** PUBLIC DISCLOSURE COPY **

Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

Α	For the	e 2021 calendar year, or tax year beginning and	l ending	_					
В	Check if applicab	C Name of organization FOUNDATION OF THE ARC		D Employer identific	cation number				
	Addre								
	Name chang			52-15597	02				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final return		1200	(202)534					
	termir	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	114,943.				
	Amen			H(a) Is this a group re					
	Application	F Name and address of principal officer: F E I E K V • DEKINS		for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in					
T	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions				
J	Websi	te: WWW.THEARC.ORG		H(c) Group exemptio	n number 🕨				
K	Form o	organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: PA				
	art I	Summary	·						
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$	ROMOTE	, SUPPORT A	ND FURTHER				
Activities & Governance		THE INTERESTS AND PURPOSES OF THE ARC OF	THE U	NITED STATE	S, INC.				
rne	2	Check this box if the organization discontinued its operations or disposation	sed of more	than 25% of its net as	ssets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	6				
<u>ن</u> ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			5				
es &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
Ϋ́	6	Total number of volunteers (estimate if necessary)			5				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)		0.	86,600.				
Ę.	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		65,793.	28,343.				
<u> </u>	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)		65,793.	114,943.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		39,670.	42,776.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	57.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,096.	70,354.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		50,766.	113,130.				
		Revenue less expenses. Subtract line 18 from line 12		15,027.	1,813.				
Net Assets or	3		Ве	ginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)		811,480.	1,007,038.				
A A	21	Total liabilities (Part X, line 26)		2,977.	69,124.				
		Net assets or fund balances. Subtract line 21 from line 20		808,503.	937,914.				
	art II	Signature Block							
	-	Ilties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	e, corre	t, and complete_Declaration of preparer (other than officer) is based on all information of w	hich preparer						
		Signature of officer		<u>11/14/2</u> Date	022				
Sig		'	IIID	Dale					
He	re	PETER V. BERNS, CHIEF EXECUTIVE OFFICE Type or print name and title	EK						
		,		Date Check	PTIN				
Trinity pre preparer 3 manie									
Pai		RICHARD J. LOCASTRO, CPA Subject for the second s	rocasto	11/14/2022 self-employ	P00288314 52-1392008				
	parer Only	Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 800N		Firm's EIN	J4-T354000				
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 800N Phone no. (301)									
<u></u>	.	-		Prione no. (3					
ivia	ıy tne I	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	rt III	Statement of Program Service Acc	=		
		Check if Schedule O contains a response or n	ote to any line in this Part III		<u></u>
1		y describe the organization's mission:	DOUGD OUR THOS	DEGEG AND DUDDOGEG OF	, mue 300
		PROMOTE, SUPPORT AND FU	RTHER THE INTE	RESTS AND PURPOSES OF	THE ARC
	OF	THE UNITED STATES, INC.			
2	Did #	as organization undertake any significant progr	om convices during the year	which were not listed on the	
2		ne organization undertake any significant progr			Yes X No
		Form 990 or 990-EZ? s," describe these new services on Schedule C			. LITES LZZINO
2		•		ndusts any program convisco?	Yes X No
3		ne organization cease conducting, or make sign	illicant changes in now it co	inducts, any program services?	. LITES LATINO
4		es," describe these changes on Schedule O.	aliahmanta far agah of ita thr	rea largest are grown convices, as massured	by avnance
4		ribe the organization's program service accomp			
		on 501(c)(3) and 501(c)(4) organizations are rec	quired to report the amount of	or grants and allocations to others, the total	arexpenses, and
4a	(Code:	nue, if any, for each program service reported.) (Expenses \$ 42,77	6 • including grants of \$	42,776 •) (Revenue \$	
-r a		PORTED THE CHARITABLE P	URPOSES OF THE		ATES, INC.
	201		0111 00 20 01 1112	11110 01 1111 01(11111 01	111111111111111111111111111111111111111
	-				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(oodc.) (Ελρύτισεο ψ	Including grants of ϕ	γ (πονόπαο φ	,
	-				
					_
					_
					_
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	`				, , , , , , , , , , , , , , , , , , ,
4d	Other	r program services (Describe on Schedule O.)			
	(Expen	ses \$ including gran) (Revenue \$)
4e	Total	program service expenses	42,776.		
					Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
Ū	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	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	-		
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
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		x
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			7.7
	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
_				

