

Form **990**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

**2012**Open to Public  
Inspection**A** For the 2012 calendar year, or tax year beginning

and ending

**B** Check if  
applicable:

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Termin-  
ated
- ☐ Amend-  
ed return
- ☐ Applica-  
tion  
pending

**C** Name of organization**THE ARC OF THE UNITED STATES**

Doing Business As

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

**1825 K STREET, NW**

Room/suite

**1200**

City, town, or post office, state, and ZIP code

**WASHINGTON, DC 20006****F** Name and address of principal officer: **PETER V. BERNIS****SAME AS C ABOVE****D** Employer identification number**13-5642032****E** Telephone number**202-534-3700****G** Gross receipts \$ **18,568,467.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

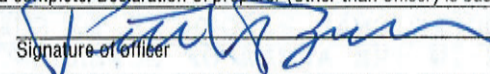
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.THEARC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2000****M** State of legal domicile: **MD****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>24</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>24</b>
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>43</b>
	6	Total number of volunteers (estimate if necessary)	<b>75</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>4,584,298.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>3,044,346.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>455,908.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>69,322.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,153,874.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,510,726.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,028,092.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>409,169.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,727,438.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,266,256.</b>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<b>887,618.</b>
	20	Total assets (Part X, line 16)	<b>9,693,717.</b>
	21	Total liabilities (Part X, line 26)	<b>554,258.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>9,139,459.</b>

**Part II Signature Block**


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

**Sign Here** ▶ Signature of officer  Date **5/9/13**

▶ **PETER V. BERNIS, CHIEF EXECUTIVE OFFICER**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name **Terri McKnight** Preparer's signature  Date **5/8/13** Check if self-employed ☐ PTIN **P00543022**

Firm's name ▶ **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN ▶ **52-1392008**

Firm's address ▶ **4550 MONTGOMERY AVE SUITE 650N** Phone no. **(301) 951-9090**

**BETHESDA, MD 20814-2930**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,620,633. including grants of \$ 969,965.) (Revenue \$ 57,798.)

RESEARCH & INNOVATION/NATIONAL INITIATIVES: THE ARC OF THE UNITED STATES (THE ARC) IS CONSTANTLY STRIVING TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH I/DD AND THEIR FAMILIES, INCLUDING BY PROMOTING THE DEVELOPMENT OF BEST PRACTICES IN PROGRAMS, SERVICES AND SUPPORTS FOR PEOPLE WITH I/DD. THE ARC'S SPECIAL PROJECTS ADVANCE THE FIELD OF PROGRAMS, SERVICES AND SUPPORTS FOR PEOPLE WITH I/DD AND THEIR FAMILIES AS FOLLOWS:

THE ARC'S SCHOOL-TO-COMMUNITY TRANSITION PROJECT SUPPORTS 50 STATE AND LOCAL CHAPTERS THROUGHOUT THE UNITED STATES TO IMPLEMENT PROGRAMS THAT FOCUS ON HELPING YOUNG ADULTS WITH I/DD TO TRANSITION FROM SCHOOL TO ADULT LIFE, INCLUDING EMPLOYMENT, INDEPENDENT LIVING AND COMMUNITY

**4b** (Code: ) (Expenses \$ 1,149,041. including grants of \$ ) (Revenue \$ 35,254.)

PUBLIC POLICY: THE ARC ADVOCATED TO PROMOTE AND PROTECT THE CIVIL RIGHTS AND HUMAN RIGHTS OF PEOPLE WITH I/DD AND FOR FUNDING AND SUPPORT FOR THE PROGRAMS, SERVICES AND SUPPORTS THAT ENABLE THEM TO BE FULLY INCLUDED IN ALL ASPECTS OF COMMUNITY LIFE. MONITORED DEVELOPMENTS IN FEDERAL PUBLIC POLICY, INCLUDING LEGISLATION, REGULATIONS, ADMINISTRATIVE ACTIONS, LITIGATION AND JUDICIAL DECISIONS, OF IMPORTANCE TO PEOPLE WITH I/DD AND THEIR FAMILIES. THE ARC REGULARLY INFORMED CHAPTER LEADERS, GOVERNMENT OFFICIALS, THE MEDIA, LEADERS OF OTHER NONPROFITS AND OTHER INTERESTED PARTIES OF DEVELOPMENTS IN THE FIELD THROUGH A WEEKLY EMAIL NEWSLETTER, PERIODIC SPECIAL REPORTS AND ALERTS AND CONTENT POSTED TO THE ARC'S WEBSITE. EDUCATIONAL AND ADVOCACY ACTIVITIES FOCUSED ON A BROAD RANGE OF TOPICS, SUCH AS HEALTH

