

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THREE ARCHES FOUNDATION		D Employer identification number 34-6519834
	Doing business as		E Telephone number 216-350-4443
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14700 DETROIT AVE., SUITE 6	G Gross receipts \$ 32,268,837.	
	City or town, state or province, country, and ZIP or foreign postal code LAKEWOOD, OH 44107		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: KRISTIN BROADBENT SAME AS C ABOVE		H(b) Are all subordinates included? Yes No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
J Website: WWW.THREEARCHEFOUNDATION.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1956	M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADVANCING THE HEALTH & WELL-BEING OF THE PEOPLE OF LAKEWOOD & SURROUNDING COMMUNITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	19
	7 a Total unrelated 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 704,610.	Current Year 335,941.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,048,922.	4,465,619.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,753,532.	4,801,560.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,171,385.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		181,586.	200,153.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		215,557.	141,706.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,568,528.	2,303,455.
19 Revenue less expenses. Subtract line 18 from line 12	185,004.	2,498,105.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 35,711,983.	End of Year 39,377,267.
	21 Total liabilities (Part X, line 26)	233,192.	609,708.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,478,791.	38,767,559.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ MARY ANNE CRAMPTON, BOARD CHAIR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KAREN B COONEY			<input type="checkbox"/>	P00285983
Firm's name ▶ MEADEN & MOORE, LTD.			Firm's EIN ▶ 34-1818258		
Firm's address ▶ 1375 EAST NINTH STREET, SUITE 1800 CLEVELAND, OH 44114-1790			Phone no. 216-241-3272		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THREE ARCHES FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO ADVANCE THE HEALTH AND WELL-BEING OF THE PEOPLE OF LAKEWOOD, OHIO, AND SURROUNDING COMMUNITIES BY INVESTING IN THE WORK OF ORGANIZATIONS THAT ARE COMMITTED TO CONTRIBUTING TO, SUPPORTING, AND UNDERTAKING HEALTH AND

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

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

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

4a (Code:) (Expenses \$ 2,201,134. including grants of \$ 1,961,596.) (Revenue \$) SEE SCHEDULE O FOR LIST OF PROGRAM SERVICE ACCOMPLISHMENTS.

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

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

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

4e Total program service expenses 2,201,134.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KRISTIN BROADBENT, PRESIDENT & CEO - 216-350-4443 14700 DETROIT AVE, STE 6, LAKEWOOD, OH 44107

