Form 990
Form JJJU
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047 19 ſ l **Open to Public** Inspection

Δ F	or the	e 2019 calendar year, or tax year beginning an	d ending		
			a chang	1	
BCa	Check if applicabl			D Employer identifie	cation number
_	 Addre	FOUNDATION OF THE ARC			
	chang	e OF THE UNITED STATES			
	Name chang	e Doing business as		52-15597	02
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	1825 K CUDEEN MM	1200	202-534-	
	termin			G Gross receipts \$	67,300.
	Amen	WASHINGTON, DC 20006		H(a) Is this a group re	
	_lreturn ∏Applic				
	tion pendi	^{ng} SAME AS C ABOVE		for subordinates	
				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		te: WWW.THEARC.ORG		H(c) Group exemption	
_		organization: X Corporation Trust Association Other ►	L Year	of formation: 1988	State of legal domicile: DC
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: \underline{TO}	PROMOTE	L, SUPPORT A	ND FURTHER
Governance		THE INTERESTS AND PURPOSES OF THE ARC O	F THE U	NITED STATE	S, INC.
î nê	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp	osed of more	e than 25% of its net as	sets.
2Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
		Number of independent voting members of the governing body (Part VI, line 1b			5
80 00		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			5
Activities &	7.0	Total unrelated business revenue from Dart VIII. solumn (C) line 10			0.
Ă		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a a	Net unrelated business taxable income from Form 990-T, line 39	<u> </u>		
				Prior Year	Current Year
an		Contributions and grants (Part VIII, line 1h)	·····	62,092.	
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Эе́		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,538.	67,300.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		105,630.	67,300.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,963.	37,452.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		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.
bei		Total fundraising expenses (Part IX, column (D), line 25)	∧		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,431.	8,149.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,394.	45,601.
		Revenue less expenses. Subtract line 18 from line 12		68,236.	21,699.
-Se				ginning of Current Year	End of Year
ance a		Tatal accests (Dart V, line 10)		666,323.	746,982.
Bala	20	Total assets (Part X, line 16)	·····	000,525.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	·····		0.
		Net assets or fund balances. Subtract line 21 from line 20		666,323.	746,982.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true,	, correc	t, and complete Deckaration of preparer (other than officer) is based on all information of	which preparer		
		Jun Van			/2020
Sig	n	Signature of officer		Date	
			סידיס		

nere	,,		
	Type or print name and title		
	Print/Type preparer's name	Prepárer's signature / Date	
Paid	RICHARD J. LOCASTRO, CPA	Rectard Jr. Locastro 10/2	7/2020 if self-employed P00288314
Preparer	Firm's name 🕞 GELMAN, ROSENBER		Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY	AVE SUITE 800N	
	BETHESDA, MD 208	14-2930	Phone no. (301) 951-9090
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
	a an IIIA For Dependent Reduction Act Notic	so, soo the congrate instructions	Earm 990 (2010)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

		Form 990 (2019
(Expenses \$ Total program service expenses	including grants of \$ 37,452.) (Revenue \$)
	,	
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
/ Exponed of w		
(Code:) (Expenses \$	including grants of \$) (Revenue \$
SUPPORTED THE CHAR	TTABLE PURPOSES OF THE	ARC OF THE UNITED STATES, INC.
(Code:) (Expenses \$	37,452. including grants of \$	37,452.) (Revenue \$
	rvice reported.	
If "Yes," describe these changes on	Schedule O.	
		lucts, any program services?
		⊥Yes L▲ No
	,,	
		ESTS AND PURPOSES OF THE ARC
Briefly describe the organization's m	ission:	
	-	
		52-1559702 Page 2
		E2 1EE0702 - 0
	990 (2019) OF TH TIII Statement of Program Check if Schedule O contains Briefly describe the organization's m TO PROMOTE , SUPPOR OF THE UNITED STAT	Till Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROMOTE , SUPPORT AND FURTHER THE INTER OF THE UNITED STATES , INC.