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	Х	
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			٠,,
	Schedule K. If "No," go to line 25a	24a		X
		24b		
С		 		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051-		x
00	Schedule L, Part I	25b		Α.
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance**	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(000 1

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Part 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									
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.									
За	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).			X						
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
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).	7-		Х						
a	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								
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b								
C	to file Form 8282?	7c		х						
ч	If "Yes," indicate the number of Forms 8282 filed during the year	70								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8										
	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza								
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								
-	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
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?										
If "Yes," see the 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		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17								
	If "Yes," complete Form 6069.									

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 Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year 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. 5 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 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 appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PETER BERNS - (202)534-3700

Form 990 (2021)

DC

1825 K STREET, NW, 1200, WASHINGTON,

20006

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

		T				npo.	loat	ted any current officer, o		
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable compensation from related	Estimated
	hours per					is bot or/trus		compensation		amount of
	week	\vdash					ŕ	from the		other
	(list any hours for	lirect				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ll trus		ee/	mpeu		1099-NEC)	1000 (120)	and related
	below	dualt	utiona	_	oldm	st co	ե.	100011.207		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER BERNS	2.00									
CHIEF EXECUTIVE OFFICER	62.00	Х		Х				0.	543,643.	81,816.
(2) KEN OAKES	1.00								-	-
PRESIDENT	10.00	Х		Х				0.	0.	0.
(3) FRED MISILO, JR.	1.00									
IMMEDIATE PAST PRESIDENT	2.00	Х		Х				0.	0.	0.
(4) GRACE FRANCIS	1.00									
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(5) HUGH EVANS	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(6) LAURA J. KENNEDY	1.00									
TREASURER	2.00	Х		Х				0.	0.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		L	L_	L_	L_	L	L			
					1		1			

Form 990 (2021)

Part VII Section A. Officers, Directors, 7 (A)	(B)	ری.ی		(C		<u> </u>		(D)	(E)			(F)	
	Average			Posi		1					Estimated		
Name and title	hours per		not c	heck r	more	than		Reportable compensation	Reportable				
	week			ss per ıd a di				from	compensation from related			ount o	OI .
	(list any	lo.						the	organization			oensa	tion
	hours for	director				p		organization	(W-2/1099-MI			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC			anizati	
	organizations	trust	al tru		yee	mbe		1099-NEC)	,			d relate	
	below	Individual trustee or	Institutional trustee	l e	Key employee	est co	ıer				orga	nizatio	ons
	line)	Indiv	Insti	Office r	Key e	Highest compensated employee	Former						
		_											
		-											
b Subtotal							▶	0.	543,6		8:	1,8	
c Total from continuation sheets to Pa	rt VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.	543,6	43.	8:	1,8	16.
Total number of individuals (including b		nose	liste	ed at	oove	e) wł	no r	eceived more than \$100	,000 of reportab	ole			(
compensation from the organization	<u> </u>											Yes	No
Did the organization list any former offi	cer, director, trust	ee, l	key e	empl	oye	e, or	hic	hest compensated emp	oloyee on				
line 1a? If "Yes." complete Schedule J			-	-	-		_		-		3		Х
For any individual listed on line 1a, is th	e sum of reportab												
and related organizations greater than	\$150,000? <i>If</i> "Yes	" co	mple	ete S	Sche	edule	J t	for such individual			4	Х	
Did any person listed on line 1a receive	or accrue compe	nsat	ion 1	rom	any	unr	elat	ted organization or indiv	dual for services	3			
rendered to the organization? If "Yes,"	complete Schedu	e J f	or s	uch p	oers	son .					5		X
ction B. Independent Contractors													
Complete this table for your five highes the organization. Report compensation										npens	ation f	rom	
(A)								(B)	,		(C	;)	
Name and busir	ess address	N	INC	3			_	Description of s	ervices	С	omper	nsatio	n
Total number of independent contractors \$100,000 of compensation from the organization.		ot li	mite	d to		se lis)	stec	d above) who received n	nore than				
	,										Form 9	200 "	