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTIN BROADBENT PRESIDENT & CEO	50.00					X	145,462.	0.	27,071.	
(2) DOUG E. SPIKER TRUSTEE	2.00	X					0.	0.	0.	
(3) JAMES P. FORAN TRUSTEE	1.00	X					0.	0.	0.	
(4) MARY ANNE CRAMPTON VICE CHAIR	2.00	X		X			0.	0.	0.	
(5) MICHAEL A. CARLIN TRUSTEE	1.00	X					0.	0.	0.	
(6) RICHARD K. SMITH TREASURER	2.00	X		X			0.	0.	0.	
(7) W. CHARLES GEIGER, III CHAIR	3.00	X		X			0.	0.	0.	
(8) WILLIAM B. LA PLACE TRUSTEE	2.00	X					0.	0.	0.	
(9) DEBORAH FEDOR TRUSTEE	1.00	X					0.	0.	0.	
(10) JAY CARSON TRUSTEE	1.00	X					0.	0.	0.	
(11) PAM GILL TRUSTEE	1.00	X					0.	0.	0.	
(12) JAMES HEKMAN, MD TRUSTEE	1.00	X					0.	0.	0.	
(13) JEAN POLSTER SECRETARY	1.00	X		X			0.	0.	0.	
(14) CHARLES ROYER TRUSTEE	1.00	X					0.	0.	0.	
(15) REBECCA STARCK, MD TRUSTEE	1.00	X					0.	0.	0.	
(16) ELLEN OSPELT TRUSTEE	1.00	X					0.	0.	0.	
(17) PAT SULLIVAN TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALLISON URBANEK TRUSTEE	1.00	X						0.	0.	0.
(19) JEFF MILBOURN TRUSTEE	1.00	X						0.	0.	0.
(20) ERIC MORSE TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								145,462.	0.	27,071.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								145,462.	0.	27,071.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	335,941.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		335,941.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		615,688.		615,688.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				31,317,208.			
	7 b	Less: cost or other basis and sales expenses		27,467,277.			
	7 c	Gain or (loss)		3,849,931.			
	d	Net gain or (loss)		3,849,931.		3,849,931.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a					
b	Less: direct expenses	8 b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
b	Less: direct expenses	9 b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
b	Less: cost of goods sold	10 b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			4,801,560.	0.	0.	4,465,619.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,961,596.	1,961,596.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146,816.	117,453.	29,363.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	53,337.	42,670.	10,667.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	3,440.		3,440.	
c Accounting	30,900.		30,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,875.	34,213.	14,662.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	26,855.	21,484.	5,371.	
12 Advertising and promotion				
13 Office expenses	4,466.	2,810.	1,656.	
14 Information technology	6,524.	5,219.	1,305.	
15 Royalties				
16 Occupancy	8,400.	6,720.	1,680.	
17 Travel	374.	299.	75.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,917.	1,534.	383.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,291.	5,804.	2,487.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS OPERATING	1,664.	1,332.	332.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,303,455.	2,201,134.	102,321.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	33.	1	128.
	2 Savings and temporary cash investments	262,599.	2	270,623.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,471.	9	9,408.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,000.		
	b Less: accumulated depreciation	10b 5,000.	10c	0.
	11 Investments - publicly traded securities	15,921,285.	11	7,326,272.
	12 Investments - other securities. See Part IV, line 11	17,141,205.	12	29,218,570.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,383,390.	15	2,552,266.
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,711,983.	16	39,377,267.	
Liabilities	17 Accounts payable and accrued expenses	48,043.	17	48,637.
	18 Grants payable	172,000.	18	548,637.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,149.	25	12,434.
	26 Total liabilities. Add lines 17 through 25	233,192.	26	609,708.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	25,379,492.	27	27,612,585.
	28 Net assets with donor restrictions	10,099,299.	28	11,154,974.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	35,478,791.	32	38,767,559.
	33 Total liabilities and net assets/fund balances	35,711,983.	33	39,377,267.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,801,560.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,303,455.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,498,105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,478,791.
5	Net unrealized gains (losses) on investments	5	794,109.
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	-3,446.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,767,559.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THREE ARCHES FOUNDATION** Employer identification number **34-6519834**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 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).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 4
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
THE CLEVELAND CLINIC FOUNDATION	34-0714585	3		X	27,500.	
THE CENTERS FOR FAMILIES AND CHILDREN NEIGHBORHOOD FAMILY PRACTICE	23-7084455	7		X	100,500.	
RECOVERY RESOURCES	34-1300581	10		X	358,702.	
	34-1211116	7		X	121,130.	
Total					607,832.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		X
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in 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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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 A, PART IV, LINE 1

SUPPORTED ORGANIZATIONS ARE NOT LISTED BY NAME IN THE GOVERNING DOCUMENTS AS THE THREE ARCHES FOUNDATION SUPPORTS A COMMUNITY COLLABORATIVE OF CHARITABLE ORGANIZATIONS THAT PROVIDE PROGRAMS, SERVICES AND INITIATIVES THAT ADVANCE THE HEALTH AND WELL-BEING OF PEOPLE OF LAKEWOOD AND SURROUNDING COMMUNITIES. HOWEVER, IN 2020 FOUR OF THE ORGANIZATIONS THAT RECEIVED SUPPORT FROM THE FOUNDATION ARE ALSO THE CORPORATION'S APPOINTING CHARITABLE ORGANIZATIONS AND ARE IDENTIFIED AS SUCH IN THE CODE OF REGULATIONS.

THE ARTICLES OF INCORPORATION DEFINE AS A PURPOSE THE SUPPORT OF "EXEMPT ORGANIZATIONS DESCRIBED IN I.R.C. 509(A)(1) & (2) AND WHICH ARE ORGANIZED AND OPERATED FOR THE PURPOSE OF CONTRIBUTING TO, SUPPORTING, AND UNDERTAKING HEALTH AND WELL-BEING PROGRAMS, SERVICES AND INITIATIVES SERVING LAKEWOOD, OHIO, AND SURROUNDING COMMUNITIES, INCLUDING PROGRAMS INVOLVING EDUCATION AND DIAGNOSIS AND TREATMENT OF ILLNESSES AND OTHER HEALTH CARE CONDITIONS."