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Form 990 (2019) OF THE UNITE
Part IV Checklist of Required Schedules

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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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Å
	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	X	0.5 : -
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FOUNDATION OF THE ARC Form 990 (2019) OF THE UNITED STATES Part IV Checklist of Required Schedules (continued)

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			I age I

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	
	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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	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?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
	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 disgualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			x
9	"Yes," complete Schedule L, Part IV	28c 29		X
.9 10	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	
1 41	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		1.03	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	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 (2019) OF THE UNITED STATES 52–1559	702	P	age 5
Pai	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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for 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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible 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).			
	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		X
	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
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	•		
		9a		
		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	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 N/A 11a			
	Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against Image: Comparison of the sources against Image: Comparison of the sources against			
b	amounts due or received from them.) 11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
	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? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
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Form **990** (2019)

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FOUNDATION OF THE ARC OF THE UNITED STATES

Form 990 (2019)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				2
Sec	tion A. Governing Body and Management			1	-
		1.1	F	Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	_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 on Schedule O.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	_5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under	the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?			
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?			
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				
	more members of the governing body?	••	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				T
-	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				t
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?				T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				t
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal		3		
				Yes	Γ
0-	Did the organization have local chapters, branches, or affiliates?		10a	100	┢
	If "Yes," did the organization have written policies and procedures governing the activities of such		10a		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
110				x	┢
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	bay before ming the form	f IId		\vdash
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			X	┢
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri		12b		┢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			x	
	in Schedule O how this was done			X	
13	Did the organization have a written whistleblower policy?				┢
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro	, ,			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
	The organization's CEO, Executive Director, or top management official		15 a		
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	uate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janization's			
	exempt status with respect to such arrangements?		16b		
6ec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 501(c)(3)s only	y) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (expla	in on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy	, and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's t	books and records 🕨			
	PETER BERNS - 202-534-3700				
	1825 K STREET, NW, NO. 1200, WASHINGTON, DC 2000	6			
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OF	\mathbf{THE}	UNIT	TED	STAT	res

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Part VII	Compensation of Office	rs, Directors	, Trustees,	Key Employees,	Highest Comp	ensated
	Employees, and Indepe	Ident Contra	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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average			(Pos	C) itior			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	rson	is bot pr/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FREDERICK MISILO, JR. PRESIDENT	1.00	x		x				0.	0.	0.
(2) CAROL WHEELER VICE PRESIDENT	1.00 2.00	x		x				0.	0.	0.
(3) DOUG CHURCH SECRETARY	1.00 2.00			x				0.	0.	0.
(4) HUGH EVANS TREASURER	1.00			x				0.	0.	0.
(5) ELISE MCMILLAN	1.00			x				0.	0.	0.
IMMEDIATE PAST PRESIDENT (6) PETER BERNS	2.00	^				-		0.	0.	0.
CHIEF EXECUTIVE OFFICER	60.00			x				0.	523,557.	76,553.
						$\left \right $				
932007 01-20-20						1				Form 990 (2019)

932007 01-20-20

Form **990** (2019)

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		NITED ST	CA.	LE?	5					52-1	559	702	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)(B)(C)(D)(E)Name and titleAverage hours per weekPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from theReportable compensation from relate										on d	am	(F) timate nount other	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fro orga and	pensa om the anizat d relat inizatio	e ion ed
1b	Subtotal								0.	523,5	57.	7	6,5	53.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.0.	523,5	0.			0. 53.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	ole			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								ted organization or indiv			5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	dona	ande	ont c	onti	racto	ore t	that received more than	\$100.000 of cor	nnone	ation f	rom	
• 	the organization. Report compensation for	-	-						n the organization's tax					
	(A) Name and business	address	N	ONI	Ξ				(B) Description of s	ervices	С	(C omper		n
2	Total number of independent contractors (i	•	ot li	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organized states and the organized st	zation 🕨					0					Form	990 (2	2019)

Form 990 (2019) OF THE UNITED STATES

14				se or note to any lir	he in this Part VIII			
			Check if Schedule O contains a respons		(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
ts	1	а	Federated campaigns 1a					
ran	•		Membership dues 1b					
₹ Pmc			Fundraising events 1c					
àifts ar /			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
tion r Si			All other contributions, gifts, grants, and					
ibut			similar amounts not included above 1f					
d O		g	Noncash contributions included in lines 1a-1f					
an Co		h	Total. Add lines 1a-1f	►				
				Business Code				
e	2	а		_				
Program Service Revenue		b		_				
n Si		С						
Jev		d		_				
rog		е						
д.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, int		67,300.			67,300.
			other similar amounts)		07,300.			07,300.
	4		Income from investment of tax-exempt bond	-				
	5		Royalties	(ii) Personal				
	6	а	Gross rents					
	0							
			Rental income or (loss) 6c					
			Net rental income or (loss)	▶				
	7		Gross amount from sales of (i) Securities					
	-	-	assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
her Revenue		с	Gain or (loss) 7c					
Re			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
				Ba				
				Bb				
			Net income or (loss) from fundraising events	<u> </u>				
	9	а	Gross income from gaming activities. See					
)a				
			· · · · · · · · · · · · · · · ·)b				
	40		Net income or (loss) from gaming activities	····· ►				
	10	а	Gross sales of inventory, less returns	0a				
		h		0b				
			Net income or (loss) from sales of inventory					
		<u> </u>	the meetine of 1000 normales of inventory	Business Code				
sno	11	а						
ane		b		-				[
sells		c		-				
Miscellaneous Revenue			All other revenue					
~			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		67,300.	0.	0.	67,300.
93200	9 01	-20	-20					Form 990 (2019)

