

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**THE ARC OF THE UNITED STATES**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**1660 L STREET, NW SUITE 301**

**301**

City or town, state or country, and ZIP + 4

**WASHINGTON, DC 20036**

**F** Name and address of principal officer: **PETER V. BERNS**

**SAME AS C ABOVE**

**D** Employer identification number

**13-5642032**

**E** Telephone number

**202-534-3700**

**G** Gross receipts

**10,821,026.**

**H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No

**H(b)** Are all affiliates included?

☐ Yes ☒ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number

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

**J** Website: **WWW.THEARC.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: **2000** **M** State of legal domicile: **MD**

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	<b>SEE PART III, LINE 1.</b>	
	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)	<b>3</b>	<b>23</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>33</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>6,916,105.</b>	<b>1,200,854.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>2,861,891.</b>	<b>3,114,421.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>146,691.</b>	<b>585,603.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>80,473.</b>	<b>85,741.</b>
	12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,005,160.</b>	<b>4,986,619.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>150,500.</b>	<b>1,538,309.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,143,481.</b>	<b>2,549,568.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25)	<b>475,290.</b>	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,668,861.</b>	<b>2,015,684.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,962,842.</b>	<b>6,103,561.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>6,042,318.</b>	<b>&lt;1,116,942.&gt;</b>
	20	Total assets (Part X, line 16)	<b>10,272,642.</b>	<b>9,208,416.</b>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<b>539,240.</b>	<b>463,159.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>9,733,402.</b>	<b>8,745,257.</b>

## 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

**PETER V. BERNS, CHIEF EXECUTIVE OFFICER**

Type or print name and title

Print/type preparer's name

Preparer's signature

Date

Check ☐ self-employed

PIN

**DAVID F. GRALINE, CPA**

**David F. Graline, CPA**

**5-2-11**

Firm's name **GELMAN, ROSENBERG & FREEDMAN**

Firm's EIN

Firm's address **4550 MONTGOMERY AVE., SUITE 650 NORTH**

Phone no. **(301) 951-9090**

**BETHESDA, MD 20814-2930**

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 to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

THE ARC PROMOTES AND PROTECTS THE HUMAN RIGHTS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND ACTIVELY SUPPORTS THEIR FULL INCLUSION AND PARTICIPATION IN THE COMMUNITY THROUGHOUT THEIR LIFETIMES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If Yes, describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If Yes, describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,768,279, including grants of \$ 1,336,000.) (Revenue \$ 2,743,831.)**CHAPTER EXCELLENCE:**

THE ARC OF THE UNITED STATES (THE ARC) SUPPORTED A NETWORK OF MORE THAN 700 AFFILIATED STATE AND LOCAL CHAPTERS THAT ADVOCATED ON BEHALF OF, AND PROVIDED SERVICES AND SUPPORTS FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND THEIR FAMILIES. THE ARC PROMOTED BEST PRACTICES IN NONPROFIT GOVERNANCE AND MANAGEMENT OF NONPROFITS BY ADOPTING AN ETHICS AND ACCOUNTABILITY CODE - STANDARDS FOR EXCELLENCE FOR CHAPTERS TO USE TO BENCHMARK THEIR OPERATIONS AND BY PROVIDING EXTENSIVE EDUCATIONAL RESOURCES TO SUPPORT IMPROVEMENT. THE ARC PROVIDED GUIDANCE IN THE AREAS OF GOVERNANCE, PROGRAM PLANNING AND EVALUATION, FINANCIAL MANAGEMENT, HUMAN RESOURCES MANAGEMENT, TRANSPARENCY AND ACCOUNTABILITY, FUNDRAISING AND MORE.

**4b** (Code: ) (Expenses \$ 1,267,866, including grants of \$ 202,309.) (Revenue \$ 7,350.)**PUBLIC EDUCATION:**

THE ARC OF THE UNITED STATES (THE ARC) EDUCATED PEOPLE WITH DISABILITIES, THEIR PARENTS AND OTHER FAMILY MEMBERS, THE MEDIA AND MEMBERS OF THE PUBLIC ABOUT THE NEEDS, INTERESTS, ISSUES AND CONCERNS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND THEIR FAMILIES. THE ARC'S PUBLIC EDUCATION EFFORTS SPANNED A BROAD RANGE OF SUBJECT AREAS, SUCH AS HOUSING, EMPLOYMENT, EDUCATION, HEALTHCARE, CRIMINAL JUSTICE AND VOLUNTEERISM AND COMMUNITY SERVICE. THE ARC ALSO WORKED TO PROMOTE GREATER PUBLIC UNDERSTANDING OF AND RESPECT FOR PEOPLE WITH I/DD, BY ORGANIZING A NATIONWIDE RESPONSE TO DEROGATORY PORTRAYALS OF PEOPLE WITH I/DD IN MOVIES, ON RADIO AND IN OTHER MEDIA.

