** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

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)

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

OMB No. 1545-0047

Open to Public Inspection

A F	or th	e 2011 calendar year, or tax year beginning and	ending						
Во	hock if pplicab	C Name of organization		D Employer identifi	cation number				
	Addro chang Name chang	THE ARC OF THE UNITED STATES Oping Business As		13-5	642032				
Ì	Hnitial Iroturn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1	Telephone number				
	Termi ated		1200	•	534-3700				
[Amen	ded and		G Gross receipts \$	8,153,874.				
]Applic	MASHINGION, DC ZOOOO		H(a) is this a group re	nturn				
	pondi	F Name and address of principal officer: PETER V. BERNS		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No				
ΙT	ax-ex	empt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
JV	Vebsi	te: ► WWW.THEARC.ORG		H(c) Group exemptio	n number 📂				
K F	orm o	organization: X Corporation Trest Association Other ►	L Year	of formation: 2000 N	1 State of legal domicite: MD				
Pa	ırt I	Summary		A.U.					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.					
33	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo-	sed of more	than 25% of its not as	sets.				
54e	3	Number of voting members of the governing body (Part VI, line 1a)	з	22					
Ġ	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 22				
ŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			42				
<u> </u>	6	Total number of volunteers (estimate if necessary)			70				
ţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
~	b	Net unrelated business taxable income from Form 990-T, tine 34		7b	0.				
				Prior Year	Current Year				
ā	8	Contributions and grants (Part VIII, line 1h)		1,200,854.	4,584,298.				
eu l	9	Program service revenue (Part VIII, line 2g)		3,114,421.	3,044,346.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		585,603.	455,908,				
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		85,741.	<u>69,322.</u>				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,986,619.	8,153,874.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·	1,538,309. 0.	1,510,726.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10)		2,549,568.	3,028,092.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>				
Š	l	Total fundralsing expenses (Part IX, column (D), line 25) > 597,7		·····					
14.41		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)		2,015,684.	2,727,438.				
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,103,561.	7,266,256.				
	19	Revenue less expenses. Subtract line 18 from line 12		<1,116,942.	> <u>887,618.</u>				
Net Assets or Fand Balances			Be	ginning of Current Year	End of Year				
88	20	Total assets (Part X, line 16)		9,208,416.	9,693,717.				
#5	21	Total liabilities (Part X, line 26)	······	463,159.	554,258.				
<u> </u>	<u>22</u> 	Net assets or fund balances. Subtract line 21 from line 20		8,745,257.	9,139,459.				
		ulties of perjury, I declare that I have examined this return, including accompanying schedule	a and alaba	anto and to the bank of	. Ironauladan madalah Sa				
	,	ances of perjuly, 1 declare that a frave examined this return, including accompanying schedule at, and complete. Declaration of proparer (other than officer) is based on all information of wi			y knowledge and belief, it is				
11 (11),	COTTE	A, and complete: Decia and in or preparer (other than unicer) is vasco on an information of wi	nen preparer	nas any knowledge.	tat.				
Cina		Signature of officer / / / /		Date 5	1-7-1-12				
Sign Her		PETER V. BERNS, CHIEF EXECUTIVE OFFIC	ਕੌਸ	/					
пе	Ċ.	Type or print name and title							
_		Print/Type preparer's name Preparer's Agnature //		ate Check	PUN				
Paid	ı	DAVID F. GRALING CLA DANG F. Had. C.		5-9-11 It self-employe	P 00366995				
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008				
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		1 1/11/ (1 1.10)					
500	2,	BETHESDA, MD 20814-2930		Phone no. (301) 951-9090				
May	the 3	RS discuss this return with the preparer shown above? (see instructions)		11 none no.	X Yes No				

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6,235,501.

Total program service expenses

Form 990 (2011) THE ARC OF T Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule 8, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Ν\	<u>A</u>
6	Oid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	· ///*/
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		х	
	assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VII	116		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		<u>^</u>
a	Part X, line 16? If "Yes," complete Schedule D. Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
,	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	111	х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1	Schedule D, Parts XI, XII, and XIII	12a		X
ь	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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
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	15		X.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	,,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			- v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(0011)

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Part IV Checklist of Required Schedules (continued) Yes Νo Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 21 Х United States on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 Х 22 column (A), line 27 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 Х 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ______ 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X_ 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions); 280 Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. Х 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L., Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301,7701:2 and 301,7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Х 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х 36 If "Yes," complete Schedule R, Part V, line 2 _____ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

Par	TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					[]
		1 1			Yes	Νo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1			
	(gambling) winnings to prize winners?	· , ·····		1¢	_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	1000 100000 000000	42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority o	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a	,,	X
ь	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 trans	action?		5b	kanadahihi tahun 1	_X_
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	.,,,	.,	5¢		
6 a	m					
	any contributions that were not tax deductible?	,,,,,,,,,,,,,,,,,	.,,,,,,,,,,	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu				.	
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			,		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices provi	ded to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas require	d			
	to file Form 8282?	.,		7¢ .		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7명				
ė	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?		7e_		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file f		as required?	<u>79</u>		
'n	and the second s			7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?		N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
อ	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	1	 !		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	\\\\		i		
a	Gross income from members or shareholders N/A	11a				
b				ì		
	amounts due or received from them.)	11b		i		
12a	The second secon	n 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			l		
a.	the state of the s		N/A	13ə		
-	Note. See the instructions for additional information the organization must report on Schedule O.		.,,			
b			ļ	1		
.,	organization is licensed to issue qualified health plans	13b	1	;		
С	to the same at all managements are found		30 40 60 C C C C C C C C C C C C C C C C C C			
14a	mark and the second of the sec			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		

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	A. C.			LX			
Sec	tion A. Governing Body and Management							
	- The state of the	1	g/!.datata	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 23	2					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь		1b 22	3					
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?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the							
Ū	of officers, directors, or trustees, or key employees to a management company or other person?		3		_X_			
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		x			
5	Did the organization become aware during the year of a significant diversion of the organization's asse		5		Х			
6	Did the organization have members or stockholders?		6	Х				
7a								
7.04	more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckholders, or	7a	_ <u>x</u> _				
~	persons other than the governing body?							
8	ment of the state							
_	The governing body?		8a	х				
a	Each committee with authority to act on behalf of the governing body?		8b	X				
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х			
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Rev							
	HOLL B. Folicies (1)18 Section is requests information about policies not required by the information	eriae code.j		Yes	Νo			
40-	Did the experiention have level aboutons branches or affiliates?		10a	X				
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such cha							
Þ			10b	х				
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	х				
12a	. ,	n conflicte?	12b	X				
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		720		<u> </u>			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes		40+	x				
	in Schedule O how this was done		12c	X	 -			
13	Did the organization have a written whistleblower policy?			X	1			
14	Did the organization have a written document retention and destruction policy?		14		<u> </u>			
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?			х				
a	The organization's CEO, Executive Director, or top management official		15a	<u> </u>				
b	Other officers or key employees of the organization		15b	·	_X_			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	A data						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem		40		٠,,			
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi							
	exempt status with respect to such arrangements?		16b	1	<u> </u>			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE (.,,					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	Section 501(c)(3)s only)	availat	ote				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, cor	iflict of interest policy, a	nd final	nciał				
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and	d records of the organiz	ation: 🖡	-				
	PETER V. BERNS - (202)534-3701							
·	1825 K STREET, NW, NO. 1200, WASHINGTON, DC 20006							
13200 01-23	o ∙12		Forn	990	(2011)			

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 live 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.

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

- 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.