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FOUNDATION OF THE ARC OF THE UNITED STATES

Form 990 (2019) 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).

1 2 3 4 5	b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16	Total expenses	Program service expenses 37,452.	Management and general expenses	Fundraising expenses
2 3 4 5	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign	37,452.	37,452.		
3 4 5	ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign				
4 5	organizations, foreign governments, and foreign				
5					
	Benefits paid to or for members Compensation of current officers, directors,				
	Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) Dther salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits Payroll taxes				
	Fees for services (nonemployees): Management				
	Accounting	8,073.		8,073.	
е	Professional fundraising services. See Part IV, line 17				
g	nvestment management fees				
	Advertising and promotion				
	nformation technology	76.		76.	
	Royalties Dccupancy				
7	Travel				
	Payments of travel or entertainment expenses or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates Depreciation, depletion, and amortization				
3	nsurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a b					
c d	-				
е	All other expenses		20 450	0 1 1 0	,
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	45,601.	37,452.	8,149.	C
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2019)

Part X Balance Sheet

15531027 745960 01814

FOUNDATION OF THE ARC

OF THE UNITED STATES

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

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,730.	1	5,730.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	530,849.	11	657,109.
	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		15	84,143.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	746,982.
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		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		26	0.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	421,206.	27	475,620.
Ba	28	Net assets with donor restrictions	. 245,117.	28	271,362.
pur		Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
ц		and complete lines 29 through 33.			
o s	29	Capital stock or trust principal, or current funds		29	
set	30	Paid in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	666,323.	32	746,982.
	33	Total liabilities and net assets/fund balances		33	746,982.

Form **990** (2019)

	FOUNDATION OF THE ARC				
Form	990 (2019) OF THE UNITED STATES	52-	1559702	Pa	ge 12
Pa	rt 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)	1			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			01.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			23.
5	Net unrealized gains (losses) on investments	5	5	8,9	60.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	74	6,9	82.
Pa	rt 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				
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2019)

932012 01-20-20

(Form 99	90 or 990-EZ)		mplete if the organ	rity Status an nization is a section 50	1(c)(3) org	anization		2019
	of the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or I				Open to Public
nternal Reve				v/Form990 for instructi	ons and t	he latest i		Inspection
Name of	the organizatio		DATION OF HE UNITED					er identification num
Part I	Reason f			All organizations must co	omplete th	nis part.) Se		52-1559702
				For lines 1 through 12, o	-			
1	A church, con	vention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).	
2	A school desc	ribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)		
3 🛄	A hospital or a	cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).	
4			ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Ente	r the hospital's name
	city, and state							
5 📖	-	-		ollege or university owne	d or opera	ted by a g	overnmental unit descr	ibed in
e 🗌	-		complete Part II.)	mentel unit described in	opotion 1	70/6//4//4	(5.)	
6 📖 7 🗔		-	-	nental unit described in antial part of its support				al public described in
•			omplete Part II.)	antial part of its support	nom a gov	ennenta	funit of from the genera	al public described in
8	•		• •	(1)(A)(vi). (Complete Par	t II.)			
9				in section 170(b)(1)(A)		ed in coniu	unction with a land-grar	nt college
				culture (see instructions)				
_	university:							
10	An organizatio	n that norma	lly receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, membership fees,	and gross receipts fi
	activities relate	ed to its exen	npt functions - subje	ct to certain exceptions	, and (2) n	o more tha	in 33 1/3% of its suppo	ort from gross investr
	income and ur	nrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the organizatio	n after June 30, 1975
			nplete Part III.)					
11 🛄	-	-	-	ively to test for public sa	•			
12 X	-	-	-	ively for the benefit of, t	-		· · ·	
				ed in section 509(a)(1) o				Check the box in
аX				of supporting organization				
a 🛆	51			supervised, or controlled gularly appoint or elect				
		-	complete Part IV, Se	• • • • •	a majonty			supporting
b 🗌	Γ		•	d or controlled in connec	tion with i	ts sunnort	ed organization(s) by h	navina
				anization vested in the s				-
			t complete Part IV,				5	
c 🗌	_			g organization operated	in connec	tion with,	and functionally integra	ted with,
	its supporte	d organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d 🗌	Type III non	-functionally	integrated. A supp	oorting organization oper	rated in co	nnection v	with its supported orga	nization(s)
	that is not fu	inctionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an atter	ntiveness
	requirement	(see instruct	ions). You must co r	nplete Part IV, Section	s A and D	, and Part	V.	
e		-		written determination fro			a Type I, Type II, Type I	II
				onally integrated support	ing organi	zation.		· · · · · · · · · · · · · · · · · · ·
	er the number o							[1
-	vide the followir (i) Name of suppo	-	about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of oth
·	organization		()	(described on lines 1-10	in your govern Yes	ng document?	support (see instructions	
				above (see instructions))	-			
THE A	RC OF TH	HE U.S.	13-5642032	7	x		37,452	•
Fotal							37,452	