**4c** (Code: ) (Expenses \$ 1,076,668, including grants of \$ ) (Revenue \$ 363,240.)**PUBLIC POLICY:**

THE ARC OF THE UNITED STATES (THE ARC) ADVOCATED TO PROMOTE AND PROTECT THE CIVIL RIGHTS AND HUMAN RIGHTS OF PEOPLE WITH I/DD AND FOR FUNDING AND SUPPORT FOR THE PROGRAMS, SERVICES AND SUPPORTS THAT ENABLE THEM TO BE FULLY INCLUDED IN ALL ASPECTS OF COMMUNITY LIFE. MONITORED DEVELOPMENTS IN FEDERAL PUBLIC POLICY, INCLUDING LEGISLATION, REGULATIONS, ADMINISTRATIVE ACTIONS, LITIGATION AND JUDICIAL DECISIONS, OF IMPORTANCE TO PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND THEIR FAMILIES. THE ARC REGULARLY INFORMED CHAPTER LEADERS, GOVERNMENT OFFICIALS, THE MEDIA, LEADERS OF OTHER NONPROFITS AND OTHER INTERESTED PARTIES OF DEVELOPMENTS IN THE FIELD THROUGH A WEEKLY EMAIL NEWSLETTER, PERIODIC SPECIAL REPORTS AND ALERTS

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **5,112,813.**

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV Checklist of Required Schedules** (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$/5 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	8
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	N/A	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A	10b
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	23	
b Enter the number of voting members included in line 1a, above, who are independent	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/> X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/> X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/> X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/> X
6 Does the organization have members or stockholders?	<input checked="" type="checkbox"/> X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/> X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input checked="" type="checkbox"/> X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/> X	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/> X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/> X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/> X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<input checked="" type="checkbox"/> X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/> X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/> X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/> X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/> X	
13 Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/> X	
14 Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/> X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/> X	
b Other officers or key employees of the organization		<input checked="" type="checkbox"/> X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/> X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PETER V. BERNS - (202) 534-3701**  
**1660 L STREET, NW SUITE 301, NO. 301, WASHINGTON, DC 20036**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question 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.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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	Highest compensated employee	Former			
MOHAN MEHRA PRESIDENT	10.00	X		X			0.	0.	0.
NANCY WEBSTER VICE PRESIDENT	2.00	X		X			0.	0.	0.
RONALD BROWN TREASURER	2.00	X		X			0.	0.	0.
MICHAEL MACK SECRETARY	2.00	X		X			0.	0.	0.
LYNNE CLEVELAND IMMEDIATE PAST PRESIDENT	2.00	X		X			0.	0.	0.
M.J. BARTELMAY, JR. BOARD DIRECTOR	2.00	X					0.	0.	0.
SUSAN BASSETT BOARD DIRECTOR	2.00	X					0.	0.	0.
BARBARA COPPENS BOARD DIRECTOR	2.00	X					0.	0.	0.
HUGH M. EVANS, III BOARD DIRECTOR	2.00	X					0.	0.	0.
SAM GIVHAN BOARD DIRECTOR	2.00	X					0.	0.	0.
GARY HORNER BOARD DIRECTOR	2.00	X					0.	0.	0.
THOMAS A. JUDD BOARD DIRECTOR	2.00	X					0.	0.	0.
JOYCE LIPMAN BOARD DIRECTOR	2.00	X					0.	0.	0.
ELISE MCMILLAN BOARD DIRECTOR	2.00	X					0.	0.	0.
JOE MEADOURS BOARD DIRECTOR	2.00	X					0.	0.	0.
BARRY MEYER BOARD DIRECTOR	2.00	X					0.	0.	0.
PAT NAPOLIELLO BOARD DIRECTOR	2.00	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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			
RANDALL PATRICK BOARD DIRECTOR	2.00	X					0.	0.	0.
KURT RUTZEN BOARD DIRECTOR	2.00	X					0.	0.	0.
LOU SPANOS BOARD DIRECTOR	2.00	X					0.	0.	0.
DOUG CHURCH BOARD DIRECTOR	2.00	X					0.	0.	0.
KELLY PLACENTI BOARD DIRECTOR	2.00	X					0.	0.	0.
STACY TAYLOR BOARD DIRECTOR	2.00	X					0.	0.	0.
PETER BERNS CHIEF EXECUTIVE OFFICER	60.00			X			296,993.	0.	48,141.
PAUL MARCHAND DIR. OF LEGAL ADVOCACY	40.00				X		199,545.	0.	26,280.
MARTHA FORD DIR. OF LEGAL ADVOCACY	40.00					X	124,032.	0.	19,313.
<b>1b Sub-total</b>							620,570.	0.	93,734.
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>							620,570.	0.	93,734.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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. **NONE**

