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Form	

Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\*

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

Do not enter social security numbers on this form as it may be made public.

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



Α	For th	e 2018 calendar year, or tax year beginning and	ending	_				
Β	Check if applicab	C Name of organization		D Employer identifi	cation number			
â		FOUNDATION OF THE ARC						
	Addre	Se OF THE UNITED STATES						
	Name Chang	Doing business as		52-1	559702			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe					
	Final	1825 K STREET, NW	202-	534-3700				
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	105,630.			
	Amen			H(a) Is this a group re				
	Applie tion pendi			for subordinates	s?			
		SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No			
	I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)							
		te: WWW.THEARC.ORG		H(c) Group exemptio				
_		forganization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1988	State of legal domicile: DC			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: TO PI	ROMOTE	I, SUPPORT A	ND FURTHER			
Governance		THE INTERESTS AND PURPOSES OF THE ARC OF			-			
ērn		Check this box 🕨 🛄 if the organization discontinued its operations or dispos		1				
200	3				5			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			5			
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0			
Activities &	6	Total number of volunteers (estimate if necessary)			5			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 38						
				Prior Year 210,758.	Current Year 62,092.			
anı	8	Contributions and grants (Part VIII, line 1h)		210,750.	02,092.			
Revenue	9	Program service revenue (Part VIII, line 2g)		39,879.	43,538.			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u>+</u> 3,330: 0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		250,637.	105,630.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,270.	30,963.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per		Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	-	-			
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,081.	6,431.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,351.	37,394.			
	19	Revenue less expenses. Subtract line 18 from line 12		226,286.	68,236.			
or				ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		695,571.	666,323.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.			
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		695,571.	666,323.			
		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.

	Diathur	09/30/2019							
Sign	Signature of officer	Date							
Here	PETER V. BERNS, CHIEF EXECUTIVE OFFICER								
	Type or print name and title								
	Print/Type preparer's signature/	Date Check PTIN							
Paid	RICHARD J. LOCASTRO, CPA Rubard J. Locastro	9/30/2019 self-employed P00288314							
Preparer	Firm's name 🕨 GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 🔉 52–1392008							
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N								
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090							
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No							
832001 12-3	32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2018)								

Check if Scheduls O contains a response or note to any line in this Part III       Image: Check if Scheduls O contains a response or note to any line in this Part III         TO PROMOTE, SUPPORT AND FURTHER THE INTERESTS AND PURPOSES OF THE ARC OF THE UNITED STATES, INC.       Image: Check if Scheduls O in the proform 900 resolution case conducting, or make significant program services during the year which were not listed on the proform 900 resolution, or make significant changes in how it conducts, any program services or Schedule O.         Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c): and 501(c)/d) constraints on a release of the analysis of a soft of its three largest program services, as measured by expenses.         SUPPORTED THE CHARITABLE PURPOSES OF THE ARC OF THE UNITED STATES, TINC         Image: Constraints and the index of a soft of the constraints and allocation to constraints are expenses.         SUPPORTED THE CHARITABLE PURPOSES OF THE ARC OF THE UNITED STATES, TINC         Image: Constraints and and program service and the amount of grants and allocation to constraints are expenses.         SUPPORTED THE CHARITABLE PURPOSES OF THE ARC OF THE UNITED STATES, TINC         Image: Constraints and the soft of		otal program service expenses 🕨			Form <b>990</b> (20
Check if Schedule O contains a response or note to any line in this Part III       []         Bindly describe the organization mission:       TO PROMOTE, SUPPORT AND PURTHER THE INTERESTS AND PURPOSES OF THE ARC OP THE UNITED STATES, INC.         Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27       [] Vee [X]         Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27       [] Vee [X]         If ''ves, 'describe these news envices on Schedule 0.       Did the organization ease conducting, or make significant changes in how it conducts, any program services, and answer to the organization service accomplishments for each of 16 three largest program services, and revenue, if any, for each program service accomplishments for each of 16 three largest program services, and revenue, if any, for each program service reported.       30, 963. [] (Norme 6         [Cover] (breames 8		xpenses \$	including grants of \$	) (Revenue \$	)
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Check if Schedule O contains a response or note to any line in this Part III	Se	ection 501(c)(3) and 501(c)(4) organi	izations are required to report the amount of vice reported.	grants and allocations to others, the tota	
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Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROMOTE, SUPPORT AND FURTHER THE INTERESTS AND PURPOSES OF THE ARC	pr	rior Form 990 or 990-EZ?			Yes X
Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:					
	Br T	riefly describe the organization's mis	ssion:		
rt III Statement of Program Service Accomplishments			-		[

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Part IV Checklist of Required Schedules									
Form 990 (	2018)	OF	THE	UNIT	CED	STA	res		
		FOU	JNDAT	TION	OF	$\mathbf{THE}$	ARC		

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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		0010
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### FOUNDATION OF THE ARC Form 990 (2018) OF THE UNITED STATES Part IV Checklist of Required Schedules (continued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		<u> </u>
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	х	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 23	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	990 (2018) OF THE UNITED STATES 52–1559	702	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? $\mathbb{N}/\mathbb{A}$	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		Λ
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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#### FOUNDATION OF THE ARC OF THE UNITED STATES

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

Form 990 (2018)

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.