**4c** (Code: ) (Expenses \$ 1,051,798. including grants of \$ 5,828.) (Revenue \$ 2,978,114.)

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

THE ARC ALSO PROMOTED BEST PRACTICES IN PROGRAMS, SERVICES AND SUPPORTS

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

(Expenses \$ 791,879. including grants of \$ 32,206.) (Revenue \$ )

**4e** Total program service expenses **5,613,351.**

Form 990 (2012)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

Form 990 (2012)

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

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

Form 990 (2012)

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	24	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	43	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	N/A	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders	N/A	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state?	N/A	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2012)



**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

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

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 24 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.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 24		
<b>2</b> 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? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PETER V. BERNIS - 202-534-3700**  
**1825 K STREET, NW, NO. 1200, WASHINGTON, DC 20006**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY WEBSTER PRESIDENT	10.00 1.00	X		X				0.	0.	0.
(2) RONALD BROWN VICE PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(3) M.J. BARTELMAY TREASURER	2.00 1.00	X		X				0.	0.	0.
(4) ELISE MCMILLAN SECRETARY	2.00 1.00	X		X				0.	0.	0.
(5) MOHAN MEHRA IMMEDIATE PAST PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(6) TONY ANDERSON BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) GARY BASS BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) DOUG CHURCH BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) BARBARA CHOPPENS BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) HUGH M. EVANS, III BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) GARY HORNER BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) THOMAS A. JUDD BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) MICHAEL MACK BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) JOE MEADOURS BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) FREDERICK MISILO, JR. BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) PAT NAPOLIELLO BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) RANDY PATRICK BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KELLY PLACENTI BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) MICHAEL POOLE BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) PHILIP RICHARDS BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) KURT RUTZEN BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) MARGARET LEE THOMPSON BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) CAROL WHEELER BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) STACY TAYLOR BOARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) PETER BERNS CHIEF EXECUTIVE OFFICER	60.00 1.00			X				339,357.	0.	46,769.
(26) MARTHA FORD CHIEF PUBLIC POLICY OFFICER	40.00 0.00				X			169,950.	0.	24,763.
<b>1b Sub-total</b>								509,307.	0.	71,532.
<b>c Total from continuation sheets to Part VII, Section A</b>								448,415.	0.	60,751.
<b>d Total (add lines 1b and 1c)</b>								957,722.	0.	132,283.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AUTOMATED GRAPHICS SYSTEMS 4590 GRAPHICS DR., WHITE PLAINS, MD 20695	DESIGN, PRINTING & MAILING	141,890.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)