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

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



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	20,124.			
	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	1180730.			
	g	Noncash contributions included in lines 1a-1f: \$		36,233.			
	h	<b>Total.</b> Add lines 1a-1f		1200854.			
Program Service Revenue	2 a	<b>AFFILIATE DUES</b>	Business Code 900099	2246059.	2246059.		
	b	<b>REGISTRATION FEES</b>	900099	469,450.	469,450.		
	c	<b>PROGRAM SERVICE FEES</b>	900099	317,887.	317,887.		
	d	<b>SUBLICENSING</b>	900099	73,200.	73,200.		
	e	<b>HONORARIUM</b>	900099	5,825.	5,825.		
	f	All other program service revenue	541800	2,000.	2,000.		
	g	<b>Total.</b> Add lines 2a-2f		3114421.			
	3	Investment income (including dividends, interest, and other similar amounts)		480,858.		480,858.	
4	Income from investment of tax-exempt bond proceeds						
5	Royalties		64,803.		64,803.		
Other Revenue	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	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				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		104745.		104,745.	
	d	Net gain or (loss)		104,745.		104,745.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	11 a	<b>MISCELLANEOUS INCOME</b>	Business Code 900099	20,938.		20,938.
b							
c							
d		All other revenue					
e		<b>Total.</b> Add lines 11a-11d		20,938.			
12	<b>Total revenue.</b> See instructions.		4986619.	3114421.	0.	671,344.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,538,309.	1,538,309.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	587,762.	474,695.	58,777.	54,290.
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	1,549,273.	1,132,055.	300,287.	116,931.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	130,445.	95,142.	25,493.	9,810.
9 Other employee benefits	142,821.	105,870.	26,451.	10,500.
10 Payroll taxes	139,267.	104,452.	23,748.	11,067.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	94,436.	82,323.	5,180.	6,933.
d Lobbying	2,786.	2,786.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	271,266.	236,115.	15,031.	20,120.
12 Advertising and promotion				
13 Office expenses	451,736.	309,105.	9,809.	132,822.
14 Information technology				
15 Royalties				
16 Occupancy	190,464.	140,153.	31,037.	19,274.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	586,077.	534,712.	28,699.	22,666.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,880.	31,011.	8,556.	5,313.
23 Insurance	57,981.	53,747.	2,612.	1,622.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>SUBSCRIPTIONS AND DUES</u>	135,477.	130,092.	2,705.	2,680.
b <u>EQUIP. REPAIRS/MAINT.</u>	109,712.	50,526.	7,747.	51,439.
c <u>MISCELLANEOUS</u>	70,869.	91,720.	<30,674.>	9,823.
d				
e				
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	6,103,561.	5,112,813.	515,458.	475,290.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	520.	1	14.
	2 Savings and temporary cash investments	3,694,720.	2	2,962,601.
	3 Pledges and grants receivable, net	171,030.	3	301,928.
	4 Accounts receivable, net	157,210.	4	150,221.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,594.	9	16,302.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 998,719.		
	b Less: accumulated depreciation	10b 915,665.	10c 120,446.	83,054.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	5,052,360.	12	4,549,426.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,048,762.	15	1,144,870.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	10,272,642.	16	9,208,416.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	497,333.	17	406,942.
	18 Grants payable	6,456.	18	6,456.
	19 Deferred revenue	3,000.	19	33,075.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	32,451.	25	16,686.
	26 <b>Total liabilities.</b> Add lines 17 through 25	539,240.	26	463,159.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	989,879.	27	1,143,448.
	28 Temporarily restricted net assets	6,996,399.	28	5,758,576.
	29 Permanently restricted net assets	1,747,124.	29	1,843,233.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	9,733,402.	33	8,745,257.
34 <b>Total liabilities and net assets/fund balances</b>	10,272,642.	34	9,208,416.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,986,619.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,103,561.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,116,942.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,733,402.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	128,797.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,745,257.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
2c	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 in Schedule O.	<input checked="" type="checkbox"/>	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		<input checked="" type="checkbox"/>
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number	
--------------------------------	--

13-5642032

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

e. ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box:

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

#### **h** Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	780,542.	915,161.	878,038.	3,974,961.	1,200,854.	7,749,556.
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 <b>Total.</b> Add lines 1 through 3	780,542.	915,161.	878,038.	3,974,961.	1,200,854.	7,749,556.
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)						2,863,776.
6 <b>Public support.</b> Subtract line 5 from line 4.						4,885,780.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	780,542.	915,161.	878,038.	3,974,961.	1,200,854.	7,749,556.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	241,149.	231,825.	204,514.	225,769.	545,661.	1,448,918.
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 IV.)	4,377.	6,723.	6,600.	227.	20,938.	38,865.
11 <b>Total support.</b> Add lines 7 through 10						9,237,339.
12 Gross receipts from related activities, etc. (see instructions)					12	14,071,325.
13 <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	52.89 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	59.83 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> 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"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 ☐