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustoe)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual fraces of each and	Indiatoral toges	1250	(cy ampla)se	Hghest compenses d explice	Fernal	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MOHAN MEHRA	1000	,,						_		0
PRESTOENT	10.00	X		X			ļ	0.	0.	0.
(2) NANCY WEBSTER	2 00	۷,,		v				0.	0.	0.
VICE PRESIDENT	2.00	X		X				V .	U •	
(3) RONALD BROWN	2 00	٦,		37				0.	٥.	0.
TREASURER	2.00	Α.	ļ	X			ļ		<u>V•</u>	
(4) MICHAEL MACK	2 00			х				0.	0.	0.
SECRETARY	2.00	X	\vdash		ļ	 			<u> </u>	
(5) MARY V. JORDAN	2.00	x		х				0.	0.	0.
IMMEDIATE PAST PRESIDENT			 		 	_	-			
(6) M.J. BARTELMAY, JR.	2 00	v			{			0.	0.	0.
BOARD DIRECTOR	2.00	X	<u></u>	\vdash		-	┢		<u> </u>	U •
(7) SUSAN BASSETT	2.00	l.						0.	0.	0.
BOARD DIRECTOR	4.00	X	 		╁─			<u></u>		<u>V.</u>
(8) BARBARA COPPENS	2.00	Х						0.	0.	0.
BOARD DIRECTOR		∤ • • • • • • • • • • • • • • • • • • •	<u> </u>		·	\vdash	\vdash	·	··································	
(9) HUGH M. EVANS, III	2.00	Х						0.	0.	0.
BOARD DIRECTOR		Δ.			 	·	 -	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>
(10) SAM GIVHAN	2.00	х						0.	٥.	0.
BOARD DIRECTOR	2.00	<u></u>	ł	·······			1	V •	.	
(11) GARY HORNER	2.00	х						0.	0.	0.
BOARD DIRECTOR (12) THOMAS A. JUDD	2.00		·	ļ	†		†			
BOARD DIRECTOR	2.00	x						0.	0.	0.
(13) JOYCE LIPMAN			ļ	\vdash		1	\vdash			
BOARD DIRECTOR	2.00	х						0.	0.	0.
(14) ELISE MCMILLAN		1	1		†					***************************************
BOARD DIRECTOR	2.00	Х						0.	0.	0.
(15) JOE MEADOURS		† -	1	1	<u> </u>	v		A \$1000.000 pp. 200.000 pp. 20		
BOARD DIRECTOR	2.00	x						0.	0.	0.
(16) BARRY MEYER			1				T			
BOARD DIRECTOR	2.00	Х						0.	0.	0,
(17) PAT NAPOLIELLO			·		T		1	, , , , , , , , , , , , , , , , , , , ,		
BOARD DIRECTOR	2,00	Х			L			0.	0.	0.
132007 01-23-12										Form 990 (2011)

132007 01-23-12

Part VII Section A. Officers, Directors, Tru (A)	(B)			((D)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	€	stimate	be
	hours per	box	, unle	ខេត្ត ក្រខ	rson	is bot	h án	compensation	compensation	a	mount	of
	week	marie.	cer ar	10 0 0	recto		(69)	from	from related		other	
	(describe hours for	15/2/5						the	organizations		ipensa	
	related	100	33			震		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	rom th ganizat	
	organizations	Page 2	M		123	AX.		(44-27 (099-10100)		1	garnzar ad rolat	
	in Schedule	33	nstabbnel auster	lu.	6	常芸	143			1	anizati	
	O)	360	SS.	Office.	ing engline	Algher songerster anglyst	३ ३३३३					
18) RANDALL PATRICK									_			
OARD DIRECTOR	2.00	X	<u> </u>	<u> </u>	<u> </u>	—		0.	<u> </u>			0
19) KURT RUTZEN												
OARD DIRECTOR	2.00	X	ļ	ļ		ļ		0.	0.			0
20) DOUG CHURCH												
OARD DIRECTOR	2.00	Х		ļ		<u> </u>		0.	0.	ļ		0
21) KELLY PLACENTI					ļ							
OARD DIRECTOR	2.00	X				<u> </u>		0.	<u> </u>			Q
22) STACY TAYLOR												
OARD DIRECTOR	2.00	Х						0.	0.			0
23) PETER BERNS												
HIEF EXECUTIVE OFFICER	60.00			Х				328,157.	0.	5	0,7	09
24) MARTHA FORD												
HIEF PUBLIC POLICY OFFICER	40.00				X			161,092.	0.	2	3,5	46
25) ANN CAMERON CALDWELL											-1	
HIEF RESEARCH & INNOVATIONS OFFICER	40.00					Х		113,071	0.	1	9,2	06
26) TRUDY JACOBSON		· · · · · ·				· · · · · · · · · · · · · · · · · · ·			1. /. //			********
HIEF DEVELOPMENT & MARKETING OFFICE	40.00					Х		104,119.	0.		9,8	93
1b Sub-total			***************************************			>		706,439.	Q.	10	3,3	
c Total from continuation sheets to Part Vi								102,164.	0.		7,2	
d Total (add lines 1b and 1c)								808,603.	0.		0,6	
2 Total number of individuals (including but n							o re					
compensation from the organization									·			
										····	Yes	No
3 Did the organization list any former officer,				•		•		-		_		4,5
line 1a? If "Yes," complete Schedule J for s										3_	-	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								•	-	4	x	
5 Did any person listed on line 1a receive or a									,	 -		
rendered to the organization? // "Yes," com										5		Х
Section B. Independent Contractors	Arrests de de l'estate			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	rs t	hat received more than \$	100,000 of compens	ation	from	
the organization. Report compensation for	the calendar y	oar (endi	ing w	vith	or w	ithir	n the organization's tax ye	er.			
(A)								(B)		(4	C)	
Name and business	address							Description of se	rvices C	lompe	msatio	rt
AUTOMATED GRAPHICS SYSTEM	MS							DESIGN, PRINT	ING &			
1590 GRAPHICS DR., WHITE	PLAINS	, I	ΜD	20	069	95	3	MAILING		26	6,0	61
MATRIX GROUP INT'L, INC.												
DAVIS HWY, STE 1200, ARL							h	WEB DESIGN		12	0,8	57
							·····	an an an adalah an				
Allower the statement of the statement o	//////////////////////////////////////									,,,		
							- 1		I			

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization 🕨

Form 990 (2011) THE ARC C	OF THE U	<u> IN</u>	['1']	<u>sp</u>	<u>5'.</u>	Ι'Α'.	. 15.	<u>; </u>	<u> 13-564</u>	2032
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	·····
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	solvidusi trustes as director	instrational auther	Office	zalojsza lay	Fighte to source emplying	Forzet	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099 MISC)	other compensatio from the organization and related organizations
27) DARCY LITTLEFIELD										4 - 55
HIEF OPERATING OFFICER	40.00					Х		102,164.	0.	17,294
									Machatte VII (14-paper springer)	
									Markately II a 1970 y 1	
					 !					
WWW. 480 (16-10-40) 1-00(40) 2-00		,.,.,.								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
THE RESIDENCE OF THE PROPERTY					201					
West of the second seco						,				
								1800-7-100-7-100-0-100-0-100-7-100-0-100-7-100-0-100-7-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-1		
								VATE 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
VAV - M. A					_		_		**************************************	. 20.49
				noner.						
otal to Part VII, Section A, line 1c				<u> </u>			<u> </u>	102,164.		17,29

Part VIII Statement of Revenue (D) Bevenue (A) (B) (C) Total revenue Related or Unrelated excluded from business tax under sections 512, 513, or 514 exempt function revenue revenue 26,326. Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 1d 2031477. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2526495. similar amounts not included above 11 38,185. Q Noncash contributions included in lines 1a-10.3. 4584298 h Total, Add lines 1a-1f Business Code 2455714 900099 2455714 2 a AFFILATE DUES Program Service 900099 363,492. 363,492. ь REGISTRATION FEES 121,275. 121,275 900099 c PROGRAM SERVICE FEES 101,140 900099 101,140. d SUB-CONTRACT 2,725. 2,725 ADVERTISING 541800 f All other program service revenue 3044346. a Total. Add lines 2a/2f Investment income (including dividends, interest, and 455,908. 455,908. other similar amounts) Income from investment of tax-exempt bond proceeds 4 64,531. 64,531. Royalties 6 a Gross rents b Less: rental exponses c Rental income or (loss) d. Net reptal income or (loss). 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less; direct expenses ______b Net income or (loss) from fundraising events 9 a. Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ...<u>,....</u> 10 a Gross sales of inventory, less returns 2,571 b tless: cost of goods sold b 2,571. 2,571 Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 2,220. 11 a MISCELLANEOUS INCOME 900099 2,220. d All other revenue 2,220. e Total. Add lines 11a-11d 525,230. 8153874. 3044346. Total revenue, See instructions. 132009 01-23-12 Form 990 (2011)

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 n	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, (3b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,510,726.	1,510,726.		
2.	Grants and other assistance to individuals in				
	the United States, See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			V-111/4/	
6	Compensation of current officers, directors,	270 066	204 140	37 007	E 6 0 3 0
	trustees, and key employees	378,866.	284,149.	37,887.	56,830
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 107 000	1 505 600	420,216.	201 170
7	Other salaries and wages	2,127,302.	1,505,608.	440,410+	201,478
8	Pension plan accruals and contributions (motivio	1.61 000	114 451	22 204	15 155
	section 401(k) and section 403(b) employer contributions)	161,920.	114,461.	32,304.	15,155 18,157
9	Other employee benefits	188,139.	133,415.	36,567. 31,709.	17,547
10	Payroll taxes	171,865.	122,609.	31,709.	T/, 24/
11	Fees for services (non-employees):	1			
	Management				
Þ	Legal	103 060	102 060		
С	Accounting	103,069.	103,069.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	300 600	201 071	26 021	20 700
g	Other	328,682.	281,071.	26,831.	20,780
12	Advertising and promotion	638,767.	454 006	12,682.	171,999
13	Office expenses	638,161.	454,086.	14,004.	1/1,999
14		/// 4/4////////////////////////////////			
15	Royalties	272 272	313,717.	42,162.	16 402
16	Occupancy	372,372.	<u> </u>	42,102.	16,493
17	Fravel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	750 450	706 507	22 042	0 022
19	Conferences, conventions, and meetings	759,452.	726,587.	23,043.	9,822
20	Interest				
21	Payments to affiliates		41 COD	11 110	4 3 4 0
22	Depreciation, depletion, and amortization	57,074.	41,607. 8,344.	11,118.	4,349
23	Insurance	11,446.	8,344.	2,230.	872
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	MISCELLANEOUS	222,717.	455,894.	<249,244.>	16,067
ь	SUBSCRIPTIONS AND DUES	140,760.	135,430.	2,142.	3,188
c	EQUIP. REPAIRS/MAINT.	93,099,	44,728.	3,390.	44,981
d			aranan arang a	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
	All other expenses				
25	Total functional expenses, Add lines 1 through 24e	7,266,256.	6,235,501.	433,037.	597,718
26	Joint costs. Complete this fine only if the organization			anarana attarit attarit attarit	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	concaronal campaign and minimalismy sometiment.	!		i	

Form **990** (2011)

Form 990 (2011)
Part X Balance Sheet

Par	tΧ	Balance Sheet					
1					(A) Beginning of year		(8) End of year
	1	Cash - non-interest-bearing			14.	1	221,355.
	5	Savings and temporary cash investments			2,962,601.	2	501,700.
	3	Pledges and grants receivable, not			301,928.	3	198,997.
	4	Accounts receivable, net			150,221.	4	274,844.
	5	Receivables from current and former officers, di					
	ų,	employees, and highest compensated employee					
						5	
	6	of Schedule L Receivables from other disqualified persons (as		i i		viinationora	γφ
	Ų	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru				6	
23	7	Notes and loans receivable, net				7	
Assets	7			10000		8	
द	8	Inventories for sale or use			16,302.	9	74,429.
	8	Prepaid expenses and deferred charges	1 1				74,425
	100	basis. Complete Part VI of Schedule D	40-	7/13 //22			
			108		83,054.	10c	418,036.
		Less; accumulated depreciation			4,549,426.	11	5,897,314.
	11	Investments - publicly traded securities			4,542,440.	12	960,923.
	12	Investments other securities. See Part IV, line				13	
	13	Investments - program-related, See Part IV, line	ļ				
	14	Intangible assets	• • • • • • • • • • • • • • • • • • •	1,144,870.	14	1,146,119.	
	15	Other assets. See Part IV, line 11		I	9,208,416.	15	9,693,717.
	16	Total assets. Add lines 1 through 15 (must equ			406,942.	16 17	380,868.
	17	Accounts payable and accrued expenses			6,456.	18	4,456.
	18	Grants payable		• • • • • • • • • • • • • • • • • • •	33,075.	19	5,000.
	19	Deferred revenue	1				
	20	Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·	20	
Liabilities	21	Escrow or custodial account liability. Complete		I		21	
<u> </u>	22	Payables to current and former officers, directo highest compensated employees, and disqualif					
Ë						20	
_		of Schedule I				22	,
	23	Secured mortgages and notes payable to unrel			V-92/0-1	23	
	24	Unsecured notes and loans payable to unrelate		·		24	
	25	Other liabilities (including federal income tax, pa	-	,			
		parties, and other liabilities not included on line		}	16,686.	0.5	163,934.
		Schedule D			463,159.		554,258.
	26	Total liabilities. Add lines 17 through 25			402,122.	20	- JJ#,4JU*
		Organizations that follow SFAS 117, check h	ere 📂	LAL) and complete			,
8		lines 27 through 29, and lines 33 and 34.			1,143,448.	~	1,011,955.
ā	27	Unrestricted net assets			5,758,576.	27	6,349,540.
Fund Balances	28	Temporarily restricted net assets		f	1,843,233.	28 29	1,777,964.
яd	29				1,043,433.	29	
		Organizations that do not follow SFAS 117, o	ere 📂 🔛 and				
Ö		complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds		30			
AS	31	Paid-in or capital surplus, or land, building, or or		in an	Value Control of Contr	31	
Net Assets or	32	Retained earnings, endowment, accumulated in			0 745 257	32	0 120 450
_	33	Total net assets or fund balances			8,745,257.	33	9,139,459.
	34	Total liabilities and net assets/fund balances			9,208,416.	34	9,693,717.

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Separate basis X Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

Х

За

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB Na. 1545-0047

2011

Department of the Treasury Internal Plevenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number

13-5642032 THE ARC OF THE UNITED STATES Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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). 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. d Type III - Other c ____ Type III - Functionally integrated ъ I Type II 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? 9 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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in cot. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

132021

Schedule A (Form 990 or 990 EZ) 2011 THE ARC OF THE UNITED STATES 13-5642032 Page 2

[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.)

Sec	tion A. Public Support								
Çale	ndar year (or fiscal year beginning in) 📂	(a) 2007	(p) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	915,161.	878,038.	3,974,961,	1,200,854,	2,957,153,	9,926,167,		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	915,161.	878,038.	3,974,961.	1,200,854,	2,957,153,	9,926,167.		
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)				wip-w-1-7		2,932,254,		
	Public support, Subtract line 5 from line 4.						6,993,913.		
**********	ction B. Total Support				data-20072009-200				
	ndar year (or fiscal year beginning in) 🛌	(a) 2007	(P) S008	(c) 2009	(d) 2010	(o) 2011	(f) Total		
7	Amounts from line 4	915,161.	878,038.	3,974,961.	1,200,854,	2,957,153.	9,926,167,		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties			005 550	F 45 663	E00 010			
	and income from similar sources	231,825.	204,514.	225,769.	545,661.	523,010.	1,730,779,		
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	6 700	c coo	207	20 020	2 220	36 700		
	assets (Explain in Part IV.)	6,723.	6,600.	227.	20,938.	2,220.	36,708.		
	Total support. Add lines 7 through 10					1.1	11,693,654.		
	Gross receipts from related activities						,376,179.		
13	First five years. If the Form 990 is fo						- [)		
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2011 (••••••	valumo (f))		14	59.81 %		
	Public support percentage from 2010						52.89 %		
16:	33 1/3% support test - 2011. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo			
,,,,	stop here. The organization qualifies								
,	33 1/3% support test - 2010. If the						1711-11-1-1		
•	and stop here. The organization qua								
17:	10% -facts-and-circumstances tes								
′′′	and if the organization meets the "fac								
	meets the "facts-and-circumstances"								
	10% -facts-and-circumstances tes								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	The second of th								
			A CONTRACTOR OF THE CONTRACTOR			dule 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.)