SCHEDULE A, PART IV, SECTION B, LINE 2

THE FOUNDATION SUPPORTS A "CLASS" OF ORGANIZATIONS DESCRIBED IN PART IV, LINE 1. TO SATISFY THE IRS SUPPORTING ORGANIZATION RELATIONSHIP TEST, THE FOUNDATION'S GOVERNING STRUCTURE INCLUDES APPOINTING CHARITABLE ORGANIZATIONS, WHICH ARE SUPPORTED ORGANIZATIONS HAVING THE POWER TO APPOINT A DIRECTOR OF THE CORPORATION. THE CLASS TO WHICH THE FOUNDATION MAKES DISTRIBUTIONS IS NOT LIMITED TO THE APPOINTING CHARITABLE ORGANIZATIONS OF THE FOUNDATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THREE ARCHES FOUNDATION** Employer identification number **34-6519834**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,099,299.	8,786,576.	11,228,539.	21,361,732.	21,705,539.
b Contributions			-1,690,167.	-11,541,500.	7,000.
c Net investment earnings, gains, and losses	1,396,450.	1,581,591.	-610,574.	1,408,307.	292,034.
d Grants or scholarships					
e Other expenditures for facilities and programs	340,775.	268,868.	141,222.		642,841.
f Administrative expenses					
g End of year balance	11,154,974.	10,099,299.	8,786,576.	11,228,539.	21,361,732.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 100 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,000.	5,000.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FEDERATED HERMES TOTAL		
(B) RETURN BOND CL IS	2,858,802.	END-OF-YEAR MARKET VALUE
(C) PGIM TOTAL RETURN BOND CL		
(D) R6	4,916,330.	END-OF-YEAR MARKET VALUE
(E) HARDING LOEVNER INTL		
(F) EQUITY PORT INSTL	2,077,952.	END-OF-YEAR MARKET VALUE
(G) FIDELITY 500 INDEX FUND	14,390,044.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	29,218,570.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CSV - LIFE INSURANCE	464,308.
(2) PERMANENTLY RESTRICTED INVESTMENTS HELD IN PERPETUAL	
(3) TRUSTS	2,087,958.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,552,266.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY PAYABLE	12,434.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,434.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,546,794.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	794,109.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	794,109.	
3	Subtract line 2e from line 1	3	4,752,685.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,875.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	48,875.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,801,560.	

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

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

1	Total expenses and losses per audited financial statements		1	2,258,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,446.	
e	Add lines 2a through 2d	2e	3,446.	
3	Subtract line 2e from line 1	3	2,254,580.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,875.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	48,875.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,303,455.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS: ENDOWMENT FUNDS CONSIST OF RESTRICTED CONTRIBUTIONS WHEREBY THE PRINCIPAL MUST REMAIN INTACT WHILE THE INCOME THEREON MAY BE USED AS INTENDED BY THE DONOR, EITHER RESTRICTED FOR A SPECIFIC USE OR UNRESTRICTED. ENDOWMENT FUNDS MAY BE RESTRICTED BY DONORS OR BE BOARD DESIGNATED.

THE FOUNDATION CURRENTLY HAS A POLICY TO TARGET SPENDING AT UP TO 5% OF THE TOTAL MARKET VALUE OF THE INVESTMENT PORTFOLIO, BASED UPON A 36-MONTH ROLLING AVERAGE ANNUALLY AS OF SEPTEMBER 30, ADJUSTED FOR INFLATION. SPENDING IS DEFINED TO INCLUDE FIRST, OPERATING EXPENSES AND SECOND, GRANT DISTRIBUTIONS. THE PERCENT IS BASED ON INVESTMENT PORTFOLIO PERFORMANCE

Part XIII Supplemental Information (continued)

AND GENERAL ECONOMIC CONDITIONS, TAKING INTO ACCOUNT OTHER CONSIDERATIONS.
IN 2020 THE INVESTMENT POLICY WAS AMENDED TO ALLOW THE BOARD TO USE
DISCRETION ON THE SPENDING POLICY AND THE BOARD APPROVED A GRANT BUDGET OF
UP TO \$2,000,000 DUE TO THE COVID-19 PANDEMIC.

FOR PERPETUALLY RESTRICTED ENDOWMENTS, THE FOUNDATION HAS A SPENDING
POLICY UNLESS OTHERWISE DIRECTED BY THE DONOR WHERE A MAXIMUM OF 5% OF
THE 36 MONTH ROLLING AVERAGE VALUE OF THE PERPETUAL RESTRICTED ENDOWMENTS
CAN BE TRANSFERRED TO OPERATIONS OR USED FOR THE PURPOSE INTENDED AS LONG
AS THE ORIGINAL CORPUS IS NOT INVADED.

PART X, LINE 2:

FIN 48 FOOTNOTE

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES: THE PROVISIONS OF "ACCOUNTING
FOR UNCERTAINTY IN INCOME TAXES" PRESCRIBE A RECOGNITION THRESHOLD AND A
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND
MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE
MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING
AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT
THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE
SETTLEMENT.

THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO
UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE, IF ANY. THE
ORGANIZATION HAD NO UNRECOGNIZED TAX UNCERTAINTIES IN 2020 OR 2019.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

INCREASE IN GIFT ANNUITY

SCHEDULE D, PARTS XI AND XII

RECONCILIATION TO AUDITED FINANCIAL STATEMENTS

NOTE THAT THE THREE ARCHES FOUNDATION HAS ITS OWN AUDITED FINANCIAL STATEMENTS. THE RECONCILIATION SHOWN IN PARTS XI AND XII ARE TO THE THREE ARCHES FOUNDATION AUDITED FINANCIAL STATEMENTS.

SCHEDULE D, PART V

2018 CHANGES IN ENDOWMENT NET ASSETS:

IN JUNE OF 2019, KEYBANK, THE TRUSTEE FOR THE WILLIAM R. DANIELS MEMORIAL FUND AND THE HARRIET S. HOMER TRUST, CONCLUDED THAT AS A RESULT OF THE CLOSING OF LAKEWOOD HOSPITAL IN FEBRUARY 2016, THE HOSPITAL'S SHARE (31.25% AND 25% RESPECTIVELY) OF THE NET INCOME INTEREST SHOULD NOW BE EVENLY DIVIDED BETWEEN AND DISTRIBUTED TO HEALTHY LAKEWOOD FOUNDATION AND THREE ARCHES FOUNDATION. INCOME DISTRIBUTIONS TO THE OTHER CHARITABLE BENEFICIARIES WOULD CONTINUE AS STATED IN THE TRUST AGREEMENTS.

THREE ARCHES FOUNDATION, ALONG WITH THE HEALTHY LAKEWOOD FOUNDATION, COMMUNICATED THEIR AGREEMENT TO THE TRUSTEE'S DISTRIBUTION PLAN TO DIVIDE LAKEWOOD HOSPITAL'S INCOME INTEREST EVENLY BETWEEN THE TWO FOUNDATIONS. FURTHER, THE CLEVELAND CLINIC AND LAKEWOOD HOSPITAL ASSOCIATION COMMUNICATED THEIR CONSENT TO THE TRUSTEE'S DISTRIBUTION PLAN AND INDICATED THEY WOULD NOT PURSUE ANY BENEFICIAL INTEREST IN THE TRUST FUNDS.

ACCORDINGLY, THREE ARCHES FOUNDATION HAS REDUCED THE VALUE OF THE ASSETS HELD IN PERPETUAL TRUSTS AS OF DECEMBER 31, 2018, BY 50% TO \$1,695,373.

Part XIII Supplemental Information *(continued)*

THIS ADJUSTMENT IS NETTED TO LINE 1B, COLUMN (C).