[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....	1a	2,053.			
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d	13,290.			
	e	Government grants (contributions) .....	1e	1,169,398.			
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	6,787,799.			
	g	Noncash contributions included in lines 1a-1f: \$ .....		27,461.			
	h	<b>Total.</b> Add lines 1a-1f .....		7,972,540.			
	Program Service Revenue			Business Code			
2 a		AFFILIATE DUES .....	900099	2,494,145.	2,494,145.		
b		REGISTRATION FEES .....	900099	512,802.	512,802.		
c		PROGRAM SERVICE FEES .....	900099	64,219.	64,219.		
d		.....					
e		.....					
f		All other program service revenue .....					
g		<b>Total.</b> Add lines 2a-2f .....		3,071,166.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		420,269.			420,269.
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....		60,746.			60,746.
	6 a		(i) Real	(ii) Personal			
	6 a		Gross rents .....				
			Less: rental expenses .....				
			Rental income or (loss) .....				
			Net rental income or (loss) .....				
	7 a		(i) Securities	(ii) Other			
	7 a		Gross amount from sales of assets other than inventory .....				
			Less: cost or other basis and sales expenses .....				
			Gain or (loss) .....				
			Net gain or (loss) .....				
	8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....				
Less: direct expenses .....							
Net income or (loss) from fundraising events .....							
9 a		Gross income from gaming activities. See Part IV, line 19 .....					
		Less: direct expenses .....					
		Net income or (loss) from gaming activities .....					
10 a		Gross sales of inventory, less returns and allowances .....					
		Less: cost of goods sold .....					
		Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS INCOME .....	900099	7,289.			7,289.	
b	.....						
c	.....						
d	All other revenue .....						
e	<b>Total.</b> Add lines 11a-11d .....		7,289.				
12	<b>Total revenue.</b> See instructions. ....			12,073,390.	3,071,166.	0.	1,029,684.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,007,999.	1,007,999.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	580,840.	493,879.	48,348.	38,613.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,296,890.	1,577,531.	548,642.	170,717.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	184,387.	126,042.	44,588.	13,757.
<b>9</b> Other employee benefits	213,266.	149,160.	48,323.	15,783.
<b>10</b> Payroll taxes	198,166.	141,974.	41,740.	14,452.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	113,550.	93,544.	12,385.	7,621.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	104,445.		104,445.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	93,549.	77,066.	10,204.	6,279.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	422,055.	346,646.	10,346.	65,063.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	462,912.	385,000.	57,936.	19,976.
<b>17</b> Travel	133,368.	126,542.	3,070.	3,756.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	422,788.	401,148.	9,734.	11,906.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	167,113.	126,034.	30,547.	10,532.
<b>23</b> Insurance	17,392.	13,117.	3,179.	1,096.
<b>24</b> 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 O.)				
<b>a</b> SUBSCRIPTIONS AND DUES	192,145.	182,234.	5,868.	4,043.
<b>b</b> EQUIP. REPAIRS/MAINT.	133,849.	109,319.	6,922.	17,608.
<b>c</b> MISCELLANEOUS	123,978.	256,116.	<140,105.>	7,967.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,868,692.	5,613,351.	846,172.	409,169.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	221,355.	1	1,382,331.
	2 Savings and temporary cash investments .....	501,700.	2	165,851.
	3 Pledges and grants receivable, net .....	198,997.	3	335,180.
	4 Accounts receivable, net .....	274,844.	4	538,042.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	74,429.	9	4,429.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,483,351.		
	b Less: accumulated depreciation .....	10b 507,424.		
		418,036.	10c	975,927.
	11 Investments - publicly traded securities .....	5,897,314.	11	9,752,019.
	12 Investments - other securities. See Part IV, line 11 .....	960,923.	12	1,934,665.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	1,146,119.	15	1,172,764.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,693,717.	16	16,261,208.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	380,868.	17	565,160.
	18 Grants payable .....	4,456.	18	456.
	19 Deferred revenue .....	5,000.	19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	163,934.	25	1,061,684.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	554,258.	26	1,627,300.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets .....		1,011,955.	27	1,408,503.
28 Temporarily restricted net assets .....		6,349,540.	28	11,368,519.
29 Permanently restricted net assets .....		1,777,964.	29	1,856,886.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds .....			30	
31 Paid-in or capital surplus, or land, building, or equipment fund .....			31	
32 Retained earnings, endowment, accumulated income, or other funds .....			32	
33 Total net assets or fund balances .....		9,139,459.	33	14,633,908.
34 Total liabilities and net assets/fund balances .....		9,693,717.	34	16,261,208.

Form 990 (2012)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,073,390.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,868,692.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,204,698.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	9,139,459.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	289,751.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	14,633,908.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form 990 (2012)





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	878,038.	3,974,961.	1,200,854.	2,957,153.	7,972,540.	16,983,546.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	878,038.	3,974,961.	1,200,854.	2,957,153.	7,972,540.	16,983,546.
<b>5</b> 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) .....						3,324,952.
<b>6 Public support.</b> Subtract line 5 from line 4.						13,658,594.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	878,038.	3,974,961.	1,200,854.	2,957,153.	7,972,540.	16,983,546.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	204,514.	225,769.	545,661.	523,010.	481,015.	1,979,969.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	6,600.	227.	20,938.	2,220.	7,289.	37,274.
<b>11 Total support.</b> Add lines 7 through 10						19,000,789.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	14,864,127.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	71.88 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	59.81 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

THE ARC OF THE UNITED STATES

13-5642032

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)



Name of organization

Employer identification number

THE ARC OF THE UNITED STATES

13-5642032

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,076,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 4,452,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 208,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 465,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Employer identification number

13-5642032

## Part III

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

Use duplicate copies of Part III if additional space is needed.