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

# 2010

Name of the organization

Employer identification number

THE ARC OF THE UNITED STATES

13-5642032

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

## Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



Name of organization

Employer identification number

THE ARC OF THE UNITED STATES

13-5642032

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 136,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE ARC OF THE UNITED STATES

**Part II Noncash Property** (see instructions)[illegible]

Name of organization

Employer identification number

THE ARC OF THE UNITED STATES

13-5642032

## Part III

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **THE ARC OF THE UNITED STATES** Employer identification number **13-5642032**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		110,000.													
c Total lobbying expenditures (add lines 1a and 1b)		110,000.													
d Other exempt purpose expenditures		5,993,561.													
e Total exempt purpose expenditures (add lines 1c and 1d)		6,103,561.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		455,178.													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		113,795.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount	372,591.	341,574.	348,142.	455,178.	1,517,485.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,276,228.
<b>c</b> Total lobbying expenditures	60,000.	120,000.	120,000.	110,000.	410,000.
<b>d</b> Grassroots nontaxable amount	93,148.	85,394.	87,036.	113,795.	379,373.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					569,060.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	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 8/17/06, 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	1,755,873.	1,654,663.	1,761,427.		
b Contributions			218,017.		
c Net investment earnings, gains, and losses	98,694.	102,276.	<316,838.>		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,597.		7,943.		
f Administrative expenses		1,066.			
g End of year balance	1,852,970.	1,755,873.	1,654,663.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 100.00 %c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		998,719.	915,665.	83,054.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ☒ 83,054.

Schedule D (Form 990) 2010



**Part VII Investments - Other Securities.** 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)	4,549,426.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)	4,549,426.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,122,497.
(2) DEPOSITS	22,373.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	1,144,870.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	16,686.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	16,686.

2. FIN 48 (ASC 740) Footnote. In Part XV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

332053  
12-20-10

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,986,619.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,103,561.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,116,942.>
4	Net unrealized gains (losses) on investments	4	128,797.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	128,797.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<988,145.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	5,336,997.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	128,797.
b	Donated services and use of facilities	2b	197,563.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	24,018.
e	Add lines 2a through 2d	2e	350,378.
3	Subtract line 2e from line 1	3	4,986,619.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,986,619.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	6,305,921.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	197,563.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	4,797.
e	Add lines 2a through 2d	2e	202,360.
3	Subtract line 2e from line 1	3	6,103,561.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,103,561.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: GENERAL SUPPORT AND VARIOUS SPECIFIC PROJECT PURPOSES.**

**PART X, LINE 2:** IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2010, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

**Part XIV** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF RELATED PARTY, FOUNDATION OF THE ARC,

REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED PARTY, FOUNDATION OF THE ARC,

REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS.

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**THE ARC OF THE UNITED STATES**

Employer identification number  
**13-5642032**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
THEARC LINK 6689 ORCHARD LAKE ROAD, SUITE 342 WEST BLOOMFIELD, MI 48322	35 2117019	501(C)(3)	102,055	0			MEDICAID REFERENCE DESK
OKLAHOMA DISABILITY LAW CENTER, INC. 2915 CLASSEN BLVD. OKLAHOMA CITY, OK 73106	73 1025167	501(C)(3)	20,240	0			MEDICAID REFERENCE DESK
THE ARC OF NEW MEXICO 3655 CARLISLE BLVD NE NM ALBUQUERQUE, NM 87110	85 0167508	501(C)(3)	56,863	0			SCHOOL TO COMMUNITY TRANSITION, GONZALEZ
THE ARC OF MASSACHUSETTS 217 SOUTH ST WALTHAM, MA 02453	04 2223502	501(C)(3)	50,000	0			SCHOOL TO COMMUNITY TRANSITION
THE ARC GLOUCESTER 1555 GATEWAY BLVD WEST DEPTFORD, NJ 08096	21 0697151	501(C)(3)	50,000	0			SCHOOL TO COMMUNITY TRANSITION
ST. LOUIS ARC 1177 N. WARSON ST. LOUIS, MO 63132	43 0718811	501(C)(3)	50,000	0			SCHOOL TO COMMUNITY TRANSITION
<b>2</b> Enter total number of section 501(c)(3) and government organizations							53
<b>3</b> Enter total number of other organizations							0