				-	Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		5		
	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 0.			_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2		4
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?					4
4	Did the organization make any significant changes to its governing documents since the prior Form					+
5	Did the organization become aware during the year of a significant diversion of the organization's as					┦
6	Did the organization have members or stockholders?			6		+
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or			
	persons other than the governing body?			7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?				X	4
	Each committee with authority to act on behalf of the governing body?			8b	<b> </b>	4
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			7
0-	Did the expension have local chapters, branches, an efficience			10-	Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		_
D	If "Yes," did the organization have written policies and procedures governing the activities of such c			10b		
1	and branches to ensure their operations are consistent with the organization's exempt purposes?				X	┥
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy beit	are ming the form?	11a	- 23	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13			12a	x	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		flicte2		X	╉
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			120		╉
C	in Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?				x	┫
4	Did the organization have a written document retention and destruction policy?				x	┫
5	Did the process for determining compensation of the following persons include a review and approv					1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	aspondont			
а	The organization's CEO, Executive Director, or top management official			15a		I
	Other officers or key employees of the organization			15b		┫
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		•			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
<u>ec</u>	List the states with which a copy of this Form 990 is required to be filed NONE					
ec 7		nd 990	-T (Section 501(c)(3	3)s only	) avail	la
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and					
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	n in Sc	hedule O)			
7	for public inspection. Indicate how you made these available. Check all that apply.		,	nd finan	icial	
7  8	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explained)		,	nd finan	icial	
7  8  9	for public inspection. Indicate how you made these available. Check all that apply.          Image: State the name, address, and telephone number of the person who possesses the organization's box	onflict	of interest policy, ar	nd finan	icial	
7  8  9	for public inspection. Indicate how you made these available. Check all that apply.          Image: Straight of the section of the sec	onflict o ooks a	of interest policy, ar	nd finan	icial	

X

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Form 990 (2018)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest C	ompensated
	Employees, and Independe	ent Contrac	ctors				

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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 r	nor any related	organization compensat	ed any current officer.	director. or trustee

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	10 a 0	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	t con /ee				organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) FREDERICK MISILO, JR.	1.00				×					
PRESIDENT	10.00	x		x				0.	0.	0.
(2) CAROL WHEELER	1.00									
VICE PRESIDENT	2.00	x		x				0.	0.	0.
(3) DOUG CHURCH	1.00									
SECRETARY	2.00	X		X				0.	0.	0.
(4) HUGH EVANS	1.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(5) ELISE MCMILLAN	1.00									
IMMEDIATE PAST PRESIDENT	2.00	Х		Х				0.	0.	0.
(6) PETER BERNS	2.00									
CHIEF EXECUTIVE OFFICER	58.00			х				0.	501,372.	69,675.
		<u> </u>								
		1								
		1								
832007 12-31-18										Form <b>990</b> (2018)

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Form 990 (2018)

		NITED ST	'A'	CE S	3					52-1	<u>559</u>	702	Pa	ige <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week (list any hours for	verage iurs per week ist any			than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MI	on d IS	am c comp	(F) imate ount o other pensation the	of tion	
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizati   relate nizatio	ed
	Sub-total								0.	501,3	72.	69	9,6'	75.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.00.	501,3	0. 72.		, e	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			0
	· · ·										r		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-		-		÷ .			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat			3	5		x
Sec	tion B. Independent Contractors			0/ 30		perc						<u> </u>		
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npensa	ation fr	om	
	(A) Name and business	address	NC	ONI	2				<b>(B)</b> Description of s	ervices	C	(C omper		ı
2	Total number of independent contractors (i \$100,000 of compensation from the organia	-	ot lii	mite	d to		se li:	sted	d above) who received n	nore than				
	wroe,ood or compensation norm the organi											Form <b>S</b>	<b>990</b> (2	2018)