223454 12-21-12

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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

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

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

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

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

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

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

Name of organization <b>THE ARC OF THE UNITED STATES</b>	Employer identification number <b>13-5642032</b>
---	---

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

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

2 Political expenditures ..... ▶ \$

3 Volunteer hours .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041  
01-07-13



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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		160,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		160,000.													
<b>d</b> Other exempt purpose expenditures .....		6,708,692.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		6,868,692.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		493,435.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		123,359.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	348,142.	455,178.	513,313.	493,435.	1,810,068.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,715,102.
<b>c</b> Total lobbying expenditures	120,000.	110,000.	130,000.	160,000.	520,000.
<b>d</b> Grassroots nontaxable amount	87,036.	113,795.	128,328.	123,359.	452,518.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					678,777.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012



**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

**2012**

**Open to Public  
Inspection**

**Name of the organization**

THE ARC OF THE UNITED STATES

**Employer identification number**

13-5642032

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ..... ▶ \$ .....

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

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

(check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,782,840.	1,852,970.	1,755,873.	1,654,663.	1,761,427.
<b>b</b> Contributions					218,017.
<b>c</b> Net investment earnings, gains, and losses	106,942.	<68,462.>	98,694.	102,276.	<316,838.>
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	14,674.	1,668.	1,597.		7,943.
<b>f</b> Administrative expenses				1,066.	
<b>g</b> End of year balance	1,875,108.	1,782,840.	1,852,970.	1,755,873.	1,654,663.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ \_\_\_\_\_ %

**b** Permanent endowment ☒ 99.09 %

**c** Temporarily restricted endowment ☒ .91 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,483,351.	507,424.	975,927.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				975,927.

Schedule D (Form 990) 2012



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) HEDGE FUNDS	1,934,665.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,934,665.	

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,136,150.
(2) DEPOSITS	6,726.
(3) DUE FROM THE ARC FOUNDATION	29,888.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,172,764.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTIES	32,405.
(3) DEFERRED RENT	1,029,279.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,061,684.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	12,334,110.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	289,751.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	54,730.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	33,974.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	378,455.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,955,655.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	104,445.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	13,290.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	117,735.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	12,073,390.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,819,027.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	54,730.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	50.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	54,780.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,764,247.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	104,445.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	104,445.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,868,692.

**Part XIII Supplemental Information**

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

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

**PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2012, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS. THE**

Schedule D (Form 990) 2012

**Part XIII** 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 XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF RELATED PARTY, FOUNDATION OF THE ARC,  
REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS. 33,974.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

ELIMINATIONS FROM CONSOLIDATED FINANCIAL STATEMENTS 13,290.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED PARTY, FOUNDATION OF THE ARC,  
REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS. 50.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Name of the organization

Employer identification number

THE ARC OF THE UNITED STATES

13-5642032

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS IN REGION		397,064.
<b>3 a</b> Sub-total .....	0	0			397,064.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			397,064.

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

Schedule F (Form 990) 2012



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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2012

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ..... ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2012

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**THE ARC OF THE UNITED STATES**

**Employer identification number**  
**13-5642032**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ARC OF RACINE COUNTY 1220 MOUND AVE STE 319 RACINE, WI 53404	39-1232958	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF JACKSON COUNTY 121 N CENTRAL AVE MEDFORD, OR 97501	23-7071985	501(C)(3)	35,000.	0.			SCHOOL TO COMMUNITY TRANSITION
NYSARC - RENSSELAER 79 102ND ST TROY, NY 12180-1125	14-1485873	501(C)(3)	31,500.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF NORTHERN VIRGINIA 98 NORTH WASHINGTON STREET FALLS CHURCH, VA 22046	54-0675506	501(C)(3)	30,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MASSACHUSETTS 217 SOUTH ST WALTHAM, MA 02453-2710	04-2223502	501(C)(3)	20,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC GLOUCESTER 1555 GATEWAY BLVD WEST DEPTFORD, NJ 08096-1018	21-0697151	501(C)(3)	20,000.	0.			SCHOOL TO COMMUNITY TRANSITION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **51.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

**Schedule I (Form 990) (2012)**



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOUIS ARC 1177 N. WARSON ST. LOUIS, MO 63132	43-0718811	501(C)(3)	20,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF HAYWOOD COUNTY. 407 WELCH ST WAYNESVILLE, NC 28786-4394	56-1128063	501(C)(3)	20,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF PHILADELPHIA 2350 W WESTMORELAND ST PHILADELPHIA, PA 19140-4718	23-1417534	501(C)(3)	20,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF GREATER NEW ORLEANS 925 S LABARRE RD METAIRIE, LA 70001-5921	72-0456903	501(C)(3)	20,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MECKLENBURG COUNTY 4108 PARK RD STE 200 CHARLOTTE, NC 28209	56-0662725	501(C)(3)	18,500.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF TENNESSEE 151 ATHENS WAY STE 100 NASHVILLE, TN 37228-1367	62-0639154	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF SOUTHEAST LOS ANGELES COUNTY - 12049 WOODRUFF AVE - DOWNEY, CA 90241-5603	95-2287675	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF OREGON 1745 STATE STREET SALEM, OR 97301-4342	93-0504507	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF NORTHERN VIRGINIA 98 N WASHINGTON ST FALLS CHURCH, VA 22046-4514	54-0675506	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC IN HAWAII 3989 DIAMOND HEAD ROAD HONOLULU, HI 96816-4413	99-0089327	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
AHRC - NEW YORK CITY 83 MAIDEN LN NEW YORK, NY 10038-4812	13-5596746	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MISSISSIPPI 7 LAKELAND CIR STE 600 JACKSON, MS 39216	64-0407774	501(C)(3)	15,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC DOWNRIVER 4212 13TH ST WYANDOTTE, MI 48192-7003	38-1586700	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF WASHINGTON STATE 2638 STATE AVE NE OLYMPIA, WA 98506-4880	91-0747027	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF QUAD CITIES AREA 4016 9TH ST ROCK ISLAND, IL 61201-6722	36-2615996	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
COUNTYMMUNITY SUPPORT SERVICES 9021 OGDEN AVE BROOKFIELD, IL 60513-2040	36-3122784	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
WECAHR 211 MAIN ST DANBURY, CT 06810-6657	06-0955081	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
NYSARC - THE ARC OF ONEIDA-LEWIS 245 GENESEE ST UTICA, NY 13501-3401	15-0581298	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF BATON ROUGE 8326 KELWOOD AVE BATON ROUGE, LA 70806-4803	72-0540957	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF SAN FRANCISCO 1500 HOWARD ST SAN FRANCISCO, CA 94103-2525	94-1415287	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF THE GREATER TWIN CITIES 2446 UNIVERSITY AVE W STE 110 SAINT PAUL, MN 55114-1740	41-0782848	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MONMOUTH 1158 WAYSIDE RD TINTONFALLS, NJ 07712-3148	21-0657022	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