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

Schedule I (Form 990) (2010)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 ARC OF HAYWOOD CO. 407 WELCH ST WAYNESVILLE, NC 28786	56 1128063	501(C)(3)	50,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF PHILADELPHIA 2350 W WESTMORELAND ST PHILADELPHIA, PA 19140	23 1417534	501(C)(3)	50,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF GREATER NEW ORLEANS 925 S LABARRE RD METAIRIE, LA 70001	72 0456903	501(C)(3)	50,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF TENNESSEE 151 ATHENS WAY STE 100 NASHVILLE, TN 37228	62 0639154	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF SOUTHEAST LOS ANGELES COUNTY 12049 WOODRUFF AVE DOWNEY, CA 90241	95 2287675	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF OREGON 1745 STATE STREET SALEM, OR 97301	93 0504507	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF NORTHERN VIRGINIA 98 N WASHINGTON ST FALLS CHURCH, VA 22046	54 0675506	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC IN HAWAII 3989 DIAMOND HEAD ROAD HONOLULU, HI 96816	99 0089327	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
AARC NEW YORK CITY 83 MAIDEN LN NEW YORK, NY 10038 LHA	13 5596746	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 ARC OF MISSISSIPPI 7 LAKE LAND CIR STE 600 JACKSON, MS 39216	64-0407774	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC DOWNRIVER 4212 13TH ST WYANDOTTE, MI 48192	38-1586700	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
ACHIEVA RESOURCES PO BOX 1252 RICHMOND, IN 47375	35-1005528	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF WASHINGTON STATE 2638 STATE AVE NE OLYMPIA, WA 98506	91-0747027	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF ROCK ISLAND 4016 9TH ST ROCK ISLAND, IL 61201	36-2615996	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
COMMUNITY SUPPORT SERVICES 9021 OGDEN AVE BROOKFIELD, IL 60513	36-3122784	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
WECAHR 211 MAIN ST DANBURY, CT 06810	06-0955081	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
NYSARC RENSSELAER 79 102ND ST TROY, NY 12180	14-1485873	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
NYSARC THE ARC OF ONEIDA LEWIS 245 GENESEE ST UTICA, NY 13501 LHA	15-0581298	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 ARC OF BATON ROUGE 8326 KELWOOD AVE BATON ROUGE, LA 70806	72 0540957	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF SAN FRANCISCO 1500 HOWARD ST SAN FRANCISCO, CA 94103	94 1415287	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF THE GREATER TWIN CITIES 2446 UNIVERSITY AVE W STE 110 SAINT PAUL, MN 55114	41 0782848	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MONMOUTH 1158 WAYSIDE RD TINTON FALLS, NJ 07712	21 0657022	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
NORTHEAST ARC 64 HOLTEN ST DANVERS, MA 01923	04 2232416	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF KENT CO. 629 MICHIGAN ST NE STE D GRAND RAPIDS, MI 49503	38 1360508	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF JACKSONVILLE 1050 N DAVIS ST JACKSONVILLE, FL 32209	59 6209503	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF VENTURA CO. 5103 WALKER ST VENTURA, CA 93003	95 2266587	501(C)(3)	25,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF FREDERICK CO. 620 A RESEARCH DR FREDERICK, MD 21703 LHA	52 6055211	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 ARC OF PRINCE GEORGE'S CO. 1401 MCCORMICK DR LARGO, MD 20774	52 0715246	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF CLARK CO. PO BOX 2608 VANCOUVER, WA 98668	91 0759016	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF YORK CO. 497 HILL ST YORK, PA 17403	23 2799908	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
STAR, INC. 182 WOLFPIT AVE NORWALK, CT 06851	06 0726489	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF COLORADO 1580 LOGAN ST STE 730 DENVER, CO 80203	84 6041157	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF DAVIDSON CO. 111 N WILSON BLVD NASHVILLE, TN 37205	62 0588710	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
SEGUIN SERVICES 3100 S CENTRAL AVE CICERO, IL 60804	36-2894174	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF WAKE CO. 1300 SAINT MARYS ST STE 502 RALEIGH, NC 27605	56 0846545	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF NORTHWEST WAYNE CO. 26049 FIVE MILE ROAD REDFORD, MI 48239	38 6056677	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
							Schedule I (Form 990)
							HA

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 ARC OF SHELBY CO. 1960 CHANDALAR DR STE H PELHAM, AL 35124	63 0988453	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
EVANSVILLE ARC PO BOX 4089 EVANSVILLE, IN 47724	35 0992718	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF THE DISTRICT OF COLUMBIA 415 MICHIGAN AVE NE STE 400 WASHINGTON, DC 20017	52 0960095	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MECKLENBURG CO 4108 PARK RD STE 200 CHARLOTTE, NC 28209	56 0662725	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF LOUDOUN COUNTY PO BOX 243 LEESBURG, VA 20178	54 0835314	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF JACKSON COUNTY 121 N CENTRAL AVE MEDFORD, OR 97501	23 7071985	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF RACINE COUNTY 1220 MOUND AVE STE 319 RACINE, WI 53404	39 1232958	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
NACDD 1660 L ST. NW, SUITE 700 WASHINGTON, DC 20036	16 1646154	501(C)(3)	7,493.	0.			AUTISMNOW
THE ARC OF MINNESOTA 800 TRANSFER ROAD SUITE 7A ST. PAUL, MN 55114 LHA	41 0795254	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION

Schedule I (Form 990)

Age Group	Percentage (%)
18-29	65
30-39	75
40-49	85
50-59	90
60+	95

[illegible]

Schedule I (Form 990)



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**THE ARC OF THE UNITED STATES**

Employer identification number

**13-5642032**

**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 in 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 (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? | <b>4a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                     | <b>4b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                        | <b>4c</b> | <input checked="" type="checkbox"/> |
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

- |                                    |           |                                     |
|------------------------------------|-----------|-------------------------------------|
| <b>a</b> The organization?         | <b>5a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>5b</b> | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

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

- |                                    |           |                                     |
|------------------------------------|-----------|-------------------------------------|
| <b>a</b> The organization?         | <b>6a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? | <b>6b</b> | <input checked="" type="checkbox"/> |
- If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

**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 in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER BERNS	(i) 296,993.	0.	0.	26,729.	21,412.	345,134.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 PAUL MARCHAND	(i) 199,545.	0.	0.	17,959.	8,321.	225,825.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 5: THE CEO EARNED A BONUS UNDER THE TERMS OF A WRITTEN BONUS PLAN THAT INCLUDES QUANTITATIVE GOALS THAT ARE BASED, IN PART, ON ACHIEVING INCREASES IN CERTAIN TYPES OF REVENUE. THE BONUS WAS EARNED AND ACCRUED IN 2010. HOWEVER, IT WAS NOT PAID UNTIL 3/31/11 AND, THEREFORE, IS NOT REPORTED ON THE CURRENT YEAR SCHEDULE J. IT WILL BE INCLUDED ON THE 2011 FORM 990.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**THE ARC OF THE UNITED STATES**

Employer identification number

**13-5642032**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	21	36,233.	GROSS SALES RECEIPTS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

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

THE ARC ALSO PROMOTED BEST PRACTICES IN PROGRAMS, SERVICES AND SUPPORTS FOR PEOPLE WITH I/DD. THE ARC DEVELOPED AND IMPLEMENTED THREE NEW PROJECTS TO ADVANCE THE FIELD OF PROGRAMS, SERVICES AND SUPPORTS FOR PEOPLE WITH I/DD AND THEIR FAMILIES. THE ARC'S SCHOOL-TO-COMMUNITY TRANSITION PROJECT FUNDED 50 STATE AND LOCAL CHAPTERS THROUGHOUT THE UNITED STATES TO IMPLEMENT PROGRAMS THAT FOCUS ON HELPING YOUNG ADULTS WITH I/DD TO TRANSITION FROM SCHOOL TO ADULT LIFE, INCLUDING EMPLOYMENT, INDEPENDENT LIVING AND COMMUNITY INVOLVEMENT. THE PROJECT CLOSELY MONITORS PROGRAM OUTCOMES WITH AN EYE TOWARD REPLICATING SUCCESSFUL PROGRAM MODELS.

THE ARC'S NEW AUTISM NOW! NATIONAL AUTISM RESOURCE AND INFORMATION CENTER IS BEING ESTABLISHED TO PROVIDE MEMBERS OF THE PUBLIC WITH QUALITY INFORMATION ABOUT AUTISM SPECTRUM DISORDER, AS WELL AS WITH PRACTICAL GUIDANCE TO SUPPORT PEOPLE WITH ASD, AND THEIR FAMILIES, TO PARTICIPATE IN ALL ASPECTS OF COMMUNITY LIFE. THE ARC'S DOWN SYNDROME NEW MEXICO FUND PROVIDES FOR THE EDUCATION, CARE AND SUPPORT OF PEOPLE WITH DOWN SYNDROME IN THAT STATE.

THE ARC KEPT CHAPTERS INFORMED OF CRITICAL INFORMATION AND DEVELOPMENTS IN THE FIELD, INCLUDING IN SUBJECT AREAS SUCH AS EARLY INTERVENTION, INTEGRATED EDUCATION, TRANSITION, SUPPORTED EMPLOYMENT, SUPPORTED AND INDEPENDENT LIVING, HEALTH CARE, FINANCIAL PLANNING AND RECREATION AND COMMUNITY SERVICE. SUPPORT WAS PROVIDED TO BOARD MEMBERS, EXECUTIVE

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

Schedule O (Form 990 or 990-EZ) (2010)

332211  
01-24-11



Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

DIRECTORS AND OTHER VOLUNTEERS AND STAFF OF THE AFFILIATED CHAPTERS THROUGH A BI-WEEKLY EMAIL NEWSLETTER (FUSION), MONTHLY AUDIO CONFERENCES FOR CHAPTER LEADERS, PERIODIC WEBINARS, AN ANNUAL LEADERSHIP INSTITUTE, A NATIONAL CONVENTION, WRITTEN EDUCATIONAL MATERIALS, PERIODIC MAILINGS, AND EXTENSIVE CONTENT AVAILABLE ONLINE, AND ONE-TO-ONE TECHNICAL ASSISTANCE VIA TELEPHONE AND EMAIL.