Schedule A (Form 990 or 990-EZ) 2019 OF THE UNITED STATES

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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.)

Galead year (of fiscal year beginning in) (g) 2015 (g) 2016 (g) 2017 (g) 2018 (g) 2019 (g) Total (membership feas received. (Do not include any 'unusual grants.') 2 Tax revenues leviced for the organ- ization's benefit and ether paid to or expended on its behaft 3 The value of services or facilities 4 Total. Add insers 1 through 3 3 The value of services or facilities 5 The portion of total contributions by sach person (other than a governmental unit or publicly supported organization without charge 4 Total. Add insers 1 through 3 5 The portion of total contributions by sach person (other than a governmental unit or publicly supported organization included on line 1 thracked S2 to the amount shown on line 11, column (f) 6 Public support, Searat tree iters in e. 6 Gross income from interest, dividends, payments received on securities loans, rents, roysties, and income from interest, dividends, payments received on securities loans, rents, roysties, and income from interest, dividends, payments received on securities loans, rents, roysties, and income from interest, dividends, payments received on securities loans, rents, roysties, and income from interest, dividends, payments received on securities loans, rents, roysties, and income from interest, dividends, payments received on securities loans, rents, roysties, and income from interest, dividends, payments received on securities loans, rents, roysties, and income from interest. dividends, payments received on securities loans from the sale of capital and sets (Frights) prescription (Fright 100 (Fright	Sec	ction A. Public Support						
membership fees received. (Do not include any visual grants)	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any "unusual grants."	1	Gifts, grants, contributions, and						
2 Tarverueue levied for the organization without charge 3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization in the organization in the organization without charge in the organization in the organization in the organization without charge in the organization organization in the organization organization in the organization organization in the organization without charge in the organization without charge in the organization organization in the organization organization in the organization organization in the organization organization in the organi		membership fees received. (Do not						
ization's benefit and either pair to or expended on its behalf 3 The value of services of 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 the stem line 4 8 Gross income from interest, dividends, payments received on securities toans, renat, royatties, and income from interest, dividends, gayments received on securities toans, royatties, and income from indired business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 1 Total support the organization (d) included on securities toans, royatties, and income from indired capital assets (Explain in Part VI). 11 Total support Parcentage for 2019 (line (a column (d)		include any "unusual grants.")						
or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 3 Total. Add lines 1 through 3 1 4 Total. Add lines 1 through 3 1 5 The portion of total contributions by each person (ofter than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 1 6 Public support Setting the 5 tom line 4. 1 Caliedar year (offsel year beginning in) >> dial dial dial dial dial dial dial dial		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge		or expended on its behalf						
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 (i) 6 Public support. Submachine is tom line 4 8 Cross income from initerest, division of total contributions by each person (other than a governmental on the public support. Submachine is tom line 4 9 Public support. Submachine is tom line 4 8 Gross income from initerest, division lines 4 9 Met income from initerest, division lines 4 9 Met income from initerest, royallies, and income from interest, royallies, and rowallies and ro	3	The value of services or facilities						
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 (i) 6 Public support. Submachine is tom line 4 8 Cross income from initerest, division of total contributions by each person (other than a governmental on the public support. Submachine is tom line 4 9 Public support. Submachine is tom line 4 8 Gross income from initerest, division lines 4 9 Met income from initerest, division lines 4 9 Met income from initerest, royallies, and income from interest, royallies, and rowallies and ro		furnished by a governmental unit to						
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 25% of the amount shown on line 11, column (1) Image: Control (Control (Contro) (Contre) (Control (Contre) (Control (Control (Contre	4							
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)	_							
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) image: column (c) 6 Public support. Subtract line 5 ferm line 4. image: column (c) 2 Calendar year (or fiscal year beginning in) (c) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4. image: column (c) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from similar sources image: column (c) image: column (c) image: column (c) image: column (c) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part Vi) image: column (c) image: column (c) image: column (c) 11 Total support. Add lines 7 through 10 image: column (c) image: column (c) image: column (c) image: column (c) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. image: column (c) image: col		·						
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 b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		C C		•	•	•	•	
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organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		· · ·						
Sabadula A /Earm 000 ar 000 E7) 2010	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 OF THE UNITED STATES 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.)