Sec	ction A. Public Support	**************************************	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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			Des PORTAGE AND LEAST OF THE PORTAGE AND	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Service A to a sum manifold and A V and Monthly department	
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	A A A A A A A A A A A A A A A A A A A	a "	A model from the feet of distances and the second			
5	The value of services or facilities				•		
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support (Subtractline 7c from line 6.)						
	ction B. Total Support		- L v x 10.10.10.1000000000000000000000000000	h	***************************************	· [Leature 4.1. 5. 5
	ndar year (or fiscal year beginning in) 📂	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	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			Mari Van van Estanastra in Santantan alembara in			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)		1				
14	First five years. If the Form 990 is for	_			•		
	check this box and stop here	In Comment D					
	ction C. Computation of Publ			- 1		t I	
15	·		·			15	<u>%</u>
16 Se	Public support percentage from 2010 ction D. Computation of Inves			<u> </u>		16	%
17	Investment income percentage for 20			ne 13. column (f)\		17	%
18	Investment income percentage from :			75, COIGITHT (1)		18	
	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2010. If the	•					and
	line 18 is not more than 33 1/3%, che	ick this box and s	stop here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□□
20	Private foundation, If the organization						

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

Oppartment of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organizati	Employer Identification numbe			
	THE ARC OF THE UNITED STATES	13-5642032		
Organization type (chec				
Filers of:	Section:			
Form 990 or 990-EZ	X 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			
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.		
General Rule				
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n Implete Parts I and II.	noney or property) from any one		
Special Rules				
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
total contributi	i01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont ons of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ec of cruelty to children or animals. Complete Parts I, B, and III.			
contributions f If this box is ch purpose, Do no	i01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont or use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not to necked, enter here the total contributions that were received during the year for an <i>exclusiv</i> of complete any of the parts unless the General Rule applies to this organization because table, etc., contributions of \$5,000 or more during the year.	otal to more than \$1,000. vely religious, charitable, etc., it received nonexclusively		
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedule " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Par neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			
LHA For Paperwork P	Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2011)		

Name of organization

Employer identification number

THE A	RC OF THE UNITED STATES		-5642032
Part i	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Namo, accircos, and zin 174	\$ 2,031,477.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(ਰ) Type of contribution
3		\$ 200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$,627,145.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Pro-Ver-recommendation		\$	Person Payroll Noncash (Complete Part II if there is a попсаsh contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a nancash contribution.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

123452 01-23-12

Name of organization

Employer identification number

THE ARC OF THE UNITED STATES

13-5642032

Part II	Noncash Property	(see instructions). Use duplicate copies of Part \Re if additional space is needed.
---------	------------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Annual Italy		\$	a to the control of t
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

ι	ear. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. be duplicate copies of Part III if addition	ne following line entry. For organization c., contributions of \$1,000 or less for to al space is needed.	7), (8), or (10) organizations that total more than \$1,000 for s completing Part {}}, enter the year, (Eater this information once.) > 3	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
471,7 as june 1	<u>Transferee's name, address, a</u>	(e) Transfer of gift	Relationship of transferor to transferee	
n) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of g		gift	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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. On 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 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organi 	zations: Complete Part III.	1		
Name of organization			Empl	oyer identification number
THE AF	C OF THE UNITED S	TATES		13-5642032
Part I-A Complete if the o	rganization is exempt und	ler section 501(c) or is a section 527 o	rganization.
Provide a description of the orga Political expenditures Volunteer hours			> \$	1854 ////////////////////////////////////
Part I-B Complete if the o	rganization is exempt und	ier section 501(c	(3).	
1 Enter the amount of any excise t	ax incurred by the organization un	der section 4955 🗼 👯		
2 Enter the amount of any excise t	ax incurred by organization manag	ers under section 495	55 🟲 \$	
3 If the organization incurred a sec				
4a Was a correction made?				Yes No
ь If "Yes," describe in Part IV. Part I-C Complete if the c	rasnization le evenut une	ler section 501/c	aveant section 5016	~)(3)
1 Enter the amount directly expend2 Enter the amount of the filing org	ted by the filing organization for so			
	anization's luids commuted to of			
3 Total exempt function expenditu	roe Add lines 1 and 2. Enter here	and on Form 1320-PO		
Boo 17h		and on 1 on 1 1 1 1 0 - 0		
4 Did the filing organization (its For	m 1120-POL for this year?		F ¥	Yes No
5 Enter the names, addresses and made payments. For each organ contributions received that were	employer identification number (E ization listed, enter the amount pai promptly and directly delivered to If additional space is needed, pro	(N) of all section 527 p id from the filing organ a separate political or	political organizations to whic hization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
(a) Name	(b) Address	(c) 티N	(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.
	N FITS POST			
And the second translated of the second for the second second second second second second second second second	The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7,777,777				
	Sandram and Italian and Alakana and Alakan			

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041

f Grassroots tobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011 THE ARC OF THE UNITED STATES 13-564203 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)).

	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(ž	1)	(t)
of th	e lobbying activity.	Yes	No	Amo	ount
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?				
Ь					
С	Media advertisements?				
¢	A STORY AND A STOR				,
е	45 A H	11222111222222			
ŧ	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?				
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				
¢	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ļ 	
c	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
**********	501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			Γ	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? It III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3	L	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
1	answered "Yes." Dues, assessments and similar amounts from members			III-A, lin	e 3, is
1 2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic			III-A, lin	e 3, is
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	cal	1	III-A, lin	e 3, is
	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	cal	1	III-A, lin	e 3, is
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	cal	1 2a 2b	III-A, lin	e 3, is
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	cal	1 2a 2b 2c	III-A, lin	e 3, is
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	1 2a 2b 2c	III-A, lin	e 3, is
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	cai	1 2a 2b 2c	III-A, lin	e 3, is
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and in	cal cess political	2a 2b 2c 3	III-A, lin	e 3, is
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	cal	2a 2b 2c 3	III-A, lin	e 3, is
2 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	cal	2a 2b 2c 3	III-A, lin	e 3, i:
2 1 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information	cal cess political	2a 2b 2c 3		
2 k 3 4 5 Pa	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excitoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, lin	cal cess political	2a 2b 2c 3		
2 k 3 4 5 Pa	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information	cal cess political	2a 2b 2c 3		
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2 3 4 5 Pa	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excitoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, lin	cal cess political	2a 2b 2c 3		
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

	THE ARC OF THE UNI	TED STATES	13-5642032
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		Local de la Constantina del Constantina de la Co
2	Aggregate contributions to (during year)		22000000
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 advis	ed funds
	are the organization's property, subject to the organization's		
ø	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes L No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) — Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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		
þ	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		, ,
	listed in the National Register		24
3	Number of conservation easements modified, transferred, re	Reased, extinguished, or terminated by the	organization during the tax
	yoar		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing appropriate accompate di	uring the year -
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) about		
8			[] [[]
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
19	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
, ,	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (A)		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	> \$
			> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS		
ą)	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
7	in the same and th		