NORTHEAST ARC 64 HOLTEN ST DANVERS, MA 01923-1973	04-2232416	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF KENT COUNTY. 629 MICHIGAN ST NE STE D GRAND RAPIDS, MI 49503-3587	38-1360508	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF JACKSONVILLE 1050 N DAVIS ST JACKSONVILLE, FL 32209-6808	59-6209603	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
THE ARC OF MINNESOTA 800 TRANSFER ROAD, SUITE 7A ST. PAUL, MN 55114	41-0795254	501(C)(3)	10,000.	0.			SCHOOL TO COMMUNITY TRANSITION
SENECA-CAYUGA ARC 1083 WATERLOO GENEVA ROAD WATERLOO, NY 13156	16-1124314	501(C)(3)	14,218.	0.			EXPLORE ERECYCLING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF VIRGINIA PENINSULA, INC. - 2520 58TH STREET - HAMPTON, VA 23661	54-0802199	501(C)(3)	13,500.	0.			EXPLORE ERECYCLING
ARC OF CLARION AND VENANGO COUNTIES, INC. - 319 MAIN STREET - CLARION, PA 16214	47-0925764	501(C)(3)	13,500.	0.			EXPLORE ERECYCLING
THE ARC OF HAMILTON COUNTY - TN 4613 BRAINERD ROAD CHATTANOOGA, TN 37411	23-7009946	501(C)(3)	13,500.	0.			EXPLORE ERECYCLING
THE ARC OF LEE COUNTY KREIDER SERVICES 500 ANCHOR ROAD DIXON, IL 61021	51-0156572	501(C)(3)	13,500.	0.			EXPLORE ERECYCLING
AHRC NASSAU 189 WHEATLEY ROAD BROOKVILLE, NY 11545	11-1720254	501(C)(3)	13,500.	0.			EXPLORE ERECYCLING
THE ARC OF GREATER HAVERHILL-NEWBURYPORT - 57 WINGATE STREET, SUITE 301 - HAVERHILL, MA 01832	04-6154794	501(C)(3)	13,381.	0.			EXPLORE ERECYCLING
GENESEE COUNTY CHAPTER, NYSARC 64 WALNUT STREET BATAVIA, NY 14021	16-1001185	501(C)(3)	12,859.	0.			EXPLORE ERECYCLING
SOUTHSTAR SERVICES 1005 WEST END AVENUE CHICAGO HEIGHTS, IL 60411	23-7294685	501(C)(3)	12,750.	0.			EXPLORE ERECYCLING
THE ARC OF MADISON COUNTY 1100 WASHINGTON STREET HUNTSVILLE, AL 35801	63-0418986	501(C)(3)	10,125.	0.			EXPLORE ERECYCLING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF SAN FRANCISCO 1500 HOWARD STREET SAN FRANCISCO, CA 94103	94-1415287	501(C)(3)	24,863.	0.			HEALTHMEET
THE ARC OF NEW JERSEY 985 LIVINGSTON AVENUE NORTH BRUNSWICK, NJ 08902	22-1665355	501(C)(3)	16,250.	0.			HEALTHMEET
AUCD 1100 WAYNE AVE. SUITE 1000 SILVER SPRING, MD 20910	23-7189098	501(C)(3)	5,218.	0.			HEALTHMEET
THE AUTISM SELF ADVOCACY PO. BOX 66122 WASHINGTON, DC 20035	26-1270198	501(C)(3)	50,000.	0.			AUTISM NOW
UNIVERSITY OF ILLINOIS 1640 W ROOSEVELT ROAD (MC 626) CHICAGO, IL 60608	36-2177139	501(C)(3)	48,962.	0.			AUTISM NOW
AUTISM SOCIETY 4340 EAST WEST HWY, SUITE 350 BETHESDA, MD 20814	52-1020149	501(C)(3)	32,100.	0.			AUTISM NOW
SELF ADVOCATES BECOMING EMPOWERED 3310 W GALBRAITH ROAD CINCINNATI, OH 45239	58-2190392	501(C)(3)	20,470.	0.			AUTISM NOW
NATIONAL YOUTH LEADERSHIP NETWORK, INC. - PO BOX 5908 - BETHESDA, MD 20824	20-3809577	501(C)(3)	18,166.	0.			AUTISM NOW
SIBLING LEADERSHIP NETWORK 6538 LE MAI LINCOLNWOOD, IL 60712	45-2429797	501(C)(3)	6,711.	0.			AUTISM NOW