THE ARC ALSO PROVIDED TECHNICAL ASSISTANCE AND SUPPORT TO INDIVIDUALS WITH DISABILITIES, THEIR FAMILY MEMBERS AND FRIENDS TO ORGANIZE NEW CHAPTERS OF THE ARC, AND TO STRENGTHEN AND STABILIZE EXISTING CHAPTERS, SO THAT THEY MAY EFFECTIVELY ADVOCATE ON BEHALF OF AND SERVE THEIR CONSTITUENTS AT THE STATE AND LOCAL LEVEL. IN 2010, THE ARC DEVELOPED SEVEN NEW LOCAL CHAPTERS IN THE UNITED STATES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
THE ARC'S QUARTERLY PRINT NEWSLETTER, EMPOWER, AND BI-MONTHLY E-NEWSLETTER WERE DISTRIBUTED THROUGHOUT THE YEAR TO MEMBERS OF THE ASSOCIATION AS WELL, TO LIBRARIES AND OTHER PUBLIC INSTITUTIONS AND TO OTHER INTERESTED INDIVIDUALS. THE ARC'S WEBSITE PROVIDED MEMBERS OF THE PUBLIC ACCESS TO A BROAD RANGE OF INFORMATION AND A VARIETY OF FREE PUBLICATIONS PROVIDING PRACTICAL ADVICE ABOUT THE INCLUSION OF PEOPLE WITH I/DD IN ALL ASPECTS OF COMMUNITY LIFE. THE ARC ALSO MONITORS LOCAL AND NATIONAL MEDIA COVERAGE ABOUT PEOPLE WITH I/DD, AND DEVELOPMENTS REPORTED BY STATE AND LOCAL CHAPTERS, AND INFORMS WEBSITE USERS ABOUT CURRENT EVENTS AFFECTING PEOPLE WITH I/DD AND THEIR FAMILY. THE ARC RESPONDED TO HUNDREDS OF WRITTEN, PHONE, AND E-MAIL INQUIRIES FROM INDIVIDUALS AND ORGANIZATIONS, PROVIDING INFORMATION AND RESOURCES ON A VARIETY OF TOPICS RELATED TO I/DD. INFORMATION WAS NEEDED BY MANY

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01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

FAMILIES ON: AGING AND DISABILITIES, FUTURE PLANNING, HOUSING AND RESIDENTIAL FACILITIES, RARE DISORDERS, EDUCATION ISSUES, FETAL ALCOHOL SYNDROME, AND LEGAL AND CRIMINAL JUSTICE ISSUES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND CONTENT POSTED TO THE ARC'S WEBSITE. EDUCATIONAL AND ADVOCACY ACTIVITIES FOCUSED ON A BROAD RANGE OF TOPICS, SUCH AS HEALTH CARE, EDUCATION, EMPLOYMENT, CIVIL RIGHTS, CRIMINAL JUSTICE, HOUSING AND MORE.

THE ARC ALSO REGULARLY EDUCATED AND INFORMED ELECTED AND APPOINTED GOVERNMENT OFFICIALS ABOUT THE NEEDS, INTERESTS AND CONCERNS OF PEOPLE WITH I/DD AND THEIR FAMILIES AND ABOUT THE LIKELY IMPACT OF POLICY PROPOSALS. INPUT WAS PROVIDED TO CONGRESS, THE ADMINISTRATION, GOVERNMENT AGENCIES AND OFFICIALS THROUGH WRITTEN CORRESPONDENCE, ORAL AND WRITTEN TESTIMONY AND FACE-TO-FACE MEETINGS. THE ARC ALSO PARTICIPATED IN, AND PROVIDED LEADERSHIP FOR, A NUMBER OF FORMAL AND INFORMAL COALITIONS AND COLLABORATIONS INVOLVED IN RELATED EFFORTS. THE ARC CO-SPONSORED WITH OTHER NONPROFITS AN ANNUAL DISABILITY POLICY SEMINAR HELD IN WASHINGTON, D.C., IN THE SPRING. SPEAKERS PROVIDED UPDATES ON A NUMBER OF MAJOR FEDERAL PROGRAMS AFFECTING PEOPLE WITH I/DD AND THEIR FAMILIES. REPRESENTATIVES OF THE ADMINISTRATION AND THE UNITED STATES CONGRESS, AS WELL AS OTHER DISABILITY ORGANIZATIONS, OFFERED PRESENTATIONS ON MEDICAID, HEALTH CARE, HOUSING, LABOR ISSUES, SOCIAL SECURITY, AND OTHER ISSUES OF CONCERN TO OUR CHAPTERS AND MEMBERS. ON THE CONCLUSION OF THE SEMINAR, CHAPTER REPRESENTATIVES VISITED CAPITOL HILL AND MET WITH ELECTED CONGRESSIONAL LEADERS TO EDUCATE AND INFORM THEM ABOUT ISSUES OF IMPORTANCE TO PEOPLE WITH I/DD AND THEIR FAMILIES.