Schedule D (Form 990) 2011

132051 01-23-12

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

Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuat nd-of-year mark	
1) Financial derivatives				
(2) Closely-held equity interests				and the banks are a bank of the second of th
(3) Other		Inter-Control Million Control Control Control		
(A) HEDGE FUNDS	960,923.	END-OF-YEAR	MARKET	VALUE
(B)				
<u>(C)</u>				
(O)				
(E)				
(F)				
(G)				
(- 	AV			LEADINA
()			-%1+h1+%4%1%++1	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	960,923.			WARRIED TO THE TOTAL OF THE TOT
Part VIII Investments - Program Related.	See Form 990, Part X, line 1			
(a) Description of investment type	(b) Book value	,	ethod of valuat id-of-year mark	
(1)				
(2)				.,,,
(3)				
(4)				
(5)		V=31/4-1/mm-1-3/4-mm-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
(6)				
(7)		, _{(v.,} ,		
(8)				
(9)				
(10)	· · · · · · · · · · · · · · · · · · ·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	e 15.) Description			(b) Book value
				,
(1) BENEFICIAL INTEREST IN P	EKPETUAL TKUSI			1,057,228 88,891
(2) DEPOSITS				00,031
(3)	and the state of t	A474544144444477444744144444444444444444		
(4)				
(5)				
<u>(6)</u>	rycy (ywya taria farid			
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col (B) lir	20.15.)		L	1,146,119
Part X Other Liabilities. See Form 990, Part X				<u> </u>
(a) Description of liability		(b) Book value		
(1) Federal income taxes	Vallani I and a second a second and a second a second and			
(2) DUE TO RELATED PARTIES		33,086.		
(3) DEFERRED RENT		130,848.		
(4)				
(5)		**************************************		
(6)	(1)-1,(()-1)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
(7)				
(8)				
(9)				
(10)				
(11)				
	26 26) L	163.934.		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	to the organization's financial states	nents that reports the organization's	liability for uncertain	lax positions under

Schedule D (Form 990) 2011 THE ARC OF THE UNITED STATES 13-5642032 Page 5 Part XIV Supplemental Information (continued)
FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR
THREE YEARS AFTER IT IS FILED.
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 (Form 990) internal Revenue Service

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMS No. 1545-0047 Inspection

MEDICAID REFERENCE DESK / 52. Employer identification number 13~5642032 (h) Purpose of grant SCHOOL TO COMMUNITY or assistance X Yes 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 PROJECT VOYE TRANSITION RANSITION ROLLINGE REAMSITION **PRANSITION** 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 to a cash grant and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, non-cash assistance or government received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box is not a section to the section of the section received more than \$5,000. Check this box is not a section to the section received more than \$5,000. Check this box is not a section to the section than \$5,000. Check this box is not a section to the section than \$5,000. Check this box is not a section to the section than \$5,000. Check this box is not a section to the section that the section than \$5,000. Check this box is not a section that the section than \$5,000. Check this box is not a section that the section than \$5,000. Check this box is not a section that the section than \$5,000. Check this box is not a section that the section that 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 other Ö o, 0 Ö ø ت assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 30,000 30 000 30,000 30,000 30,000 62,339 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table STATES 501(0)(3) 23-1417534 |S02(C)(3) 501(0)(3)501(C)(3) 501(C)(3) 601(C)(3) Enter total number of other organizations listed in the line 1 table THE ARC OF THE UNITED 35-2117019 04-2233502 56-1128063 21-0697151 43-0718811 Part I General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 6689 ORCHARD LAKE ROAD, SUITS 342 WESTELOOMFIELD, MI 48322 THE ARC OF MASSACHUSETTS THE ARC OF PHILADELPHIA 2350 W WESTMORELAND ST. PHILADELPHIA, PA 19140 WESTDEPTFORD NJ 08096 THE ARC OF HAYWOOD CO WAYNESVIELE, NC 28785 Name of the organization THE ARC GLOUCESTER ST.LOUIS, MO 63132 1555 CATEWAY BEVD. WALTHAM WA 02453 1177 N. WARSON ST, LOUIS ARC 407 WELCH ST. 217 SOUTH ST THEARCLINK Partil

Schedule I (Form 990) (2011)

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

Page 1	
13-5642032	
Schedule Form 990} THE ARC OF THE UNITED STATES	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 (b) EIN (c) IRC section (d) Amount of non-cash organization or government fapplicable cash grant non-cash assistance	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, eppraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF GREATER NEW ORLEANS 925 S LABARRE RD WEYARRIE, LA 70001	72-0456903	501(0)(3)	30 000	0		V	SCHOOL TO COMMUNITY IRANSITION
THE ARC OF TENNESSEE 151 ATHENS WAY STE 100 WASHVILLE, TW 37228	62-0639154	501(C)(3)	25, 000	0	,		SCHOOL TO COMMUNITY IRANSITION
THE ARC OF SOUTHEAST LOS ANGELES COUNTY - 12649 MODDRUFF AVE - DOWNEY, CA 90241	95-2287675	501(C)(3)	25,000	0			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF OREGON 1745 STATE STARET SALEM, OR 97301	93-0504507	501(C)(3)	25,000.	Ô		NA V	SCHOOL TO COMMUNITY FRANSITION
THE ARC OF NORTHERN VIRGINIA 98 N WASHINGTON ST FALLSCHURCH, VA 22046	54-0675506	501(C)(3)	25,000.	0			SCHOOL TO COMMINITY TRANSITION
THE ARC IN HAWAII 3989 DIAMOND HEAD ROAD HONOLULU, HI 96816	99-0389327	501(C)(3)	25,000.	Ð			SCHOOL TO COMMUNITY TRANSITION
AHRC - NEW YORK CITY 83 MAIDEN LN NEWYORK, NY 1038	13-5596746	501(C)(3)	25,000.	.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MISSISSIPPI 7 LAXELAND CIR STE 600 JACKSON, MS 39216	64-040774	501(0)(3)	25,000.	6		and the second s	SCHOOL TO COMMUNITY
THE ARC DOWNRIVER 4212 13TH ST WYANDOTTE, MI 48192	38-1586700	501(0)(3)	15,000.	6			SCEDOL TO COMMUNITY ERANSIETON
							Schedule I (Form 330)