				THE U	NITEL) STATES			52-1559	702 Page 9
Pai	rt \	/III	Statement of Re	venue						
			Check if Schedule O	contains a	response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
s, G			Fundraising events		1c					
ar /			Related organizations		1d					
imil			Government grants (contr		1e					
tion		f	All other contributions, gifts,	grants, and						
ibul			similar amounts not included	above	1f	86,600.				
d O		g	Noncash contributions included in	lines 1a-1f	1g \$					
a C		h	Total. Add lines 1a-1f			>	86,600.			
						Business Code				
9	2	а								
e Ž		b								
n Se		С								
ran ev		d								
Program Service Revenue		е								
۵			All other program service							
\rightarrow		g	Total. Add lines 2a-2f							
	3		Investment income (include	•	•	· .	00 242			00 242
			other similar amounts)			Г	28,343.			28,343.
	4		Income from investment of							
	5		Royalties							
	_		_	 `	i) Real	(ii) Personal				
	6		Gross rents							
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
	_		Net rental income or (loss)			(ii) Otheru				
	7	а	Gross amount from sales of	<u> ``</u>	ecurities	(ii) Other				
			assets other than inventory	7a						
υ		b	Less: cost or other basis							
Revenue		_	and sales expenses	7b 7c		-				
Şe (Gain or (loss)	76						
	۰		Gross income from fundraising	an avante (r						
Other	0	а	including \$							
			contributions reported on							
			Part IV, line 18	15	I					
		h	Less: direct expenses							
			Net income or (loss) from							
	9		Gross income from gamin		~ <u> </u>					
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from		· · · · · · · · · · · · · · · · · · ·					
	10		Gross sales of inventory, I							
			and allowances		I					
		b	Less: cost of goods sold							
			Net income or (loss) from							
S						Business Code				
Miscellaneous Revenue	11	а								
land		b								
Sel Sev		С								
Mis		d	All other revenue							
-		e	Total. Add lines 11a-11d			•				

114,943.

12 Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 42,776. 42,776. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management Legal 12,884. 12,884. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 25,138 25,138. column (A), amount, list line 11g expenses on Sch O.) 27,845. 27,845. Advertising and promotion 12 4,440. 30. 4,410. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 47. 47. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) All other expenses 113,130. 42,776. 65,897. 4,457. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pal			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,731.	1	80,702
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1,000
	5	Loans and other receivables from any current or former officer, directo			
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ž	9	Prepaid expenses and deferred charges		9	
	10a	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	769,396.	11	925,336
	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	2122	15	(
	16	Total assets. Add lines 1 through 15 (must equal line 33)	011 400		1,007,038
	17	Accounts payable and accrued expenses		17	64,885
	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	
ņ	22	Loans and other payables to any current or former officer, director,			
=		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
Liabilities		controlled entity or family member of any of these persons		22	
Ĭ	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 Par	X		
		of Schedule D	0.	25	4,239
	26	Total liabilities. Add lines 17 through 25	2,977.	26	69,124
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
ä	27	Net assets without donor restrictions	537,141.	27	666,552
Ва	28	Net assets with donor restrictions	2=1 212		271,362
<u> </u>		Organizations that do not follow FASB ASC 958, check here ▶ [
Ξ.		and complete lines 29 through 33.			
Š	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Αŝ	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			937,914
_	33	Total liabilities and net assets/fund balances			1,007,038

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
				11	4 0	42		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,1			
3	Revenue less expenses. Subtract line 2 from line 1	3			1,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		808,50 127,59				
5								
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		93	7,9	14.		
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		Г					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit					
	Act and OMB Circular A-133?							
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION OF THE ARC Name of the organization OF THE UNITED STATES 52-1559702 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) organization support (see instructions) Yes above (see instructions)) THE ARC OF THE U.S. 13-5642032 7 42,776. X

42,776.