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Schedule O (Form 990 or 990-EZ) (2010)

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2010.03040 THE ARC OF THE UNITED STATE 01813 1

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE INDIVIDUALS AND FAMILIES WHO PAY DUES TO STATE OR LOCAL CHAPTERS OF THE ARC AND HAVE A RIGHT TO PARTICIPATE IN GOVERNANCE AS DESCRIBED IN THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MAY BE APPOINTED BY LOCAL CHAPTERS TO SERVE AS DELEGATES AND VOTE AT THE ANNUAL MEETING OF THE CONGRESS OF DELEGATES.

FORM 990, PART VI, SECTION A, LINE 7B: AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS, ADOPTION AND AMENDMENT OF POSITION STATEMENTS, AND OTHER CORPORATE ACTIONS MUST BE APPROVED BY A CONGRESS OF DELEGATES COMPOSED OF INDIVIDUALS APPOINTED TO SERVE BY THEIR STATE OR LOCAL CHAPTER.

FORM 990, PART VI, SECTION B, LINE 11: BASED ON INFORMATION PROVIDED BY MANAGEMENT, THE 990 WAS PREPARED BY THE CPA FIRM THAT IS ALSO RESPONSIBLE FOR THE AUDIT. THE DRAFT FORM 990 WAS REVIEWED BY THE ORGANIZATION'S SENIOR MANAGEMENT. COPIES OF THE FINAL 990 WERE PROVIDED TO THE BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ARC REQUIRES BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF TO ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE COMPLETED STATEMENTS ARE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT. STATEMENTS REVEALING AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE FURTHER REVIEWED BY THE EXECUTIVE DIRECTOR, EXECUTIVE COMMITTEE OR BOARD OF DIRECTORS AS SPECIFIED IN THE ARC'S CONFLICT OF INTEREST POLICY.

Name of the organization

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FORM 990, PART VI, SECTION B, LINE 15A: A NEW EXECUTIVE DIRECTOR WAS HIRED DURING 2008. THE TERMS OF THE CONTRACT WITH THE NEW EXECUTIVE WERE NEGOTIATED AT ARM'S-LENGTH. THE CORPORATION WAS ADVISED IN THESE NEGOTIATIONS BY A SEARCH CONSULTANT. UNDER THE TERMS OF THE CONTRACT, COMPENSATION IS REVIEWED AND SET ANNUALLY IN THE COURSE OF THE ANNUAL REVIEW OF THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. IN 2009, THE EXECUTIVE COMMITTEE CONDUCTED AN ANNUAL REVIEW OF THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, INCLUDING SETTING COMPENSATION FOR THE 2009-2010 CONTRACT YEAR. IN THE COURSE OF THIS ANNUAL REVIEW, THE EXECUTIVE COMMITTEE REVIEWED DATA REGARDING THE SALARIES BEING PAID TO EXECUTIVES IN COMPARABLE NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15B: THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SETTING THE COMPENSATION OF OTHER KEY EMPLOYEES OF THE ORGANIZATION, WITHIN THE PARAMETERS OF THE BUDGET APPROVED BY THE BOARD OF DIRECTORS. IN SETTING SALARIES, THE EXECUTIVE DIRECTOR REVIEWS INFORMATION ON SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS FROM SALARY SURVEYS AVAILABLE FROM THE MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS AND FORM 990 DATA AVAILABLE THROUGH GUIDESTAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, MO, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ARC'S AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS) ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Name of the organization

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13-5642032

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 128,797.

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990.  
▶ See separate instructions.

Name of the organization

THE ARC OF THE UNITED STATES

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

[illegible]

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

[illegible]

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

Schedule R (Form 990) 2010



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets		<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees		<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

**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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





## 2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis for Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
	FURNITURE & EQUIPMENT											
	* 990 PAGE 10 TOTAL		VARIABLE	5.00	16	991,230.			991,230.	870,784.		120,446.
	MACHINERY & EQUIPMENT					991,230.		0.	991,230.	870,784.	0.	120,446.
	* GRAND TOTAL 990					991,230.		0.	991,230.	870,784.	0.	120,446.
	PAGE 10 DEPR											

009102  
05-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction