** PUBLIC DISCLOSURE COPY **

Short Form

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 fruist or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 at the pand of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

A	For th	he 2011 calendar year, or tax year beginning		and en	ding						
	Check is applicab	ck if licable: C Name of organization				D Employer identification number					
		Address change FOUNDATION OF THE ARC									
	Nam	Name change OF THE UNITED STATES						52-1559702			
							E Telephone number				
	Terminated 1825 K STREET, NW 1200							202-534-3705			
	Ame	ended return City or town, state or country, and ZIP + 4				F Group Exemption					
	Applic	cation pending WASHINGTON, DC 20006				Nυ	Number >				
G	Accou	nting Method;				H Ch	I Check X if the organization is not				
		ite: <u>WWW.THEARC.ORG</u>						tach Schedule B			
J	Tax-ex	xempt status (check only one) — X 501(c)(3) 501(c) ()◀(insert no.)	(Fo								
K	Check	eceipts are	normally not more than								
	\$50,00	Check [Image: If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file									
	a retur	rn, be sure to file a complete return.	,								
L	Add lin	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more,	or if tota	assets (Part	11,					
							▶ \$	5,999.			
P	art I			•							
	T	Check if the organization used Schedule 0 to respond to any question in this Part I.					1	X			
	1	Contributions, gifts, grants, and similar amounts received					1				
	2	Program service revenue including government fees and contracts					2				
	3	Membership dues and assessments					3				
	4	Investment income	S	CHEDI	JLE O.	*****	4	5,999.			
	5a	Gross amount from sale of assets other than inventory	5a								
	b	N	5b								
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c							
	6	Gaming and fundraising events		10							
ē	a	Gross income from gaming (attach Schedule G if greater than									
Revenue		\$15,000)	6a								
ě	b	, , , , , , , , , , , , , , , , , , , ,	of con	tributions							
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such									
		gross income and contributions exceeds \$15,000)	6b								
	С	Less: direct expenses from gaming and fundraising events	6c								
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt		ne 6c)		Atter	6d				
	7a		7a								
	b		7b								
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c				
	8	Other revenue (describe in Schedule O)	evenue (describe in Schedule O)				8	5.000			
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	5,999.			
	10	Grants and similar amounts paid (list in Schedule O)					10				
	11	Benefits paid to or for members				******	11				
ses	12	Salaries, other compensation, and employee benefits		900 h 3 K + N + O + D +			12				
ë	13	Professional fees and other payments to independent contractors					13				
Expenses	14	Occupancy, rent, utilities, and maintenance					14				
_	15	Printing, publications, postage, and shipping		no all incom	*************	0.000	15				
	16	Other expenses (describe in Schedule 0)					16	50.			
_	17	Total expenses. Add lines 10 through 16	F1000013			>	17	50.			
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	5,949.			
sse	19	Net assets or fund balances at beginning of year (from line 27, column (A))					. 3	045 000			
Net Assets		(must agree with end-of-year figure reported on prior year's return)	******			*****	19	315,302.			
Ne	20	Other changes in net assets or fund balances (explain in Schedule 0)					20	<u><5,232.</u> >			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	316,019.			
LH	IA Foi	r Paperwork Reduction Act Notice, see the separate instructions.						Form 990-EZ (2011)			

Form **990-EZ** Department of the Treasury

Internal Revenue Service

LHA For Paperwork Reduction Act Notice, see the separate instructions.

FOUNDATION OF THE ARC Form 990-EZ (2011) OF THE UNITED STATES 52-1559702 Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II X (A) Beginning of year (B) End of year 331,899. 332,616. Cash, savings, and investments 22 22 23 Land and buildings 23 Other assets (describe in Schedule 0) 24 24 331,899. 332,616. 25 25 16,597. Total liabilities (describe in Schedule 0) SEE SCHEDULE O 16,597. 26 26 315,302. 316,019. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III | Statement of Program Service Accomplishments (see the instructions for Part III.) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations and section 4947(a)(1) trusts; optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise for others.) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. SUPPORTED THE CHARITABLE PURPOSES OF THE ARC OF THE UNITED STATES, INC.) If this amount includes foreign grants, check here 28a (Grants \$ 29) If this amount includes foreign grants, check here 29a (Grants \$ 30) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a) ▶ 32 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated, (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, contributions to employee benefit (b) Title and average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and address plans, and deferred compensation position (if not paid, enter -0-) compensation CHIEF EXECUTIVE OFFICER PETER BERNS (SEE SCHEDULE O) 0 0 0. 1.00 MOHAN MEHRA PRESIDENT 0 0. 0. 1.00 NANCY WEBSTER VICE PRESIDENT 0. 0. 1.00 0. SECRETARY MICHAEL MACK 0. 1.00 0 0. TREASURER RONALD BROWN 1.00 0 0. 0.

Form 990-EZ (2011)

132172 02-06-12

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OF THE UNITED STATES

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 N/A 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." X complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/AN/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ▶ 0 . ; section 4955 > b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T X 41 List the states with which a copy of this return is filed. **NONE** Telephone no. $\triangleright 202-534-3705$ 42 a The organization's books are in care of PETER BERNS ZIP+4 ► 20006 Located at ► 1825 K STREET, NW, WASHINGTON, DC b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial X 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Х If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2011)

								7 -		Yes	No
46				olitical campaign activitie		n oppositio	n to candidates for p	ublic office?			**
Da		mplete Schedule C		s and section 49	M7(a)(1) none		charitable tru		46	501	(0)(3)
га		•		onexempt charitable tr		-					(0)(0)
		-		zation used Schedule							
	·					7. 1.				Yes	No
47	Did the or	ganization engage ii	n lobbying activities or h	ave a section 501(h) elec	tion in effect durin	ng the tax ye	ar? If "Yes," complete	e Sch. C, Part II	47		X
48	Is the orga	anization a school a	s described in section 17	70(b)(1)(A)(ii)? If "Yes," o	omplete Schedule	E	-is-mosis-mosis-mosis		48		X
				non-charitable related or					49a		X
b	If "Yes," w	as the related organ	ization a section 527 orç	ganization?					49b		
50				compensated employees		rs, directors	s, trustees and key er	nployees) who ea	ch rece	ived r	nore
_	than \$100			n. If there is none, enter "	1			(4)	T	r!	-1
			d address of each emplo nore than \$100,000	yee	(b) Title and ave		(C) Reportable compensation (Forms	(d) Health benefits contributions to		(e) Estimated amount of other	
		pu		NE	positio		W-2/1099-MISC)	employee benefit plans, and deferred		pensa	
			NO	NE				compensation	+-		
							м				
					Ī						
							L				
			ees paid over \$100,000	compensated independe		-	ved more than \$100	000 of compans	tion fro	m the	د
51		on. If there is none,			III COIIII aCtors wiit	o each recei	veu more man proo,	ooo or compensa	tion iro	111111111111111111111111111111111111111	j
121			dependent contractor pa		-	(b) Type o	of service	(c) (ompen	sation	
_[a]	i waino ano	add1000 01 04011 111	dependent dentractor pa	ad more than progress.		(57.13000	1 001 1100	1,57,5	ompon	0000	
_											
_	Talal and	b		:-:			_			_	
			ndent contractors each i	eceiving over \$100,000 section 501(c)(3) organiz	vations and 4047(a	\/1\ nongv	umnt .			_	
52			a completed Schedule A		ations and 4547 (a	i)(i) iloliexe	ampt	5	∑ Yes		No
Under	r penalties of	perjury, I declare that I	have examined this return, i	ncluding accompanying sche of which preparer has any kno	dules and statements	, and to the be	est of my knowledge and	belief, it is true, con	ect, and		
		sarer (officer)) ased on all mornation	With preparer has any kine	wilduge.			5/9	1,		
Sig Hei	n 🔽	Signature of officer	M W	/ June				Date /	110		
пеі	6	PETER BI	ERNS, CHIEF	EXECUTIVE	OFFICER						
		Type or print name ar	nd title								
		Print/Type prepare	er's name	Preparer's signature	1	Date	Check [] if PTIN			
Pai		DAVIN E	ERMING	1/1/1/1-4/	1. CPA	5-9-1	/) self- emplo	yed P 00	2669	95	-
	parer	UNVIU F		PANA 1. DAN	1 417	0 11					
Use	e Only	Firm's name > (EEDMAN			▶ 52-139			0.0.5
		Firm's address		OMERY AVE S		N	Phone no.	. (301)	951	. – 9	090
2020	W- 228-32			MD 20814-29	30		:4	ge, (Fe	7		1.00
May	the IRS dis	scuss this return wit	th the preparer shown at	ove? See instructions			************		Yes		No
								F	orm 99	0-EZ	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization FOUNDATION OF THE ARC Employer identification number 52-1559702 OF THE UNITED STATES Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X 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 X Type I **b** Type II c Type III - Functionally integrated e X 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No X the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? X 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No No THE ARC OF 13-5642032509(A)(1) X 0. THE U.S.

132021

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	0	124		3.3		
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		F1				
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				*		
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included				72		
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						(74);
Section B. Total Support			h.			
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business				-		
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for	the organization				n 501(c)(3)	
organization, check this box and stop	here					>
Section C. Computation of Public	c Support Pe	ercentage				
14 Public support percentage for 2011 (lin	ne 6, column (f) o	divided by line 11, o	column (f))		14	%
15 Public support percentage from 2010					15	%
16a 33 1/3% support test - 2011. If the or						
stop here. The organization qualifies a						
b 33 1/3% support test - 2010. If the or						
and stop here. The organization qualif						
17a 10% -facts-and-circumstances test	- 2011. If the or	ganization did not (check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fact	s-and-circumstar	nces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization
meets the "facts-and-circumstances" t	est. The organiz	ation qualifies as a	publicly supporte	d organization		▶□
b 10% -facts-and-circumstances test	- 2010. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the	e "facts-and-circ	umstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	
organization meets the "facts-and-circ	umstances" test	. The organization	qualifies as a publ	icly supported orga	anization	▶□
18 Private foundation. If the organization	ı did not check a	a box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	and see instruction	s
					edule A (Form 990	

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3							
3	are not an unrelated trade or bus-						
	incon under coation 512						
	***************************************					_	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5							
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and						-
	3 received from disqualified persons						
ı	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						
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
1	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b						
	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						
10	assets (Explain in Part IV.)		4				
	Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the average time!	a first appoind this	ral formation and fifting to		F01/a)/0) and	
14		_			-		
50	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage	***************************************			
	Public support percentage for 2011 (I			oolumn (fl)		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inves					10	70
_	Investment income percentage for 20					17	- %
18						18	% in a 17 in mot
19	a 33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box at		_				
	b 33 1/3% support tests - 2010. If the	_					
	line 18 is not more than 33 1/3%, che						
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

SCHEDULE O (Form 990 or 990-EZ)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOUNDATION OF THE ARC

Employer identification number

OF THE UNITED STATES	52-1	.559/02
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	COME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST INCOME		5,999.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
MISCELLANEOUS		50.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSI	ETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED LOSS		-5,232.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO THE ARC OF THE UNITED STATES	16,597.	16,597.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - '	TO PROMOTE, SUE	PORT AND
FURTHER THE INTERESTS AND PURPOSES OF THE ARC OF	THE UNITED STA	ATES,
INC.		
		*
	41	*