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THREE ARCHES FOUNDATION** Employer identification number **34-6519834**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BARTON SENIOR CENTER 14300 DETROIT AVENUE LAKEWOOD, OH 44107	34-0933033	501(C)(3)	30,600.	0.			PROGRAM SUPPORT
BECK CENTER FOR THE ARTS 17801 DETROIT AVENUE LAKEWOOD, OH 44107	34-6001636	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BELLEFAIRE JCB 22001 FAIRMOUNT BLVD SHAKER HEIGHTS, OH 44118	34-0714630	501(C)(3)	99,128.	0.			PROGRAM SUPPORT
BUILDING HOPE IN THE CITY 2038 WEST 29TH STREET CLEVELAND, OH 44113	33-1072830	501(C)(3)	17,500.	0.			COVID-19 RESPONSE SUPPORT
CAROLYN L. FARRELL FOUNDATION FOR BRAIN HEALTH - 26633 DETROIT ROAD - WESTLAKE, OH 44145	45-2829052	501(C)(3)	10,000.	0.			COVID-19 RESPONSE SUPPORT
CAROLYN L. FARRELL FOUNDATION FOR BRAIN HEALTH - 26633 DETROIT ROAD - WESTLAKE, OH 44145	45-2829052	501(C)(3)	35,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIGI'S PLAYHOUSE - CLEVELAND 15316 DETROIT AVENUE LAKEWOOD, OH 44107	46-2014837	501(C)(3)	75,000.	0.			PROGRAM SUPPORT (OVER TWO YEARS)
GIGI'S PLAYHOUSE - CLEVELAND 15316 DETROIT AVENUE LAKEWOOD, OH 44107	46-2014837	501(C)(3)	22,039.	0.			COVID-19 RESPONSE SUPPORT
HOSPICE OF THE WESTERN RESERVE 17876 ST. CLAIR AVENUE CLEVELAND, OH 44110	34-1256377	501(C)(3)	150,000.	0.			PROGRAM SUPPORT (OVER TWO YEARS)
JOURNEY CENTER FOR SAFETY AND HEALING - PO BOX 5466 - CLEVELAND, OH 44101	34-1278377	501(C)(3)	55,000.	0.			PROGRAM SUPPORT
LAKEWOOD SENIOR CITIZENS 14300 DETROIT AVENUE LAKEWOOD, OH 44107	34-0893419	501(C)(3)	18,480.	0.			COVID-19 RESPONSE SUPPORT
LIFEACT 210 BELL STREET CHAGRIN FALLS, OH 44022	34-1724365	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
MAY DUGAN CENTER 4115 BRIDGE AVENUE CLEVELAND, OH 44113	23-7061949	501(C)(3)	67,160.	0.			PROGRAM SUPPORT
NEIGHBORHOOD FAMILY PRACTICE 4115 BRIDGE AVENUE SUITE 300 CLEVELAND, OH 44113	34-1300581	501(C)(3)	281,879.	0.			PROGRAM SUPPORT (OVER TWO YEARS)
NEIGHBORHOOD FAMILY PRACTICE 4115 BRIDGE AVENUE SUITE 300 CLEVELAND, OH 44113	34-1300581	501(C)(3)	76,823.	0.			PILOT PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RECOVERY RESOURCES 4269 PEARL RD. CLEVELAND, OH 44109	34-1211116	501(C)(3)	13,720.	0.			COVID-19 RESPONSE SUPPORT
RECOVERY RESOURCES 4269 PEARL RD. CLEVELAND, OH 44109	34-1211116	501(C)(3)	107,410.	0.			PROGRAM SUPPORT
SIGNATURE HEALTH 38882 MENTOR AVENUE WILLOUGHBY, OH 44094	34-1751703	501(C)(3)	85,000.	0.			PROGRAM SUPPORT
ST. VINCENT CHARITY MEDICAL CENTER 6935 TREELINE DRIVE NO. J BRECKSVILLE, OH 44141	34-0714756	501(C)(3)	25,000.	0.			COVID-19 RESPONSE SUPPORT
THE CENTERS FOR FAMILIES AND CHILDREN - 4500 EUCLID AVENUE - CLEVELAND, OH 44103	23-7084455	501(C)(3)	100,500.	0.			PROGRAM SUPPORT
THE CLEVELAND CLINIC FOUNDATION 6801 BRECKSVILLE ROAD, RK1-85 INDEPENDENCE, OH 44131	34-0714585	501(C)(3)	27,500.	0.			COVID-19 RESPONSE SUPPORT
THE CLEVELAND FOUNDATION 1422 EUCLID AVENUE, 13TH FLOOR CLEVELAND, OH 44115	34-0714588	501(C)(3)	50,000.	0.			COVID-19 RESPONSE SUPPORT
THE GATHERING PLACE 23300 COMMERCE PARK DRIVE BEACHWOOD, OH 44122	34-1879035	501(C)(3)	13,256.	0.			COVID-19 RESPONSE SUPPORT
THE GATHERING PLACE 23300 COMMERCE PARK DRIVE BEACHWOOD, OH 44122	34-1879035	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LGBT COMMUNITY CENTER OF GREATER CLEVELAND - 6705 DETROIT AVENUE - CLEVELAND, OH 44102	34-1190920	501(C)(3)	68,898.	0.			PROGRAM SUPPORT
THE METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
URBAN COMMUNITY SCHOOL 4909 LORAIN AVENUE CLEVELAND, OH 44102	34-6608706	501(C)(3)	80,000.	0.			PROGRAM SUPPORT (OVER TWO YEARS)
VISITING NURSE ASSOC OF CLEVELAND 925 KEYNOTE CIRCLE BROOKLYN HEIGHTS, OH 44131	34-0714722	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVENUE #130 CLEVELAND, OH 44114	34-0714728	501(C)(3)	42,000.	0.			PROGRAM SUPPORT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANTS

PART I, LINE 2

THE FOUNDATION COMMUNICATES WITH ITS SUPPORTED ORGANIZATIONS TO ENSURE THAT MONIES GRANTED ARE USED FOR THE PURPOSES AND PROGRAMS INTENDED.

SCHEDULE I, PART II

IN ADDITION TO THE GRANTS LISTED ABOVE, THE ORGANIZATION DESIGNATED \$246,057 FOR PROACTIVE STRATEGIC GRANT MAKING IN SUPPORT OF COMMUNITY NEEDS AND OPPORTUNITIES THROUGH TAF'S NEWLY-CREATED STRATEGIC

Part IV Supplemental Information

INITIATIVES FUND.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THREE ARCHES FOUNDATION

Employer identification number
34-6519834

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KRISTIN BROADBENT PRESIDENT & CEO	(i)	145,462.	0.	0.	12,472.	14,599.	172,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THREE ARCHES FOUNDATION

Employer identification number

34-6519834

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELL-BEING PROGRAMS, SERVICES AND INITIATIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AS WE REFLECT ON A YEAR UNLIKE ANY OTHER, THREE ARCHES FOUNDATION
REMAINS COMMITTED TO PROPELLING EFFORTS THAT ADDRESS THE HEALTH AND
WELL-BEING OF OUR COMMUNITY. WHILE THE PANDEMIC PRESENTED INCREDIBLE
HARDSHIPS, IT ALSO CREATED AN UNEXPECTED AND HEIGHTENED SENSE OF
PROGRESS AS WITNESSED THROUGH THE AGILITY AND RESPONSIVENESS OF OUR
GRANTEE ORGANIZATIONS. WE ARE CONTINUALLY INSPIRED AND MOTIVATED BY
THESE ORGANIZATIONS THAT GIVE TAF'S INVESTMENTS THE HANDS, SOUL, AND
VISION TO MAKE A LASTING DIFFERENCE AS THEY CONTINUE TO MEET TODAY'S
CHALLENGES, WHILE WORKING ON PATHWAYS TO LONG-TERM SOLUTIONS THROUGH
POWERFUL IDEAS AND INNOVATION.

AT THE ONSET OF THE PANDEMIC IN MARCH 2020, WE IMMEDIATELY REACHED OUT
TO OUR 2019 GRANT RECIPIENTS AND OFFERED THEM FLEXIBILITY TO ADJUST
TIMELINES OR REALLOCATE UNSPENT GRANT FUNDING TOWARDS THE
ORGANIZATIONS' MOST PRESSING DEMANDS AND UNANTICIPATED CIRCUMSTANCES
EMERGING FROM THE CRISIS. CONCURRENT WITH THIS MOVE, TAF ADJUSTED ITS
PHILANTHROPIC FOCUS TO SUPPORT LOCAL NONPROFIT ORGANIZATIONS WITH THEIR
EVOLVING RESPONSE EFFORTS. WE RAPIDLY ESTABLISHED THE TAF COVID-19
RESPONSE FUND AND PROVIDED EIGHT NONPROFIT ORGANIZATIONS WITH FINANCIAL
RESOURCES USED FOR UNEXPECTED NEEDS AND TO SAFEGUARD THEIR CONTINUED
FOCUS ON ACCESS TO CARE. IT WAS ENCOURAGING TO SEE HOW THESE GRANT
RECIPIENTS EXPEDITIOUSLY IDENTIFIED CREATIVE WAYS TO SUSTAIN

Name of the organization THREE ARCHES FOUNDATION	Employer identification number 34-6519834
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MUCH-NEEDED PROGRAMS AND SERVICES WITHIN THE COMMUNITIES THEY SERVE WHILE BALANCING THE HEALTH, SAFETY, AND WELFARE OF THEIR OWN PEOPLE. TAF ALSO JOINED WITH PHILANTHROPIC FUNDERS ACROSS NORTHEAST OHIO TO PROVIDE EMERGENCY RELIEF DURING THE FIRST PHASE OF THE GREATER CLEVELAND COVID-19 RAPID RESPONSE FUND WITH OUR CONTRIBUTION RECEIVING GEOGRAPHIC PRIORITY TOWARDS EFFORTS THAT DIRECTLY IMPACTED PEOPLE IN LAKEWOOD AND SURROUNDING COMMUNITIES. OVER \$195,000 IN TAF FUNDING RESOURCES WAS AWARDED BETWEEN BOTH PANDEMIC RESPONSE EFFORTS.

OUR GOAL THROUGHOUT THE PANDEMIC WAS CENTERED ON ADDRESSING IMMEDIATE CHALLENGES WHILE BEING ATTENTIVE TO LONG-TERM RECOVERY AND RESILIENCE. TO THAT END, AT A TIME WHEN MANY FOUNDATIONS OPTED TO DELAY OR CANCEL GRANTS, TAF PROCEEDED TO OPEN THE 2020 ANNUAL GRANT CYCLE. IN MID-NOVEMBER, FOLLOWING THE CONSIDERATION OF MANY THOUGHTFUL PROPOSALS AND A HOST OF ENGAGING VIRTUAL SESSIONS, TAF GRANTED OVER \$1.5 MILLION TO TWENTY NONPROFIT ORGANIZATIONS.

GRANTS AWARDED EXPAND EXISTING PROGRAMS, FUND NEW INITIATIVES, AND PROMOTE COLLABORATIONS THAT INTEGRATE HEALTH CARE AND SOCIAL SERVICES, WHICH WILL HAVE A DIRECT IMPACT ON THE LIVES OF PEOPLE BOTH YOUNG AND OLD. THESE FUNDING INVESTMENTS SUPPORT PROGRAMS AND SERVICES THAT WILL MAKE IT EASIER FOR PEOPLE TO NAVIGATE, UNDERSTAND, AND USE INFORMATION AND SERVICES TO TAKE CARE OF THEIR BEHAVIORAL AND PHYSICAL HEALTH. ALL TWENTY GRANTS REFLECT AN EMPHASIS ON ACCESS TO CARE WITH SEVERAL COMMON THEMES AMONG THEM INCLUDING:

YOUTH-FOCUSED - BELLEFAIRE JCB, LIFEACT, THE METROHEALTH FOUNDATION AND URBAN COMMUNITY SCHOOL WILL APPLY THEIR GRANTS TOWARDS PROVIDING ACCESS

Name of the organization THREE ARCHES FOUNDATION	Employer identification number 34-6519834
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TO HEALTH CARE COORDINATION SERVICES, SCHOOL-BASED COUNSELING PROGRAMS,
SUICIDE PREVENTION AND CRITICAL MENTAL HEALTH SUPPORT FOR CHILDREN,
YOUTH AND FAMILIES.

SUPPORTING OUR SENIORS - BARTON SENIOR CENTER, HOSPICE OF THE WESTERN
RESERVE, YMCA OF GREATER CLEVELAND AND A JOINT INITIATIVE BY THE BARTON
CENTER, LAKEWOOD SENIOR CITIZENS & NEIGHBORHOOD FAMILY PRACTICE
RECOGNIZE THE BENEFITS OF BRINGING INTEGRATED PRIMARY CARE AND
BEHAVIORAL HEALTH PROGRAMS AND SERVICES TO OUR SENIOR POPULATION
THROUGH TELEHEALTH, SOCIALLY-DISTANCED PROGRAMMING AND IN-HOME VISITS
THAT PROVIDE PHYSICAL ACTIVITY, EDUCATION, MENTAL STIMULATION/COGNITIVE
SKILLS, AS WELL AS PALLIATIVE CARE FOR THOSE LIVING WITH ADVANCED
ILLNESS.

SERVING THE HEALTH & WELL-BEING NEEDS OF SPECIFIC POPULATIONS GRANTS
FUNDED INCLUDE THE GATHERING PLACE, GIGI'S PLAYHOUSE CLEVELAND, AND
LGBT COMMUNITY CENTER OF GREATER CLEVELAND. THESE ORGANIZATIONS OFFER
TAILORED PROGRAMS AND SERVICES THAT PROVIDE ACCESS TO CARE IN A
WELCOMING, EDUCATIONAL AND SUPPORTIVE ENVIRONMENT.

TAF'S 2020 GRANT INVESTMENT REFLECTS AN INCREASE BY MORE THAN FIFTY
PERCENT OVER THE PREVIOUS YEAR AS PHILANTHROPIC EFFORTS WERE AMPLIFIED
TO GET RESOURCES WHERE THEY WERE MOST NEEDED. THIS ADDED LEVEL OF GRANT
SUPPORT WILL BE MAINTAINED IN 2021 TO ACCOMMODATE FOR WHAT IS EXPECTED
TO BE A GRADUAL RECOVERY FOR NONPROFITS AS THEY CONTINUE TO OPERATE IN
AN ADAPTIVE ENVIRONMENT WHILE TRYING TO PLAN AHEAD. AS PART OF THIS
INCREASED FUNDING, WE HAVE BEGUN TO EXPLORE COMMUNITY NEEDS AND
OPPORTUNITIES FOR PROACTIVE SUPPORT THROUGH TAF'S NEWLY-CREATED

Name of the organization THREE ARCHES FOUNDATION	Employer identification number 34-6519834
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STRATEGIC INITIATIVES FUND. IN 2021, RESOURCES FROM THE FUND HAVE ALLOWED JOURNEY CENTER FOR SAFETY & HEALING TO REINSTATE ITS CRUCIAL JUSTICE SYSTEM ADVOCATE POSITION WITHIN THE ROCKY RIVER MUNICIPAL COURTS, THEREBY ENSURING CONTINUATION OF VICTIM-CENTERED SUPPORT FOR THOSE IMPACTED BY DOMESTIC VIOLENCE AND CHILD ABUSE. ADDITIONALLY, TAF CONTINUED ITS COLLABORATION WITH THE GREATER CLEVELAND COVID-19 RAPID RESPONSE FUND AS A PHASE II PARTNER WITH SUPPORT TOWARDS EMERGING NEEDS, EQUITABLE RECOVERY AND BUILDING LONG-TERM RESILIENCE.