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# Form 990 (2018) OF THE UNITED STATES Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
irar oun		Membership dues						
۲ ۲ ۵		Fundraising events						
ar /		Related organizations						
s, Bili		Government grants (contribut						
Sig	f		· · · · · · · · · · · · · · · · · · ·					
her	•	similar amounts not included abo		62,092.				
Ę	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f	-	<b></b>	62,092.			
				Business Code	,			
ø	2 a							
ž či	b							
Ser	c							
ne Š	d							
Program Service Revenue	۵ ۵							
Å	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
-	3	Investment income (including						
	-	other similar amounts)			43,538.			43,538.
	4	Income from investment of ta			•			
	5	Royalties	• •	· · · · ·				
	Ũ		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory						
	h	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraisin						
nue	•••	including \$	of					
eve		contributions reported on line						
ñ		Part IV, line 18	-					
Other Revenu	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
ľ	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			105,630.	0.	0	. 43,538.
83200	12-3							Form <b>990</b> (2018)

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#### FOUNDATION OF THE ARC OF THE UNITED STATES

Form 990 (2018) 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 respons not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,963.	30,963.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 0	Other employee benefits Payroll taxes				
1 a	Fees for services (non-employees): Management				
b	F	F 174		F 174	
С	Accounting	5,174.		5,174.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6 7					
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,257.		1,257.	
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	37,394.	30,963.	6,431.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (	OF	
Part X	Balance	Sheet

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	5,729.	1	5,730.
	2	Savings and temporary cash investments		2	<u>.</u>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 disgualified 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			
Ŋ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	584,796.	11	530,849.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	105,046.	15	129,744.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	695,571.	16	666,323.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
sec		complete lines 27 through 29, and lines 33 and 34.	101 011		401 006
and	27	Unrestricted net assets	424,211.	27	421,206.
Fund Balances	28	Temporarily restricted net assets	271,360.	28	
pu	29	Permanently restricted net assets	2/1,300.	29	245,117.
		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or		and complete lines 30 through 34.			
Net Assets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	695,571.	32	666,323.
_	33	Total net assets or fund balances	695,571.	33	666,323.
	34	Total liabilities and net assets/fund balances	• 110,011	34	000,525.

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

Form **990** (2018)

FOUNDATION OF THE ARC							
Form 990 (2018) OF THE UNITED STATES 52-15	559702	Pag	ge <b>12</b>				
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response or note to any line in this Part XI							
1 Total revenue (must equal Part VIII, column (A), line 12)			30.				
2 Total expenses (must equal Part IX, column (A), line 25) 2			94.				
3 Revenue less expenses. Subtract line 2 from line 1 3			36. 71.				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5 Net unrealized gains (losses) on investments 5	-9'	7,4	84.				
6 Donated services and use of facilities 6							
7 Investment expenses 7							
8 Prior period adjustments 8			0.				
9 Other changes in net assets or fund balances (explain in Schedule O) 9							
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
column (B))							
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response or note to any line in this Part XII							
		Yes	No				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
separate basis, consolidated basis, or both:							
Separate basis Consolidated basis Both consolidated and separate basis							
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<b>2</b> b	Х					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
consolidated basis, or both:							
Separate basis Consolidated basis Both consolidated and separate basis							
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
review, or compilation of its financial statements and selection of an independent accountant?	2c	Х					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Act and OMB Circular A-133?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	000					

Form **990** (2018)

832012 12-31-18

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury	Complete if the organ 494	rity Status an ization is a section 50 <sup>°</sup> 17(a)(1) nonexempt cha Attach to Form 990 or F	1(c)(3) orga iritable trus	nization o			OMB No. 1545-0047				
Internal Revenue Service		/Form990 for instruction			ormation.		Inspection				
Name of the organizatio					E		identification number				
Dort L Decem f	OF THE UNITED				<u> </u>		2-1559702				
	or Public Charity Status (A				instructions.						
	private foundation because it is: ( vention of churches, or associatio				A.V:)						
	ribed in section 170(b)(1)(A)(ii).				A)(I).						
	cooperative hospital service orga										
	earch organization operated in co		•			iii). Enter t	the hospital's name,				
city, and state	:					-					
5 🗌 An organizatio	n operated for the benefit of a co	llege or university owne	d or operate	ed by a gov	/ernmental ur	nit describ	ed in				
section 170(b	<b>b)(1)(A)(iv).</b> (Complete Part II.)										
	e, or local government or governn				-						
-	n that normally receives a substa	ntial part of its support i	from a gove	rnmental u	init or from th	e general	public described in				
	)(1)(A)(vi). (Complete Part II.) rust described in <b>section 170(b)</b> (	1)(A)(vi) (Complete Par	+ 11 )								
<b>` `</b>	research organization described		-	d in coniun	ction with a la	and-grant	college				
5	r a non-land-grant college of agric			-		-	-				
university:						-					
10 An organizatio	n that normally receives: (1) more	than 33 1/3% of its sup	port from c	ontributior	ns, membersł	nip fees, a	nd gross receipts from				
	ed to its exempt functions - subje										
	nrelated business taxable income	(less section 511 tax) fr	om busines	ses acquir	ed by the org	anization	after June 30, 1975.				
	09(a)(2). (Complete Part III.)	ively to toot for public or	foty Soo o	nation 500	(0)(4)						
37	<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or</li> </ul>										
0	supported organizations describe	-	-			•					
	igh 12d that describes the type o										
a 🛛 Type I. A su	pporting organization operated, s	upervised, or controlled	by its supp	orted orga	nization(s), ty	pically by	giving				
the supporte	ed organization(s) the power to re	gularly appoint or elect a	a majority o	f the direct	ors or trustee	es of the s	upporting				
	. You must complete Part IV, Se										
	ipporting organization supervised				-		•				
	anagement of the supporting orga		ame persor	is that con	itrol or manag	le the sup	ported				
	(s). You must complete Part IV, ctionally integrated. A supporting		in connecti	on with ar	nd functionally	/ integrate	ed with				
	d organization(s) (see instructions			,		y intograte	, with,				
	-functionally integrated. A supp	· ·	-			ed organiz	zation(s)				
that is not fu	inctionally integrated. The organiz	ation generally must sa	tisfy a distri	bution req	uirement and	an attenti	veness				
	(see instructions). You must con										
	ox if the organization received a				Гуре I, Туре I	I, Type III					
	integrated, or Type III non-functio						1				
	f supported organizations	nd organization(s)					<b>⊥</b>				
(i) Name of support		(iii) Type of organization	(iv) Is the organi in your governing	zation listed	(v) Amount of r	nonetary	(vi) Amount of other				
organization		(described on lines 1-10 above (see instructions))	Yes	No <sup>s</sup>	upport (see ins	tructions)	support (see instructions)				
THE ARC OF TH	IE U.S.13-5642032	7	X		30	,963.					
			<u> </u>								
			+								
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Total						,963.	0.				
LHA For Paperwork Red	uction Act Notice, see the Instr	uctions for Form 990 o 1 '		832021 10-11	I-18 Schedu	ule A (For	m 990 or 990-EZ) 2018				

#### Schedule A (Form 990 or 990-EZ) 2018 OF THE UNITED STATES Part II

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		,			L	
	organization, check this box and <b>stor</b>	e e					
Sec	ction C. Computation of Publ						
	Public support percentage for 2018 (			column (f))		14	%
	Public support percentage from 2017					15	%
	<b>33 1/3% support test - 2018.</b> If the o						
	stop here. The organization qualifies	-					
b	<b>33 1/3% support test - 2017.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes		•		•		
N.	more, and if the organization meets the	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
10	i mate roundation. If the organization	an and not oneon a		a, 100, 17a, 01 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2018

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### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

	endar year (or fiscal year beginning in)	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total	
	Gifts, grants, contributions, and	(4) 2017	(8) 2010	(0) 2010				(i) Iotai	
'	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
3	organization's tax-exempt purpose Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge $\dots$								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								_
	Public support. (Subtract line 7c from line 6.)								—
	ction B. Total Support								_
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2	018	(f) Total	_
	Amounts from line 6							.,	—
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								_
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
12	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)	the organization?	first second the	I fourth or fifth t		1 00 501(a)((	3) organi-	ation	—
14	<b>First five years.</b> If the Form 990 is for	0					, .	auon,	٦
Ser	check this box and stop here ction C. Computation of Publ							🔽 🗆	
	Public support percentage for 2018 (I			colump (f))		15			%
	Public support percentage from 2017					15			%
	ction D. Computation of Invest								/0
	Investment income percentage for 20					17			%
	Investment income percentage for 20					17			% %
	a 33 1/3% support tests - 2018. If the						and line 1	7 is not	70
198	more than 33 1/3%, check this box a								٦
b	<b>33 1/3% support tests - 2017.</b> If the	organization did I	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 3		and	_
20	line 18 is not more than 33 1/3%, che								$\exists$
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 190, check t					<u> </u>
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#### FOUNDATION OF THE ARC Schedule A (Form 990 or 990-EZ) 2018 OF THE UNITED STATES

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

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No

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# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 OF THE UNITED STATES

1 ai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
	Did the exercite provide to each of its supported exercitetions, by the last day of the fifth month of the		res	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form	990 or 9	90-EZ	2018

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### FOUNDATION OF THE ARC Schedule A (Form 990 or 990 EZ) 2018 OF THE UNITED STATES

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functiona	llv integrate	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990 EZ) 2018 OF THE UNITED	STATES		2-1559702 Page 7
Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 201	8 OF THE	ION OF T UNITED S	TATES			52-	1559702	Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	rmation. Prov 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; P	ide the explanati 4c, 5a, 6, 9a, 9b, art IV, Section E	ons required b 9c, 11a, 11b, a , lines 1c, 2a, 2	and 11c; Part b, 3a, and 3b;	IV, Section B, Part V, line 1;	17a or 17b; Pa lines 1 and 2; Part V, Sectio	urt III, line 12; Part IV, Sectior n B, line 1e; Pa	
32028 10-11- <sup>-</sup>	8			20				m 990 or 990-	
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

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OF THE UNITED STATES

FOUNDATION OF THE ARC

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
Form 990-PF	4947(a)(1) nonexempt charitable trust treated as a 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

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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.

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page
Name of or	rganization ATION OF THE ARC		Employer identification number
	E UNITED STATES		52-1559702
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$60,5	80. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person       Payroll         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person       Payroll         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) 1s Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)
823452 11-08		Schedule	B (Form 990, 990-EZ, or 990-PF) (201

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22 2018.04030 FOUNDATION OF THE ARC OF TH 01814\_\_1

Page **2** 

F TH	E UNITED STATES	52	2-1559702
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a)		Ψ	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

2

ame of organ			Employer identification	n nu		
	ION OF THE ARC		52 1550702			
Part III Ex			in section 501(c)(7), (8), or (10) that total more than \$1,000	for		
fre	om any one contributor. Complete columns (a mpleting Part III, enter the total of exclusively religious,	) through (e) and the following line charitable, etc., contributions of <b>\$1,000</b>	entry. For organizations or less for the year. (Enter this info. once.) \$			
U	se duplicate copies of Part III if additiona	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d		
			[			
		(e) Transfer of	gift			
	Transferee's name, address, a	nd <b>7IP</b> + 4	Relationship of transferor to transferee			
_						
		[				
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d		
			[			
	(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d		
	(e) Transfer of gift					
	Transferee's name, address, a	Relationship of transferor to transferee				
		[				
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hel	d		
	(e) Transfer of gift					
	Transferee's name, address, a	Relationship of transferor to transferee				
	המוזה כב אמווכ, מעולאא, מ					
		[				
3454 11-08-18			Schedule B (Form 990, 990-EZ, or 99	0-PI		

SC	HEDULE D	Supplement	tal Financ	ial Statement	ts	OMB No. 1545-0047
(Forn	n 990)	Complete if the or	ganization answ	/ered "Yes" on Form 99 , 11d, 11e, 11f, 12a, or 1	0, I2h	
	ment of the Treasury		Attach to Form	ו 990.		Open to Public Inspection
	Revenue Service	►Go to www.irs.gov/Form FOUNDATION OF THE		ons and the latest infor	mation.	
Nam	e of the organizatio	OF THE UNITED STAT				Employer identification number 52-1559702
Par	t I Organiza	tions Maintaining Donor Advis		Other Similar Fund	ds or Ad	
		answered "Yes" on Form 990, Part IV, I				
		, ,		or advised funds	(b	) Funds and other accounts
1	Total number at en	d of year				
2		contributions to (during year)				
3	Aggregate value of	grants from (during year)				
4	Aggregate value at	end of year				
5	-	n inform all donors and donor advisors ir	-			
		n's property, subject to the organization				
6	•	n inform all grantees, donors, and donor		• •		•
		oses and not for the benefit of the donor				
Par	impermissible priva	te benefit? Ition Easements. Complete if the c				
		•	0		, Part IV,	line 7.
1		ervation easements held by the organiza	` г		storioally	important land area
		of land for public use (e.g., recreation or natural habitat		Preservation of a his		•
		of open space	L		entineu ms	
2		hrough 2d if the organization held a qua	lified conservatio	on contribution in the for	m of a cor	servation easement on the last
-	day of the tax year.				li oi a coi	Held at the End of the Tax Year
а		nservation easements				2a
b		cted by conservation easements				2b
с		ation easements on a certified historic s				2c
d		ation easements included in (c) acquired				
	listed in the Nationa	al Register				2d
3	Number of conserv	ation easements modified, transferred, r	released, extingu	ished, or terminated by t	he organi	zation during the tax
	year 🕨					
4		here property subject to conservation e			-	
5		on have a written policy regarding the p				
_		prcement of the conservation easements				
6	Staff and volunteer	hours devoted to monitoring, inspecting	g, handling of vio	lations, and enforcing co	nservatio	n easements during the year
-			adlina, of violation			
7		es incurred in monitoring, inspecting, ha	ndling of violation	is, and enforcing conserv	vation eas	sements during the year
8		ation easement reported on line 2(d) ab	ovo satisfy tho ro	quiromonts of soction 17	70/h)(4)(B)	(i)
0						
9		e how the organization reports conserva				
•		e, the text of the footnote to the organiz		-		
	conservation easen	·			e the erg	
Par		tions Maintaining Collections	of Art, Histor	ical Treasures, or	Other S	Similar Assets.
	Complete if	the organization answered "Yes" on For	m 990, Part IV, lir	ne 8.		
1a	If the organization e	elected, as permitted under SFAS 116 (A	ASC 958), not to I	report in its revenue stat	ement an	d balance sheet works of art,
	historical treasures	, or other similar assets held for public e	xhibition, educat	ion, or research in furthe	rance of p	oublic service, provide, in Part XIII,
	the text of the footr	note to its financial statements that desc	cribes these items	S.		
b	-	elected, as permitted under SFAS 116 (A				
		similar assets held for public exhibition,	education, or res	earch in furtherance of p	oublic serv	vice, provide the following amounts
	relating to these ite					
		led on Form 990, Part VIII, line 1				► \$
~	• •			, similar assats for finance		▶ \$
2		received or held works of art, historical to			hai gain, p	provide
-	-	nts required to be reported under SFAS		-		► ¢
		on Form 990, Part VIII, line 1 Form 990, Part X				► \$ ► \$
		duction Act Notice, see the Instructio			<u></u>	Schedule D (Form 990) 2018
	1 10-29-18	auton Act Notice, see the inst deliv		•		
000			2	5		