Schedule I (Form 990)



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

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ARC HAS A STANDARD WRITTEN GRANT AGREEMENT.

THE GRANT AGREEMENT INCORPORATES, BY REFERENCE, THE TERMS OF THE GRANT

PROPOSAL AND GRANT BUDGET AND REQUIRES GRANTEEES TO PROVIDE PROJECT

NARRATIVE AND EXPENDITURE REPORTS ANNUALLY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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, but explain in Part III.

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

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

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization?

**b** Any related organization?

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?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2012



**Part III** Supplemental Information

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.

PART I, LINE 4B: THE ORGANIZATION MADE A CONTRIBUTION OF \$6,703 TO A  
457(B) RETIREMENT PLAN FOR PETER BERNS.

PART I, LINE 7: THE CEO EARNED A BONUS UNDER THE TERMS OF A WRITTEN  
BONUS PLAN THAT INCLUDES QUANTITATIVE GOALS THAT ARE BASED, IN PART, ON  
ACHIEVING INCREASES IN CERTAIN TYPES OF REVENUE. THIS AMOUNT HAS BEEN  
REFLECTED IN PART II, COLUMN B(II).

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**THE ARC OF THE UNITED STATES**

Employer identification number

**13-5642032**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	9	27,461.	GROSS SALES RECEIPTS
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ) .....				
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) (2012)



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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

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:

INVOLVEMENT. THE ARC'S AUTISM NOW! NATIONAL AUTISM RESOURCE AND INFORMATION CENTER PROVIDES MEMBERS OF THE PUBLIC WITH QUALITY INFORMATION ABOUT AUTISM SPECTRUM DISORDER (ASD), 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 EXPLORE ERECYCLING PROGRAM SUPPORTS 10 CHAPTERS OF THE ARC TO SUPPORT PEOPLE WITH I/DD IN EMPLOYMENT IN THE FIELD OF ELECTRONICS RECYCLING. THE HEALTHMEET PROGRAM IS PILOTING APPROACHES TO EFFECTIVELY ADDRESS THE HEALTH DISPARITIES EXPERIENCED BY PEOPLE WITH I/DD THROUGH HEALTH SCREENING AND HEALTH PROMOTION FOR PEOPLE WITH I/DD AND EDUCATION OF HEALTH CARE PROFESSIONALS.

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:

CARE, EDUCATION, EMPLOYMENT, CIVIL RIGHTS, CRIMINAL JUSTICE, HOUSING AND MORE.

THE ARC ALSO REGULARLY EDUCATED AND INFORMED ELECTED AND APPOINTED GOVERNMENT OFFICIALS ABOUT THE NEEDS, INTERESTS AND CONCERNS OF PEOPLE WITH I/DD AND THEIR FAMILIES AND ABOUT THE LIKELY IMPACT OF POLICY PROPOSALS. INPUT WAS PROVIDED TO CONGRESS, THE ADMINISTRATION,

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

GOVERNMENT AGENCIES AND OFFICIALS THROUGH WRITTEN CORRESPONDENCE, ORAL AND WRITTEN TESTIMONY AND FACE-TO-FACE MEETINGS. THE ARC ALSO PARTICIPATED IN, AND PROVIDED LEADERSHIP FOR, A NUMBER OF FORMAL AND INFORMAL COALITIONS AND COLLABORATIONS INVOLVED IN RELATED EFFORTS.

THE ARC CO-SPONSORED WITH OTHER NONPROFITS AN ANNUAL DISABILITY POLICY SEMINAR HELD IN WASHINGTON, D.C., IN THE SPRING. SPEAKERS PROVIDED UPDATES ON A NUMBER OF MAJOR FEDERAL PROGRAMS AFFECTING PEOPLE WITH I/DD AND THEIR FAMILIES. REPRESENTATIVES OF THE ADMINISTRATION AND THE UNITED STATES CONGRESS, AS WELL AS OTHER DISABILITY ORGANIZATIONS, OFFERED PRESENTATIONS ON MEDICAID, HEALTH CARE, HOUSING, LABOR ISSUES, SOCIAL SECURITY, AND OTHER ISSUES OF CONCERN TO OUR CHAPTERS AND MEMBERS. ON THE CONCLUSION OF THE SEMINAR, CHAPTER REPRESENTATIVES VISITED CAPITOL HILL AND MET WITH ELECTED CONGRESSIONAL LEADERS TO EDUCATE AND INFORM THEM ABOUT ISSUES OF IMPORTANCE TO PEOPLE WITH I/DD AND THEIR FAMILIES.

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

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

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

CONVENTION, WRITTEN EDUCATIONAL MATERIALS, PERIODIC MAILINGS, EXTENSIVE CONTENT AVAILABLE ONLINE, AND ONE-TO-ONE TECHNICAL ASSISTANCE VIA TELEPHONE AND EMAIL. THE ARC ALSO WORKED WITH LOCAL ORGANIZATIONS AND INDIVIDUALS TO PROMOTE THE DEVELOPMENT OF NEW STATE AND LOCAL CHAPTERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