THROUGHOUT OUR GRANT PROCESS, WE WERE ENLIGHTENED BY THE INNOVATIVE WAYS ORGANIZATIONS HAVE FOUND TO NOT ONLY MAINTAIN, BUT IMPLEMENT MUCHNEEDED PROGRAMS AND SERVICES DESPITE GOING THROUGH A PERIOD OF IMMENSE ORGANIZATIONAL ADJUSTMENT. WE'RE PROUD TO PROVIDE FINANCIAL RESOURCES TO HELP CARRY FORWARD THESE IMPACTFUL EFFORTS FOR THE BENEFIT OF OUR COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, A COPY OF FORM 990 IS PROVIDED TO THE ENTIRE BOARD. IN ADDITION, THE FINANCE AND AUDIT COMMITTEE IS CHARGED WITH TAKING A DETAILED REVIEW OF THE RETURN.

FORM 990, PART V, LINE 2A

EMPLOYEE COUNT

THE FOUNDATION HAS ONE EMPLOYEE WHO IS COMPENSATED USING A COMMON PAYMASTER ARRANGEMENT. WHILE THE FOUNDATION DOES NOT ACTUALLY ISSUE FORM W-2, IT DOES REIMBURSE THE PAYROLL MASTER FOR THE WAGES AND BENEFITS PAID TO THE ONE PERSON EMPLOYED BY THE FOUNDATION.

Name of the organization THREE ARCHES FOUNDATION	Employer identification number 34-6519834
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FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE INTERESTS THAT MAY CREATE A CONFLICT. THE BOARD REVIEWS ANY DISCLOSED CONFLICTS AND DECIDES IF ANY FURTHER ACTION NEED BE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE FOUNDATION'S BOARD IS CHARGED WITH ANNUALLY CONDUCTING AN EVALUATION AND REVIEWING THE COMPENSATION OF THE PRESIDENT & CEO. WITH AN OBJECTIVE OF PROVIDING A REASONABLE AND COMPETITIVE EXECUTIVE TOTAL COMPENSATION PACKAGE CONSISTENT WITH MARKET-BASED PRACTICES, THE COMMITTEE CONDUCTS A REVIEW OF COMPENSATION LEVELS AND BENEFITS OFFERED TO SENIOR LEADERS IN EQUIVALENT POSITIONS AT LIKE-SIZED PEER ORGANIZATIONS, IN THE SAME GEOGRAPHIC LOCATION.

FORM 990, PART VI, SECTION C, LINE 19:

WRITTEN REQUESTS FOR THE FOUNDATION'S MOST CURRENT ORGANIZING DOCUMENTS, CONFLICT OF INTEREST POLICY AND MOST RECENT AUDITED FINANCIAL STATEMENT WILL BE CONSIDERED BY THE TAF BOARD AS RECEIVED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GIFT ANNUITY PAYMENTS -3,446.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THREE ARCHES FOUNDATION** Employer identification number **34-6519834**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE CLEVELAND CLINIC FOUNDATION - 34-0714585 6801 BRECKSVILLE ROAD, RK1-85 INDEPENDENCE, OH 44131	HOSPITAL	OHIO	501(C)(3)	LINE 3	N/A		X
THE CENTERS FOR FAMILIES AND CHILDREN - 23-7084455, 4500 EUCLID AVENUE, CLEVELAND, OH 44103	HEALTH AND FAMILY SERVICES	OHIO	501(C)(3)	LINE 7	N/A		X
NEIGHBORHOOD FAMILY PRACTICE - 34-1300581 4115 BRIDGE AVENUE #300 CLEVELAND, OH 44113	HEALTH CARE SERVICES	OHIO	501(C)(3)	LINE 10	N/A		X
RECOVERY RESOURCES - 34-1211116 4269 PEARL RD. CLEVELAND, OH 44109	BEHAVIORAL HEALTH SERVICES	OHIO	501(C)(3)	LINE 7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CLEVELAND CLINIC FOUNDATION	B	27,500.	CASH PAID
(2) THE CENTERS FOR FAMILIES AND CHILDREN	B	100,500.	CASH PAID
(3) NEIGHBORHOOD FAMILY PRACTICE	B	358,702.	CASH PAID
(4) RECOVERY RESOURCES	B	121,130.	CASH PAID
(5) THE CLEVELAND CLINIC FOUNDATION	P	200,153.	CASH PAID
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.