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Schedule 1 (Form 990) THE ARC OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 1 (Form 990), Part III.)	OF THE UNITED SET Assistance to Government	TED STATES	lizations in the Un	ifed States (Sche	dule 1 (Form 590), Pa		13~5642032 <u>Page 1</u>
(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 WASHINGTON STATE 2618 STATE AVE., NE OSYMPIA, MA 48192	91.0747027	501(C)(3)	15, 000.	6			SCHOOL TO COMMUNITY
THE ARC OF THE QUAD CITIES AREA 4016 9TH ST.	36-2615996	501(0)(3)	15,000.	Ö			SCHOOL TO COMMUNITY
COMMUNITY SUPPORT SERVICES 9021 OGDEN AVE BROOKFIELD, IL 61201	36-3122784	501(c)(3)	15,000.	Ö		A STATE OF THE STA	SCHOOL TO COMMUNITY FRANSIEION
WECHER 211 MAIN ST. DANBURY CT 60513	06-0955081	501(0)(3)	15,090.	G			SCHOOL TO COMMUNITY
NYSARC - RENSSELAER 79 102ND ST. FROY, NY 06810	14-1485873	501(0)(3)	15,000.	.0			SCHOOL TO COMMUNITY TRANSITION
NYSARC - THE ARC OF OWEIDA-LEWIS 245 GENESEE ST UTICA, NY 12180	15-0581298	\$01(C)(3)	15,000.	· 0			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF BATON ROUGE 8326 KELNOOD AVE BATON ROUGE, LA 13501	72-0540957	501(0)(3)	15,000	0			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF SAN FRANCISCO 1500 HOWARD ST. SANFRANCISCO, CA 70806	94-1415287	501(C)(3)	15,000.	á			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF THE GREATER TWIN CITIES 2446 UNIVERSITY AVE, W, STE 110 SAINTPAUL, MY 94103	41-0782848	\$01(0)(3)	15,600	.0			SCHOOL TO COMMUNITY TRANSITION Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organization of Grants and Other Assistance to Government organization of Grants and Other Assistance to Government organization of government organization organization of government organization organiza	Schedule I (Form 990) THE ARC OF	THE UNITED	TED STATES					13-5642032 Page 1
and accidess of the lens (e) IRC section (d) Amount of (e) Amount of non-cash assistance (cash grant assistance assistance (cash grant assistance assistance (cash grant assistance assistance (c)	art II Continuation of Grants and Other A	ssistance to Gor	rernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Pa	it (I.)	
DUESH Selid 21-0657022 501(C)(3) 15,000 CO. NB, STE D 38-1360503 501(C)(3) 15,000 15,000 SP-22266887 501(C)(3) TA CO. TE GEONGE'S C	(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
20. CO. NE, STE D 38-1366508 \$01(C)(3) 15,000 19923 SN-1366508 \$01(C)(3) 15,000 NA CO. NA CO. NB. SP-6205603 \$01(C)(3) 15,000 SRICK CO. NB. SP-6205603 \$01(C)(3) 15,000 NB. SP-6205603 \$01(C)(3) 15,000 NB. SP-6205603 \$01(C)(3) 15,000 CO. CO. CO. CO. CO. CO. CO.					c			SCHOOL TO COMMUNITY
OF KENT CO. 158. NI O1923 159. AI 01923 150. OF JACKSONVILLE AVIS ST. 150. OF JACKSON 150. OF JA			501(C)(3)		0			SCHOOL TO COMMUNITY PRANSITION
59-6209603 501(C)(3) 15 5000 95-2266987 501(C)(3) 15 000 52-6055211 501(C)(3) 10 000 52-0715246 501(C)(3) 10 000	OF KENT CO. IGAN ST. NE, STE IDS. MI 01923		501(c)(3)		0.0			SCHOOL TO COMMUNITY TRANSITION
0. 52-6055211 501(C)(3) 15 000. 6E'S CO. 52-0715246 501(C)(3) 20 000. 91-0759016 502(C)(3) 10 000	E ARC OF JACKSONVILLE 50 % DAVIS ST. CKSONVILLE, FL 49503		501(C)(3)		0.			SCHOOL TO COMMUNITY TRANSITION
K CO. 52-6055211 501(C)(3) 10,000. 52-0715246 501(C)(3) 10,000.	E ARC OF VENTURA CO. 03 WALKER ST. STURA. CA 32209		501(c)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
EORGE'S CO. 15246 501(C)(3) 10,000,	E ARC OF FREDERICK CO. 0-A RESEARCH DR. EDERICK, MD 93003		501(C)(3)	10,000.	0.		·	SCHOOL TO COMMUNITY TRANSITION
91-0759016 502(C)(3) 3.0.000	E ARC OF PRINCE GEORGE'S CO. 01 MCCORMICK DR. RGO, ND 20774		501(C)(3)	10,000,	Ċ			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF YORK CO. 497 HILL ST.	E ARC OF CLARX CO. BOX 2608 NCOUVER, WA 98668		502(C1(3)		0			SCECOL TO COMMUNITY TRANSITION
YORK, PA 17403 23-2799908 501(C)(3) 10,000, 0,	E ARC OF YORK CO. 7 HILL ST. RK, PA 17403		501(C)(3)	10,000.	0			SCHOOL TO COMMUNITY TRANSITION Schedule (Form 990)

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13-5642032 Page 1	i (Form 990), Part II.)
Schedule (Form 990) THE ARC OF THE UNITED STATES	ents and Organizations in the United States (Schedule

(a) Name and address of (b) EIN (c) IRC section (d) Amount of non-cash organization or government assistance	NI3 (q)	(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
STAR, INC. 182 WOLFPIT AVE NORWALK, CT 06851	06-0726489	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF COLORADO 1580 LOGAN ST. STE 730 DENVER, CO 80203	84-6041157	501(C)(3)	10,000.				SCHOOL TO COMMUNITY TRANSITION
THE ARC OF DAVIDSON CO. 111 N WILSON BLVD NASHVILLE, IN 37205	62-0588710	501(0)(3)	10,000,				SCHOOL TO COMMUNITY PRANSITION
SEGUIN SERVICES 3100 S CENTRAL AVE CICERO, IL 60804	36-2894174	501(C)(3)	10.000.	Ó			SCHOOL TO COMMUNITY
THE ARC OF WAKE CO. 1300 SAINT MARYS ST. STE 502 RALEIGH, NC 27605	56-0846545	501(0)(3)	10 000	Ċ			SCHOOL TO COMMUNITY
THE ARC OF NEBRASKA 3601 CALVERT ST STE. 25 LINCOLM, NE 68506	47-0495350	501(C)(3)	10,006.	0,			SCHOOL TO COMMUNITY PRANSITION
THE ARC OF KENFUCKY 706 E NAIN ST. STE A FRANKFORF, KY 40601	61-0593311	\$01(0)(3)	10,000.	6			SCHOOL TO COMMUNITY TRANSITION
THE AUTISTIC SELF ADVOCACY NETWORK, INC PO. BOX 66122 - WASHINGTON, DC 20035	26-1270198	501(0)(3)	106,415	Ĉ.			AUTISMNOW
SEL? ADVOCATES BECOMING EMPOWERED 3316 N GALERAITH ROAD CINCINNAFI, OH 45239	58-2190392	501(C)(3)	59,861.	0			AUTISMROW Schedule I (Form 990)

Schedule (Form 990) THE ARC OF THE UNITED STATES Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III)	F THE UNITED Assistance to Governm	TED STATES	nizations in the Ur	ited States (Sche	dule I (Form 990), Pa	, , , , , , , , , , , , , , , , , , ,	3-5642032 Page 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, appreisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISK SOCIETY 4340 EAST WEST HWY, SUITE 350 BETHESDA, MD 20814	52-1020149	501(C)(3)	91 269	0			AUTISMNOW
100 MORRISSEY BLYDUNIVERSITY OF MASSACHUSETTS - BOSTON - 100 MORRISSEY BLVD - BOSTON KA 02125	04-3037799	501(C)(3}	99 99 99	ō			AUTISMOW
UNIVERSITY OF MAINE 5717 CORBETT HALL ROOM 400 ORONO, ME 04469	22-3079896	50±(C)(3)	67_738.	0			ROMKS TIDE
WAYNE STATE UNIVERSITY 5057 WOODWARD, 6TH FLOOR DETROIT, MI 48202	23-7080478	501(0)(3)	61,710.	ं			RUTISMSOM
BRANDEIS UNIVERSITY MS 144 - PO BOX 549110 WALTHAM, MA 02454	04-2103552	501(0)(3)	የ የ የ	0		Notice of terms on the second of the second	AUTISMXOW
NACDD 1825 K STREET NW, SUITE 600 WASHINGTON, DC 20006	16-1646154	501 (C)(3)	22_507.	0			AUTISMROW
NDRW 900 SECOND STREET, NE, SUITE 211 WASHINGTON, DC 20002	59-2333653	\$01(c)(3)	20,000.	0			autismon
NATIONAL COUNCIL ON AGING 1901 L STREET, NW. 4TH FLOOR WASHINGTON, DC 20036	13-1932384	\$01(c)(3)	20,000	0			AUTISANOW
AAIDD 501 THIRD ST NW STE 200 WASHINGTON DC 20001	06-0636098	591.(0)(3)	8,332,	<u> </u>			AUTLESMON Schedule (Form 990)
							ממוכים ולו מוווי ממו