THE ARC'S QUARTERLY PRINT NEWSLETTER, EMPOWER, AND BI-MONTHLY E-NEWSLETTER WAS DISTRIBUTED THROUGHOUT THE YEAR TO MEMBERS OF THE ASSOCIATION AS WELL, TO LIBRARIES AND OTHER PUBLIC INSTITUTIONS AND TO OTHER INTERESTED INDIVIDUALS. THE ARC'S WEBSITES PROVIDE MEMBERS OF THE PUBLIC ACCESS TO A BROAD RANGE OF INFORMATION AND A VARIETY OF FREE PUBLICATIONS PROVIDING PRACTICAL ADVICE ABOUT THE INCLUSION OF PEOPLE WITH I/DD IN ALL ASPECTS OF COMMUNITY LIFE. THE ARC ALSO MONITORS LOCAL AND NATIONAL MEDIA COVERAGE ABOUT PEOPLE WITH I/DD, AND DEVELOPMENTS REPORTED BY STATE AND LOCAL CHAPTERS, AND INFORMS WEBSITE USERS ABOUT CURRENT EVENTS AFFECTING PEOPLE WITH I/DD AND THEIR FAMILY

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

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 \$ 485,689. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHAPTER ORGANIZING AND ADVOCACY: 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 \$ 306,190. INCLUDING GRANTS OF \$ 32,206. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: IN OCTOBER 2012, THE ARC OF THE UNITED STATES INC. AMENDED ITS BYLAWS BY STRIKING THE EXISTING BYLAWS IN THEIR ENTIRETY AND REPLACING THEM WITH NEW BYLAWS. THE NEW BYLAWS CONTINUE TO PROVIDE THAT THE ARC IS ORGANIZED AND WILL CONTINUE TO BE OPERATED FOR CHARITABLE AND EDUCATIONAL PURPOSES RECOGNIZED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONTINUE TO PROHIBIT ASSETS OR INCOME FROM BEING USED TO INAPPROPRIATELY BENEFIT PRIVATE INDIVIDUALS, AND PROVIDE THAT UPON DISSOLUTION ASSETS MAY ONLY BE DISTRIBUTED TO OTHER NONPROFITS THAT ARE

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

EXEMPT UNDER SECTION 501(C)(3).

THE NEW BYLAWS CLARIFY THE TERMS AND CONDITIONS FOR PARTICIPATION OF STATE AND LOCAL CHAPTERS OF THE ARC AS VOTING MEMBERS OF THE CORPORATION, DEFINE THE ROLES AND RESPONSIBILITIES OF CHAPTERS, SPECIFY THE MATTERS UPON WHICH MEMBERS MAY VOTE, MODERNIZE THE COMMITTEE STRUCTURE AND OTHERWISE CONFORM THE BYLAWS TO THE REQUIREMENTS OF MARYLAND CORPORATE LAW AND THE INTERNAL REVENUE CODE.

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.

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 THE MEMBERS OF THE CORPORATION WHICH ARE THE STATE OR LOCAL CHAPTERS.

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.



Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

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 EXECUTIVE COMMITTEE REGARDING COMPENSATION, ARE REPORTED TO THE FULL BOARD OF DIRECTORS. A REVIEW TOOK PLACE DURING MARCH 2012.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

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 DOCUMENTS (ARTICLES  
OF INCORPORATION AND BY-LAWS) ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE FOUNDATION OF THE ARC OF THE UNITED STATES - 52-1559702, 1825 K STREET, NW, SUITE 1200, WASHINGTON, DC 20006	SUPPORT THE CHARITABLE PURPOSES OF THE ARC	PENNSYLVANIA	501(C)(3)	509(A)(3), TYPE I	THE ARC OF THE US	X	

**Part III 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.)

[illegible]

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

[illegible]

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE FOUNDATION OF THE ARC OF THE UNITED (1) STATES	C	13,290.	BASED ON 4% OF NET ASSETS
(2)			
(3)			
(4)			
(5)			
(6)			





Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>THE ARC OF THE UNITED STATES</b>	Employer identification number (EIN) or  <b>13-5642032</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1825 K STREET, NW, NO. 1200</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20006</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**PETER V. BERNIS**

- The books are in the care of ► **1825 K STREET, NW, NO. 1200 - WASHINGTON, DC 20006**  
Telephone No. ► **202-534-3700** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2012** or  
► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2013)