	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
,	organization's tax-exempt purpose Gross receipts from activities that								
3	are not an unrelated trade or bus-								
	income worder exaction 510								
	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								
	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								
С	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		1	1			r		
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	019	(f) Total	
	Amounts from line 6								
l0a	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								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is								
~	regularly carried on								
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
3	Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3	3) organiz	ation,	
		-							
Sec	tion C. Computation of Publ							· • •	_
15	Public support percentage for 2019 (I	ine 8. column (f).	divided by line 13.	column (f))		15			%
	Public support percentage from 2018					16			%
	tion D. Computation of Invest								
	Investment income percentage for 20		•			17			%
	Investment income percentage from 2					18			%
							and line 1	Zia pat	- 70
98	33 1/3% support tests - 2019. If the								
	more than 33 1/3%, check this box a						0.1/00/		
D	33 1/3% support tests - 2018. If the								_
	line 18 is not more than 33 1/3%, che								\dashv
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t					
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

х

No

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Х

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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 disqualified 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) 2019

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Schedule A (Form 990 or 990-EZ) 2019 OF THE UNITED STATES

			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)			v
	below, the governing body of a supported organization?	11a		X X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI . tion B. Type I Supporting Organizations	11c		л
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI 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			
			Yes	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			
0	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 Part VI 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	2		
U	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 yeatsee instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
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	0-		
L.	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