Page 1		rant s								(Form 990)
13-5642032		(h) Purpose of grant or assistance	AUTI SMNOW	NONSETIER						Schedule I (Form 990)
	srt II.)	(g) Description of non-cash assistance					 ennis VIII kir sada MIP Miller	Section 1000 1000 1000 1000 1000 1000 1000 10		
	nectule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)					 		anna lama (172 metri espaini e	
	nited States (Sch	(e) Amcunt of non-cash assistance	0	0						
	nizations in the U	(d) Amount of cash grant	7,500.	54,522,						
TED STATES	vernments and Organ	(c) IRC section if applicable	501(C)(3)						\$1000	
THE ARC OF THE UNITED STATES	Assistance to Go	(b) EIN	74-2291620	52-2277149						
Schedule (Form 990) THE ARC O	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	NCIE 1710 RHODE ISLAND AVENUE, NA, 5TH P WASHINGTON. DC 20063	SOCIAL SOLUTIONS 425 WILLIAMS COURT, SUITE 100 SALTIMORE, MD 21220	•					

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13-5642032

THE ARC OF THE UNITED STATES

Schedule F (Form 990) (2011)

SCHEDULE J (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Attach to Form 990. See separate instructions.

THE ARC OF THE UNITED STATES

Employer identification number 13-5642032

Pa	art I Questions Regarding Compensation			
r	The state of the s		Yes	Ņο
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VB, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, Explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant [X] Compensation survey or study			
	X 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:			
a	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
G	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
-	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.	ļ		
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:			
a	The organization?	5a	Х	
b	Any related organization?	5b		Х
•	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:			
a	The organization?	6a		Х
ь	Any related organization?	6b		X
7	If "Yes" to line 6a or 6b, describe in Part III.			
7				
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		-
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	 		
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

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 VIII.

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(5)	(g)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	heurement and other deferred compensation	Nontaxable benefits	(B)(()-(D)	Compensation reported as deferred in prior Form 990
		312,742.	8,915.	6,500.	28,757.	21,952.	378,866.	0.
1 PETER BERNS	€	<u> </u>	0	•0	0	0.	0.	0.
	©	161,092.	.0	0	14,498.	9,048.	184,638.	0.
2 MARTHA FORD	(3)		.0	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2011

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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Schedule J (Form 990) 2011

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1045-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Public Inspection

Name of the organization

Employer Identification number 13-5642032

	THE ARC OF T	HE UNI	TED STATE	<u>s</u>			13-5	<u>642</u>	032	
Par	t I Types of Property	1 7.5	T							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII, I	on		(d) ethod of de sh contribu)
1	Art - Works of art									
2	Art - Historical treasures									
3	Art · Fractional interests									***************************************
4	Books and publications ,,,,,,									
5	Clothing and household goods	,,								Variation (Contract)
6	Cars and other vehicles	X	9	38,18	35. G	ROSS	SALES	RE	CEI	<u>?TS</u>
7	Soats 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	Flistorical artifacts									
23	Scientific specimens									,,,,
24	Archeological artifacts									
25	Other • ()									
26	Other									
27	Other ()									
28	Othor 🕨 (L					
29	Number of Forms 8283 received by the organ		*	,						
	for which the organization completed Form 82	283, Part IV.	Donee Acknowled	gement2	9				·····	
									Yes	No
30a	During the year, did the organization receive b								.	
	at least three years from the date of the initial	contribution	n, and which is not	required to be used f	or exemp	it purpos	es for			
	the entire holding period?	,,			,			30a		X
þ	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard	contribut	ions?		31		X
32a	Does the organization hire or use third parties	or related o	rganizations to so!	icit, pracess, or sell ne	oncash		1			
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	n column (c)	for a type of prope	rty for which column	(a) is che	cked,				
	describe in Part II.		•			***************************************				
LHA		e the Instruc	ctions for Form 99	90.		S	chedute M	(Form	990) (2011)

LHA

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

2011
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'S AUTISM NOW! NATIONAL AUTISM RESOURCE AND INFORMATION CENTER
PROVIDES 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'S RESEARCH AND INNOVATIONS GROUP AND THE NATIONAL INITIATIVES
DEPARTMENT WORK TOGETHER TO DEVELOP AND IMPLEMENT NEW PROJECTS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ARC ALSO PROMOTED BEST PRACTICES IN PROGRAMS, SERVICES AND SUPPORTS
FOR PEOPLE WITH I/DD. 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 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 132211

Name of the organization THE ARC OF THE UNITED STATES	Employer identification number 13-5642032
VIA TELEPHONE AND EMAIL. THE ARC ALSO WORKED WITH LOCAL O	RGANIZATIONS
AND INDIVIDUALS TO PROMOTE THE DEVELOPMENT OF NEW STATE A	ND LOCAL
CHAPTERS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS;
AND CONTENT POSTED TO THE ARC'S WEBSITE. EDUCATIONAL AND	ADVOCACY
ACTIVITIES FOCUSED ON A BROAD RANGE OF TOPICS, SUCH AS HE	ALTH CARE,
EDUCATION, EMPLOYMENT, CIVIL RIGHTS, CRIMINAL JUSTICE, HO	USING AND
MORE.	and the second s
	man a same and a same a
THE ARC ALSO REGULARLY EDUCATED AND INFORMED ELECTED AND	APPOINTED
GOVERNMENT OFFICIALS ABOUT THE NEEDS, INTERESTS AND CONCE	RNS OF PEOPLE
WITH I/DD AND THEIR FAMILIES AND ABOUT THE LIKELY IMPACT	OF POLICY
PROPOSALS. INPUT WAS PROVIDED TO CONGRESS, THE ADMINISTRA	TION,
GOVERNMENT AGENCIES AND OFFICIALS THROUGH WRITTEN CORRESP	ONDENCE, 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 RELATE	D EFFORTS.

THE ARC CO-SPONSORED WITH OTHER NONPROFITS AN ANNUAL DISA	BILITY POLICY
SEMINAR HELD IN WASHINGTON, D.C., IN THE SPRING. SPEAKERS	PROVIDED
UPDATES ON A NUMBER OF MAJOR FEDERAL PROGRAMS AFFECTING P	EOPLE WITH
I/DD AND THEIR FAMILIES. REPRESENTATIVES OF THE ADMINISTR	ATION AND THE
UNITED STATES CONGRESS, AS WELL AS OTHER DISABILITY ORGAN	IZATIONS,
OFFERED PRESENTATIONS ON MEDICAID, HEALTH CARE, HOUSING,	LABOR ISSUES,
SOCIAL SECURITY, AND OTHER ISSUES OF CONCERN TO OUR CHAPT	ers and
MEMBERS. ON THE CONCLUSION OF THE SEMINAR, CHAPTER REPRES	ENTATIVES
VISITED CAPITOL HILL AND MET WITH ELECTED CONGRESSIONAL L	EADERS TO Jule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 13-5642032

THE ARC OF THE UNITED STATES

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

FAMILIES ON: AGING AND DISABILITIES, FUTURE PLANNING, HOUSING AND

RESIDENTIAL FACILITIES, RARE DISORDERS, EDUCATION ISSUES, FETAL ALCOHOL

SYNDROME, AND LEGAL AND CRIMINAL JUSTICE ISSUES.

EXPENSES \$ 588,331. INCLUDING GRANTS OF \$ 250. REVENUE \$ 0.

CHAPTER ORGANIZING AND ADVOCACY:

THE ARC OF THE UNITED STATES (THE ARC) IS LED BY PARENTS AND FAMILY

MEMBERS OF PEOPLE WITH I/DD, AND PEOPLE WITH DISABILITIES THEMSELVES,

AND ADVOCATES WITH THEM AND ON THEIR BEHALF NATIONWIDE. THE ARC

PROVIDES 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. THE ARC ALSO PROMOTES INFORMATION SHARING

AND EXCHANGE OF IDEAS AMONG AND BETWEEN ALL OF OUR CHAPTERS.

