAT WORKS TO PROMOTE DIGNITY, RIGHTS, FREEDOM, CHOICE, AND BELONGING FOR EVERY HUMAN BEING.

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

A DRAFT OF FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING.

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

BOARD MEMBERS ARE REQUIRED TO SIGN A DISCLOSURE AT THE BEGINNING OF EACH YEAR

DECLARING ANY TYPES OF CONFLICT OF INTEREST.

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

REASONABLE REQUESTS FOR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE FURNISHED UPON REQUEST AT THE OFFICES OF L'ARCHE USA.

BAA TEEA4902L 07/24/23 Schedule O (Form 990) 2023