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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 - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	ort-term capital gain	1		
2 Recove	eries of prior-year distributions	2		
3 Other g	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Deprec	iation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collecti	on of gross income or for management, conservation, or			
mainter	nance of property held for production of income (see instructions)	6		
7 Other e	expenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - N	Vinimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggreg	ate fair market value of all non-exempt-use assets (see			
instruct	tions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair ma	rket value of other non-exempt-use assets	1c		
d Total (a	add lines 1a, 1b, and 1c)	1d		
e Discou	Int claimed for blockage or other			
factors	(explain in detail in Part VI):			
2 Acquisi	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	ct line 2 from line 1d.	3		
4 Cash d	eemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see ins	tructions).	4		
5 Net val	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	/ line 5 by .035.	6		
7 Recove	eries of prior-year distributions	7		
8 Minimu	um Asset Amount (add line 7 to line 6)	8		
Section C - I	Distributable Amount			Current Year
1 Adjuste	ed net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 8	5% of line 1.	2		
3 Minimu	m asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter g	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distrib	utable Amount. Subtract line 5 from line 4, unless subject to			
emerge	ency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functional	lv integrate	ed Type III supporting or	panization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990-EZ) 2019 OF THE UNITED	STATES	ļ	52-1559702 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		, , ,	Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Suj Part line Sec	pplemental Info IV, Section A, lines 1; Part IV, Section D tion D, lines 5, 6, an e instructions.)	ormation. Prov 1, 2, 3b, 3c, 4b,), lines 2 and 3; F	vide the explan 4c, 5a, 6, 9a, 9 Part IV, Section	ations red b, 9c, 11 E, lines 1	quired by Part II, lir a, 11b, and 11c; P Ic, 2a, 2b, 3a, and	art IV, Secti 3b; Part V,	ion B, lines 1 line 1; Part V,	17b; Part III, and 2; Part I ^I Section B, li	line 12; /, Section C, ne 1e; Part V,
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	HEDULE D	Supplementa	anization answered	"Yes" on Form 990.		OMB No. 1545-0047
Doport	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, Attach to Form 990.	11e, 11f, 12a, or 12b.		Open to Public
	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions a	nd the latest informa	tion.	Inspection
Nam	e of the organizatio	on FOUNDATION OF THE	ARC		Emple	oyer identification number
		OF THE UNITED STAT	_ 10			52-1559702
Pa	rt I Organiza	tions Maintaining Donor Advise	ed Funds or Othe	er Similar Funds	or Accour	nts.Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor adv	vised funds	(b) Fund	s and other accounts
1	Total number at en	d of year				
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5		n inform all donors and donor advisors in		s held in donor advise	d funds	
	are the organization	n's property, subject to the organization's	exclusive legal control	ol?		Yes No
6		n inform all grantees, donors, and donor a				
	for charitable purpo	oses and not for the benefit of the donor o	or donor advisor, or fo	or any other purpose c	onferring	
	impermissible priva					Yes 🛛 No
Pa		ation Easements. Complete if the org				
1		ervation easements held by the organizati	-			
		of land for public use (for example, recrea	· · ·	<u> </u>	historically ir	nportant land area
		natural habitat	,	Preservation of a		•
		of open space				
2		through 2d if the organization held a qualit	fied conservation cor	tribution in the form of	f a conservat	ion easement on the last
-	day of the tax year.					Held at the End of the Tax Year
а		nservation easements				
b		icted by conservation easements				
		ation easements on a certified historic str				
о А		ation easements included in (c) acquired				
u		al Register				
3		ation easements modified, transferred, re				during the tax
3	year ►	ation easements modified, transferred, re	leased, extil iguisiled,	or terminated by the t	Jiganization	during the tax
4		 where property subject to conservation ea	soment is located			
5		ion have a written policy regarding the pe		action bandling of		
5	•					Yes No
6	•	prcement of the conservation easements i hours devoted to monitoring, inspecting,		and onforcing conce		
0		nours devoted to monitoring, inspecting,	nationing of violations	s, and enforcing conse	I VALION EASE	ments during the year
7		 es incurred in monitoring, inspecting, hand	lling of violations and	d opforging concernatio	an accoment	a during the year
7		es incurred in monitoring, inspecting, nand	aling of violations, and	a enforcing conservation	on easement	s during the year
~	►\$					
8		ration easement reported on line 2(d) abov				
•		(4)(B)(ii)?				Yes LI No
9		e how the organization reports conservati		-		
		include, if applicable, the text of the footr	note to the organizati	on's financial statemer	nts that desc	ribes the
Do		ounting for conservation easements. tions Maintaining Collections o	f Art Historiaal	Traggurag or Ot	or Similo	r Acceta
Fa				riedsures, or Ou		1 ASSELS.
<u> </u>		the organization answered "Yes" on Form				
1a	U U	elected, as permitted under FASB ASC 95	· ·			
		asures, or other similar assets held for pul			-	oublic
		Part XIII the text of the footnote to its final				
b	-	elected, as permitted under FASB ASC 95				
		ures, or other similar assets held for public	c exhibition, education	n, or research in furthe	rance of pub	olic service,
		ng amounts relating to these items:				
	(i) Revenue includ	led on Form 990, Part VIII, line 1			> \$	
	.,					
2	If the organization r	received or held works of art, historical tre	asures, or other simil	ar assets for financial g	gain, provide	
	-	nts required to be reported under FASB A	-			
а	Revenue included of	on Form 990, Part VIII, line 1			> \$	
b	Assets included in	Form 990, Part X			> \$	
LHA	For Paperwork Re	duction Act Notice, see the Instruction	s for Form 990.		S	chedule D (Form 990) 2019
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Sche	dule D (Form 990) 2019 OF THE								2 Page
Par	t III Organizations Maintaining C	Collections	of Ar	t, Historical Tr	easures, or Oth	ner Simi	lar Asse	ts(contir	nued)
3	Using the organization's acquisition, accessi	ion, and othe	r records	s, check any of the	following that make	significan	t use of its		
	collection items (check all that apply):								
а	Public exhibition		d		hange program				
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and	l explair	how they further t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	or receive don	ations c	f art, historical trea	asures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma							Yes	No No
Par	t IV Escrow and Custodial Arran		Comple	te if the organizatio	on answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other ir	ntermed	ary for contributior	ns or other assets no	ot included	l	_	
	on Form 990, Part X?						L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete	e the fol	lowing table:					
								Amoun	t
с	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F					oilitv?		Yes	No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •			
Par									
		(a) Current		(b) Prior year	(c) Two years back	1	vears back	(e) Four	vears back
1a	Beginning of year balance		,117.	271,360.				(-)	271,360
h	Contributions		<u>′</u>	,	,		,		,
° C	Net investment earnings, gains, and losses	52	,104.	-26,243.	. 39,206.		34,262.		-3,592
			,			·	•1,202.		•,•,•
	Grants or scholarships								
е	Other expenditures for facilities				20 206		24 262		2 502
	and programs	25	961		39,206.		34,262.		-3,592
Ť	Administrative expenses		,861.	045 117	271 200		271 260		271 200
g	End of year balance		,360.	245,117.	,		271,360.		271,360
2	Provide the estimated percentage of the cur				a)) held as:				
а	Board designated or quasi-endowment)0	_%					
b	Permanent endowment ► 100.00	%							
С	Term endowment								
	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	organiza	tion that are held a	and administered for	the organ	ization		
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ations listed a	s requir	ed on Schedule R?	•			3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Fo	orm 990	, Part IV, line 11a. S	See Form 990, Part >	K, line 10.			
	Description of property	(a) Co	ost or ot	her (b) Cost	t or other (c) A	Accumulat	ed	(d) Boo	k value
			(investm			epreciatior		()	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other			X column (B) line :	100)				0
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 99	o, Part i	к, соштит (В), Ine i	100.)			D (5	-
							Schedule	u (Forn) ש	n 990) 201