EXPENSES \$ 265,874. INCLUDING GRANTS OF \$ 250. REVENUE \$ 11,878.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE NONPROFIT ORGANIZATIONS

THAT MEET THE QUALIFICATIONS AND REQUIREMENTS AS SET FORTH IN THE BY-LAWS

TO BE A STATE OR LOCAL CHAPTER OF THE ARC.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS VOTE TO ELECT THE OFFICERS

AND DIRECTORS OF THE CORPORATION AND ON ANY CHANGES TO THE BYLAWS, CORE

VALUES AND POSITION STATEMENTS.

132212 01:23:12

Schedule O (Form 990 or 990-EZ) (2011)

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 CHIEF EXECUTIVE OFFICER, EXECUTIVE

COMMITTEE OR BOARD OF DIRECTORS AS SPECIFIED IN THE ARC'S CONFLICT OF

INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A: PURSUANT TO THE TERMS OF THE
EMPLOYMENT CONTRACT BETWEEN THE ORGANIZATION AND THE CHIEF EXECUTIVE

OFFICER (CEO), COMPENSATION IS REVIEWED AND SET ANNUALLY IN THE COURSE OF
THE ANNUAL EVALUATION OF THE CEO. THE EXECUTIVE COMMITTEE CONDUCTS AN

ANNUAL REVIEW OF THE PERFORMANCE OF THE CEO, INCLUDING SETTING COMPENSATION
FOR THE YEAR. THE EXECUTIVE COMMITTEE REVIEWS PUBLICLY AVAILABLE DATA
REGARDING THE SALARIES BEING PAID TO EXECUTIVES IN COMPARABLE NONPROFIT
ORGANIZATIONS. THE RESULTS OF THE EVALUATION, INCLUDING THE DECISION OF THE

Schedule O (Form 990 or 990-EZ) (2011)

132212 01-20-12

Name of the organization THE ARC OF THE UNITED STATES	Employer identification number 13-5642032
EXECUTIVE COMMITTEE REGARDING COMPENSATION, ARE REPORTED	TO THE FULL BOARD
OF DIRECTORS. A REVIEW TOOK PLACE DURING MARCH 2011.	
FORM 990, PART VI, SECTION B, LINE 15B: THE EXECUTIVE DIR	ECTOR IS
RESPONSIBLE FOR SETTING THE COMPENSATION OF OTHER KEY EMP	LOYEES OF THE
ORGANIZATION, WITHIN THE PARAMETERS OF THE BUDGET APPROVE	D BY THE BOARD OF
DIRECTORS. IN SETTING SALARIES, THE EXECUTIVE DIRECTOR RE	VIEWS INFORMATION
ON SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS FROM SAL	ARY SURVEYS
AVAILABLE FROM THE MARYLAND ASSOCIATION OF NONPROFIT ORGA	NIZATIONS 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, 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 DO	CUMENTS (ARTICLES
OF INCORPORATION AND BY-LAWS) ARE AVAILABLE ON THE ORGANI	ZATION'S WEBSITE.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-493,416.
WANNING AND	
	38888447617911999444 1714 1 14 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1

Oppartment of the Treasury oternal Revenue Service SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

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

2011 Open to Public Inspection

➤ See separate instructions.

Employer identification number 13-5642032

➤ Attach to Form 990. THE ARC OF THE UNITED STATES Name of the organization

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

Part

	(a) Name, address, and EiN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Totał income	(e) End-of-year assets	(f) Direct controlling entity
PartII	Identification of Related Tax-Exempt Organizations (Complete if	ions (Complete if the organization ans	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	r IV, line 34 becaus	e it fizad one or more r	elated tax-exempt

organizations during the tax year.)

(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legai demicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 3 contr	(g) Section \$12(3)(13) controlled entity?
				501(c)(3))		Yes	No
	THE FOUNDATION OF THE ARC OF THE UNITED STATES - 52-1559702, 1600 L STREET NW. SUITE ASSISTANCE FOR PEOPLE MITH			509(A)(3),			
⊢.;	INTELLECTUAL DISABLITIES E	PERMSYLVANIA	501(C)(3)	TYPE I		×	
r							
l .							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132161 51-23-12 LHA

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 THE ARC OF THE UNITED STATES

Page 2

13-5642032

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

(h)	e of Costopation Code VUBI Seneral of Percentage Pyear are allocations? amount in box managing ownership ets.	Yes No		and Maha		A has been done									Haran	
	d Share of end-of-year assets		/··-	o d'anne d'and a	*******		Land to the sale	int of family	*******	*********	 	y		 		
•	Share of total income															
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)														
9	Direct controlling entity		.,													
<u> </u>	Legal domicie (state or foreign	(Gunos									 					
(Q)	Primary activity			·····	r	···p·······						,	·			,
(a)	Name, address, and EIN of related organization															

Part IV organizations treated as a corporation or trust during the tax year.)

	(h)	Percentage ownership									
		Share of Pend-of-year cassets		 	 				 •••••		
	Œ	Share of total income	••••	 	••••	••••	 		 	 	
	2	issa comosa Direct controlling Type of entity (C corp., S corp., country) or trust)		 			 	 ., 1			
	<u> 3</u>	Legal domoia (State or foreign country)			 					- / m/- /n mm/-	54x5x45x8
Qi. '	(p)	Primary activity									
Cryanizations acated as a corporation of tiest contribution fact fear.	(e)	Name, address, and EN of related organization									

Schedule R (Form 990) 2011

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Page 3

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.				>	Yes No	_
1 During the tax year, did the organization engage in any of the following transaction	as with one or more re	transactions with one or more related organizations listed in Parts II-W?	in Parts II-W?		********	
a Receipt of (1) interest (1) annuities (iii) royalties or (iv) rent from a controlled entity				<u>4</u>	×	
					×	1.
				φ	×	1.
Loans or loan quarantees to or for related organization(s)				2	×	l
				ę	×	}
				#	×	l
				Ç	×	I.
				? #	×	ıl.
				;=	×	l
i Lease of facilities, equipment, or other assets from releted organization(s)				÷	×	ļ
 Performance of services or membership or fundraising solicitations for related organization(s) 	anization(s)			*	×	۱.
	anization(s)			=	×	1.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ŧ	×	
n Sharing of baid employees with related organization(s)				11	×	١
Reimbursement paid to related organizationis) for expen				0		
				1p	×	ا را
				19	×	_
				1	×	ا. ا
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	who must complete th	is 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
(1)						1
[2]						1
(3)						I
(4)						1
(5)						1
(9)						1
152765 01-22-12	67		Schedule	Schedule R (Form 990) 2011	90) 2011	<u></u>

Page 4

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

le)	(4)	3	(e) (p)		fo)	19	(i)	T 0	(K)
Name, address, and EIN of entity	Primary activity	micile oreign ry)	Predominan income panesses. (related, unrelated, 100%) excluded from tax 1955 under section 512-514) yes No	Share of total	Share of end-of-year assets	Bishida Code V-UBI Several or Percentage Sind: amount in box 20 manage ownership res No (Form 1865) resino	ode V-UBI int in box 20 chedule K-1 orm 1065)	Seneral or Per managing partner? Ow	rcentage mership
		Constitute Andrew Constitute Cons							
				han han land					
				herri (Amaria) i dalam mamari					

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Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011	THE AR	OF	THE	UNITED	STATES	13~5642032	Page 5
Part VII	(Form 990) 2011 Supplemental Info	ormation						
	Complete this part to p	rovide additional	informa	tion for r	esponses to c	uestions on Sched	ule R (see instructions).	
	Complete this part to pr		***************************************	11(211112)	espenses to e	dostions on coned	and 11 (and mondottorio).	
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