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	FOUNDAT									
Sche	dule D (Form 990) 2018 OF THE						52-15			age <b>2</b>
Pai	rt III Organizations Maintaining C	Collections	of Art	t, Historical Tr	easures, or Oth	er Simi	ilar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other	records	, check any of the	following that are a	significan	t use of its	collection	n iterr	าร
	(check all that apply):									
а	Public exhibition		d	Loan or exc	hange programs					
b	Scholarly research		е	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and	l explain	how they further t	he organization's ex	empt purp	oose in Par	t XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran							line 9, or		
	reported an amount on Form 990, Pa		•	5			, ,	,		
	Is the organization an agent, trustee, custod		termedia	arv for contributior	ns or other assets no	t include	d			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII						······			
~		and complete		owing table.				Amount		
c	Beginning balance					1c		7 uno ant		
	Additions during the year									
f	Distributions during the year									
	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.						L			
	rt V Endowment Funds. Complete i									
1 4					1	1	veare back	(a) Four	Veare	hack
4	Designing of year belongs	(a) Current	,360.	(b) Prior year 271,360.	271,360.		years back 271,360.	(e) Four years bac 271,36		
	Beginning of year balance	271	, 300.	271,300.	2/1,300.		2/1,300.		2/1	, 300.
	Contributions	26	242	20. 206	24.060		2 502		21	667
	Net investment earnings, gains, and losses	-20	,243.	39,206.	34,262.		-3,592.		21,	,667.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs			39,206.	34,262.		-3,592.	21,667		,667.
f	Administrative expenses									
g	End of year balance		,117.	271,360.			271,360.		271	,360.
2	Provide the estimated percentage of the cur	-	-	(line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment		0	%						
b	Permanent endowment  100.00	%								
с	Temporarily restricted endowment	.00	_%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100	0%.							
3a	Are there endowment funds not in the posse	ession of the o	organizat	tion that are held a	and administered for	the orgar	ization	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the							· · ·		
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Fo	orm 990,	Part IV, line 11a.	See Form 990, Part >	(, line 10.				
	Description of property	(a) Co	ost or oth	ner (b) Cost	t or other (c) A	Accumula	ted	(d) Bool	k valu	e
			investm			epreciatio		(, 200)		
12	Land			,						
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		0 Davet V	( oolump (D) line :	100)					0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 99	o, Part X	, column (B), line i	iuc.)		💌 📘	D (5		-
							Schedule	) U (⊢orm	1 990)	) 2018

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OF	THE	UNIT	CED	STAT	res

Schedule D (Form 990) 2018

#### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value DUE FROM THE ARC OF THE U.S. 129,744. (1) (2) (3) (4) (5) (6) (7) (8) (9) 129,744. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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 🚺

Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 OF THE UNITED STATES		52-1559702 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ea.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )		
Pa	t XIII Supplemental Information.		