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Schedule D (Form 990) 2019 OF THE UN: 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
(1) DUE FROM RELATED PARTY	84,143.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 84,143.
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.
1. (a) Description of liability	(b) Book value
(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.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	dule D (Form 990) 2019 OF THE UNITED STATES		52-1559702 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Reve	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
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	2c	
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		
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 3 and 4c . (<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, 2019, 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 In	ofrmatio	on (cont	inued)
	(Form 990) 2019		THE	
		FUU	JNDA	LION

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FOU	JNDAT	TION	OF	THE	ARC
OF	THE	UNIT	CED	STAT	res

						Sche
932055 10-02-19		25				
15531027 745960 01814	2019.04030	FOUNDATION	OF '	THE	ARC	OF

edule D (Form 990) 2019

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service													
Name of the organizati	on 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 In	nformation on Grants a	nd Assistance											
•	ation maintain records		•		•	, ,							
	ward the grants or assis							X Yes No					
	IV the organization's pro					anization anowarad "	(ac" on Form 000, Dar	t IV line 21 for any					
	d Other Assistance to hat received more than \$	-				anization answered	res on Form 990, Par	t IV, lifte 21, for any					
1 (a) Name and ac	dress of organization vernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) 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	T	13-5642032	501(C)(3)	37,452.	0.			SUPPORT OF THE ARC OF THE UNITED STATES					
2 Enter total numb	er of section 501(c)(3) a	Ind government or	ganizations listed in th	ne line 1 table		L	I	1.					
	er of other organization	•	•	·····				0.					
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)					

Schedule I (Form 990) (2019)

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	(e) 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	1	OMB No.	1545-00	47	
	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
•	-	Compensated Employees		20	IJ	,
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
Interr	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization		Employer id			mber
		OF THE UNITED STATES	52-1	55970	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		416		
0		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	by of the following the examination used to establish the companyation of the examination?	.			
3		ny, of the following the organization used to establish the compensation of the organization's ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	·	ther organizations Approval by the board or compensation c	ommittee			
			Ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	ce payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
c		ceive payment from, an equity-based compensation arrangement?				X
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		······································				
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	evenues of:				
а	The organization?			5a		Х
		ation?				Х
		pr 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exce	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	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)) 2019

932111 10-21-19

FOUNDATION OF THE ARC OF THE UNITED STATES

Schedule J (Form 990) 2019

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.

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	(D) Nontaxable					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990			
(1) PETER BERNS	(i)	0.	0.	0.	0.	0.	0.	0.			
	(ii)	473,375.	50,182.	0.		29,433.		0.			
	(i)				,						
	(ii)										
	(i)										
	(ii)										
	(i)										
	(ii)										
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	(ii)										
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	(i)										
	(ii)										
	(i)										
	(ii)										

Page 2

52-1559702

Schedule J (Form 990) 2019

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) 2019

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.

 Schedule O (Form 990 or 990-EZ) (2019)

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 Schedule O (Form 990 or 990-E2) (2019)
 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 2019.

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 O (Form 990 or 990-EZ) (2019)

32

SCHEDULE R Related Organizations and Unrelated Partnerships												
	lete if the organization answered " ► Atta	Yes" on Form 990, Part IV, ich to Form 990.	line 33, 34, 35b, 3	6, or 37.			201 pen to P Inspecti	ublic				
Internal Revenue Service FOUNDATION OF Name of the organization FOUNDATION OF OF THE UNITED	► Go to www.irs.gov/Form990 f THE ARC STATES	or instructions and the late	est information.		Em	ployer identifi 52-15597	cation n					
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 3	3.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) me End-of-yea		sets Direct co en		9				
	-											
	-											
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	U, Part IV, line 34, i	because it had one	e or more	related tax-exe	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) et controlling entity	cont ent	g) 512(b)(13) rolled tity?				
THE ARC OF THE UNITED STATES - 13-5642032 1825 K STREET, NW, SUITE 1200 WASHINGTON, DC 20006	PROMOTES AND PROTECTS THE HUMAN RIGHTS	MARYLAND	501(C)(3)	LINE 7	N/A		Yes	No X				
THE ARC OF GEORGIA SERVICES CORPORATION - 58-1958242, 1825 K STREET, NW, SUITE 1200, WASHINGTON, DC 20006	SUPPORT THE CHARITABLE PURPOSES OF THE ARC IN GA	GEORGIA	501(C)(3)	LINE 7		C OF THE US	x					
THE ARC OF THE DISTRICT OF COLUMBIA, INC 52-0960095, 1825 K STREET, NW, SUITE 1200, WASHINGTON, DC 20006	SUPPORT THE CHARITABLE PURPOSES OF THE ARC IN DC	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	THE AR	C OF THE US	x					
	-											

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 OF THE UNITED STATES

(a)	(b)	(c)	(d)		(e)		(f)	(g)		()	h)	(i)		(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related	nant income , unrelated, rom tax under s 512-514)		e of total come	end-	are of of-year sets	Disprop alloca	ortionate tions?	Code V-L amount in 20 of Sche	box dule	manag partn	er?	ercent
		country)		sections	s 512-514)			40		Yes	No	K-1 (Form 1	065)	Yes	No	
	_															
	-															
	_															
	-															
	_															
														\vdash	\rightarrow	
	-															
t IV Identification of Related C organizations treated as a c	Drganizations Taxable corporation or trust duri	as a Corpo ing the tax	l pration or Trust. Co year.	omplete if t	he organizat	ion ansv	vered "Yes	l s" on Fo	rm 990, Pa	art IV,	l line 34	l 1, because it	had c	one o	r moi	re rela
t IV Identification of Related C organizations treated as a c (a)	Drganizations Taxable corporation or trust duri	as a Corpo ing the tax	pration or Trust. Co year. (b)	omplete if t	he organizati (d)	ion ansv	vered "Yes		rm 990, Pa		line 34	4, because it (g)	had c	one o	r moi	
organizations treated as a o	EIN	ing the tax	year. (b)	(c) ₋egal domicile	(d) Direct cont	rolling	(e))	(f) Share o	f total		(g) Share of	Per	(h) centa	age	(i) Sectio 512(b)
organizations treated as a (EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d)	rolling) entity S corp,	(f)	f total		(g)	Per	(h)	age nip	(i) Sectio 512(b)(controll entity
organizations treated as a o	EIN	ing the tax	year. (b)	(c) Legal domicile (state or	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Sectio 512(b)(control
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Sectio 512(b)(control entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Section 512(b) contro entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Sectio 512(b)(control entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Sectio 512(b)(control entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Sectio 512(b)(control entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Sectio 512(b)(control entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Section 512(b) contro entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Section 512(b) contro entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Section 512(b) contro entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Sectio 512(b) contro entity
organizations treated as a o	EIN	ing the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct cont	rolling	(e) Type of (C corp. 5) entity S corp,	(f) Share o	f total		(g) Share of end-of-year	Per	(h) centa	age nip	(i) Section 512(b) contro entity

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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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
_(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>	25		

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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)	(b)	(c)	(d)		<u>۱</u>	(f)	(g)	()	n)	(i)	(j)		(k)				
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are a partners 501 (c orgs	all	Share of	Share of		opor-	Code V-UBI	General						
of entity		(state or foreign	(related, unrelated,	501 (c)(3)	total	end-of-year	tion alloca	opor- tate	amount in box 20	managi		ercentage wnership				
,		country)		Yes		income			No		Yes N		·				
			,	163						,	103 1	<u> </u>					
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Part VII Supplemental Information

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

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