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

#### PART V, LINE 4:

#### GENERAL SUPPORT AND VARIOUS SPECIFIC PROJECT PURPOSES.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2018, THE ORGANIZATIONS HAVE DOCUMENTED

THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES

GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED

THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

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Part XIII Supplemental Information (continued)										
Schedule D (Form 990) 2018		THE		ΓED	STA	res				
	FOU	JNDAT	<b>FION</b>	OF	THE	ARC				

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332055 10-29-18	29 2018.04030 FOUNDATION OF THE 2	Schedule D (Form 990) 2018

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		OMB No. 1545-0047 <b>2018</b> Open to Public						
Name of the organizati	ion FOUNDATIO	N OF THE		s.gov/Form990 fo	r the latest inforn	nation.		Inspection Employer identification number
	OF THE UN							52-1559702
Part I General Ir	nformation on Grants a	Ind Assistance						
e e	zation maintain records		•		•	, ,		
	award the grants or assis							X Yes No
	IV the organization's pro					nization answered "	(ac" on Form 000 Dar	t IV line 21 for any
	hat received more than \$	-				anization answered	res on form 990, Far	t IV, inte 21, for any
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ARC OF THE UN 1825 K STREET, NW WASHINGTON, DC 20	1	13-5642032	501(C)(3)	30,963.	0.			SUPPORT OF THE ARC OF THE UNITED STATES
2 Enter total numb	per of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	I	l	I	<b>↓</b> 1.
3 Enter total numb	per of other organization	s listed in the line	1 table			·····		▶ 0.
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

# OF THE UNITED STATES

52-1559702

Page 2

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

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

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

PART I, LINE 2:

BECAUSE THE GRANTS ARE MADE TO THE ARC OF THE U.S., THE FOUNDATION'S

SUPPORTED ORGANIZATION, THE FOUNDATION DOES NOT MONITOR THE USE OF GRANTS.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47	
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	2	
•		Compensated Employees		ZU	10	)	
Dana	treast of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to Public			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nan	ne of the organizatio	n FOUNDATION OF THE ARC	Employer i			mber	
		OF THE UNITED STATES	52-1	.55970	2		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	charter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the filing organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations	ommittee				
_							
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re					v	
a		ce payment or change-of-control payment?				X X	
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
С		ceive payment from, an equity-based compensation arrangement?		4c			
	If "Yes" to any of III	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only costion 501/	(2) E01(a)(4) and E01(a)(20) argumentations must complete lines E.O.					
F		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
5							
	contingent on the r			5a		x	
a h	Any related organiz	ration?		5a 5b		X	
U		pr 5b, describe in Part III.		50			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
Ŭ	contingent on the r		511				
я	•			6a		x	
h	Any related organiz	ration?		6b		x	
		pr 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s				
•		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
-		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
9		id the organization also follow the rebuttable presumption procedure described in					
-		n 53.4958-6(c)?					
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n <b>990</b> )	) 2018	

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#### FOUNDATION OF THE ARC OF THE UNITED STATES

Schedule J (Form 990) 2018

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

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

52-1559702

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PETER BERNS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	448,733.	52,639.	0.	45,123.	24,552.	571,047.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii) (ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2018

#### Part III Supplemental Information

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 3:

THE ARC FOUNDATION RELIES ON A RELATED ORGANIZATION, THE ARC, TO DETERMINE

COMPENSATION. THE ARC USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION

OF THE CEO:

- INDEPENDENT COMPENSATION CONSULTANT

- FORM 990 OF OTHER ORGANIZATIONS

- COMPENSATION SURVEY OR STUDY

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Schedule J (Form 990) 2018

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 52 - 1559702

FORM 990, PART VI, SECTION A, LINE 8B:

THE ARC FOUNDATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

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.

FOUNDATION OF THE ARC

OF THE UNITED STATES

FORM 990, PART VI, SECTION B, LINE 12C:

THE ARC FOUNDATION FOLLOWS THE ARC'S CONFLICT OF INTEREST POLICY. THE ARC'S POLICY IS AS FOLLOWS: 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. IF A CONFLICT ARISES, THE CEO REVIEWS THE ARRANGEMENT AND DETERMINES IF THE RELATIONSHIP IS IN THE BEST INTEREST OF THE ARC FOUNDATION.

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

 THE ARC FOUNDATION RELIES ON A RELATED ORGANIZATION, THE ARC, TO DETERMINE

 COMPENSATION. THE ARC'S PROCESS FOR DETERMINING CEO COMPENSATION IS:

 PURSUANT TO THE TERMS OF THE EMPLOYMENT CONTRACT BETWEEN THE ORGANIZATION

 AND THE CHIEF EXECUTIVE OFFICER (CEO), COMPENSATION IS REVIEWED AND SET

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

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 Schedule O (Form 990 or 990-EZ) (2018)
 Page 2

 Name of the organization
 FOUNDATION OF THE ARC OF THE UNITED STATES
 Employer identification number 52-1559702

 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. THE LAST REVIEW
 TOOK PLACE IN MARCH 2018.

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

THE ARC FOUNDATION'S AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS) ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships plete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.							5-0047
Department of the Treasury Internal Revenue Service		ach to Form 990.		5, or 37.			201 pen to P Inspecti	ublic
Name of the organization FOUNDATION O OF THE UNITE	F THE ARC	or instructions and the late			Em	ployer identif 52-1559	ication n	
Part I Identification of Disregarded Entities. Com	olete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total incor	(e) ne End-of-yea			<b>(f)</b> controlling ntity	9
Part II         Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, b	ecause it had one	e or more	e related tax-ex	empt	
(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) ot controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity? <b>No</b>
THE ARC OF THE UNITED STATES - 13-5642032 1825 K STREET, NW WASHINGTON, DC 20006	PROMOTES AND PROTECTS THE HUMAN RIGHTS	MARYLAND	501(C)(3)	LINE 7	N/A			x

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

Schedule R (Form 990) 2018

### Schedule R (Form 990) 2018 OF THE UNITED STATES

(a) (b)		(c) (d)		(e)		(f)		(g)		()	ı)	(i)		(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling entity	Predomi	nant income	Share of total income		Share of end-of-year assets		Disproportionate allocations?		ate Code V-UBI		General of managing		ercent
of related organization		(state or foreign		(related excluded f	unrelated,											owners
		country)		sections	s 512-514)					Yes	No		1065)	Yesl	No	
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art IV Identification of Related C	rganizations Taxable	as a Corpo	oration or Trust. C	omplete if t	he organizat	ion ansv	wered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	4, because i	t had o	one or	r mor	re relate
organizations treated as a c	rganizations Taxable	as a Corpo	year.		- 1		1				line 34		t had o		r mor	
organizations treated as a c	orporation or trust duri	ing the tax	year. (b)	(c)	(d)		(e)	)	(f)		line 34	(g)		(h)		(i) Section
organizations treated as a c (a) Name, address, and	erporation or trust duri	ing the tax	year.	(C) Legal domicile (state or	(d) Direct cont	trolling	(e) Type of	) entitv	(f) Share o	f total		<b>(g)</b> Share of	Per	(h) rcenta	ge	(i) Section 512(b)(13 controlle
organizations treated as a c	erporation or trust duri	ing the tax	year. (b)	(c) Legal domicile	(d)	trolling	(e)	) entity S corp,	(f)	f total		(g)	Per	(h)	ige	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	erporation or trust duri	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s	) entity S corp,	(f) Share o	f total		<b>(g)</b> Share of end-of-year	Per	(h) rcenta	ige	(i) Section 512(b)(13 controlle
organizations treated as a c (a) Name, address, and	erporation or trust duri	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s	) entity S corp,	(f) Share o	f total		<b>(g)</b> Share of end-of-year	Per	(h) rcenta	ige	(i) Section 512(b)(1 controlle entity?
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organizations treated as a c (a) Name, address, and	erporation or trust duri	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s	) entity S corp,	(f) Share o	f total		<b>(g)</b> Share of end-of-year	Per	(h) rcenta	ige	(i) Section 512(b)(1 controlle entity?
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organizations treated as a c (a) Name, address, and	erporation or trust duri	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s	) entity S corp,	(f) Share o	f total		<b>(g)</b> Share of end-of-year	Per	(h) rcenta	ige	(i) Sectior 512(b)(1 controlle entity?
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organizations treated as a c (a) Name, address, and	erporation or trust duri	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s	) entity S corp,	(f) Share o	f total		<b>(g)</b> Share of end-of-year	Per	(h) rcenta	ige	(i) Section 512(b)(13 controlle entity?
organizations treated as a c (a) Name, address, and	erporation or trust duri	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	trolling	(e) Type of (C corp, s	) entity S corp,	(f) Share o	f total		<b>(g)</b> Share of end-of-year	Per	(h) rcenta	ige	(i) Section 512(b)(1 controlle entity?

Schedule R (Form 990) 2018 OF THE UNITED STATES

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					
b Gift, grant, or capital contribution to related organization(s)					
	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		X	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(</u> 3)			
<u>(4)</u>			
_(5)			
<u>(6)</u>	20		

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#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	  sec. (3) ?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tior alloca	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr <b>Yes</b>	) ral or p ging ner?	<b>(k)</b> Percentage ownership

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#### FOUNDATION OF THE ARC OF THE UNITED STATES

# Part VII Supplemental Information.

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

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