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

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

Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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 te	360	tion A. Public Support									
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levide for the organization is benefit and either paid to or expended on its behalf or expended on its expended o	Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Solvied the 8 flori line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Support organization income from interest, dividends, payments received on securities loans, rents, roystines, and income from instinal sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines? I through 10 (2 cross receipts from related activities, out. (see instructions) 12 Cross receipts from related activities, out. (see instructions) 15 Pivet 5 years. If the Form 990 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2020 Schedule A, Part II, line 14 15 Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 38 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 In 10% - facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumsta	1	Gifts, grants, contributions, and									
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total, Add lines 1 through 3. 5. The portion of total contributions by each person (either than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support. Sobiectime 8 from line 4. 8. Section B. Total Support 6. Gross income from interest, dividends, payments received on securities loans, rents, royatities, and income from interest, dividends, payments received on securities loans, rents, royatities, and income from similar sources. 9. Nat income from unrelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11. Total support. Add lines 7 through 10. 21. First 5 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. Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage 12. If 14 Public support percentage from 2020 Schedule A, Part II, line 14 15. Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support percentage from 2020 Schedule A, Part II, line 14 16b 30 1/3% support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support percentage from 2020 II (the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here.		membership fees received. (Do not									
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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		·		-	•			.			
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s			

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.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a 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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		V	
1		Yes	No
	1	Х	
	2		Х
	За		Х
	3b		
	_		
	3с		
	4a		Х
	41		
	4b		
	4c		
	5a		X
	Eh		
	5b 5c		
	6		X
	3		
	7		X
	8		X
	Ū		
	9a		Х
	9b		X
	9с		Х
	10a		X
	.54		_
	10b		
dule	A (Forr	n 990)	2021

Sche	dule A (Form 990) 2021 OF THE UNITED STATES	52-155970	2 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's organization, 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 officers, directors, or trustees were allocated amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	fficers,	X	
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		X
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			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions).		
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 governmental entity.	tity (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	I	I

Schedule A (Form 990) 2021

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	<u>izations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualit	ying trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	ion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
	er expenses (see instructions)	7		
	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggi	regate fair market value of all non-exempt-use assets (see			
instr	ructions for short tax year or assets held for part of year):			
a Aver	rage monthly value of securities	1a		
b Aver	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(exp	lain in detail in Part VI):			
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Casl	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	tiply line 5 by 0.035.	6		
7 Reco	overies of prior-year distributions	7		
8 Mini	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	er 0.85 of line 1.	2		
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
5 Inco	ome tax imposed in prior year	5		
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting ord	anization (see

Schedule A (Form 990) 2021

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemple				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	LAGGOG HOITI EUL I				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

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

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \frac{1}{2} \frac{1}						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization
FOUNDATION OF THE ARC
OF THE UNITED STATES

Employer identification number

52-1559702

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 75,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
NO.	Name, address, and ZIP + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
FOUNDATION OF THE ARC
OF THE UNITED STATES

Employer identification number

52-1559702

art II	Noncash Property (see instructions). Use duplicate copies of P	rart II if additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** FOUNDATION OF THE ARC OF THE UNITED STATES 52-1559702 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

FOUNDATION OF THE ARC OF THE UNITED STATES

Employer identification number 52-1559702

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year	(a) Deliei da lieca la liec	(2), and and one document		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	L	ad funde		
3	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
Ü	for charitable purposes and not for the benefit of the donor of				
	• •				
Par		ganization answered "Yes" on Form 990. Pa			
1	Purpose(s) of conservation easements held by the organizat				
·	Preservation of land for public use (for example, recrea		a historically important land area		
	Protection of natural habitat		a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
	Number of conservation easements included in (c) acquired				
	listed in the National Register				
3	Number of conservation easements modified, transferred, re				
	year▶	,			
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements i		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year		
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the		
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections o		her Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	·			
	of art, historical treasures, or other similar assets held for pul		•		
	service, provide in Part XIII the text of the footnote to its final				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre		gain, provide		
	the following amounts required to be reported under FASB A				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021		

132051 10-28-21

	rt III Organizations Maintaining Co	ollections of Ar		easures. or Oth	er Simi	lar Asse	ts/contin	nued)
	Using the organization's acquisition, accession		-	-				
•	collection items (check all that apply):							
а								
b								
c	Preservation for future generations	ū						
4	Provide a description of the organization's co	llections and explain	n how they further th	ne organization's exe	empt pur	nose in Par	t XIII	
5	During the year, did the organization solicit or					7000 IIII aii	t Am.	
Ŭ	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	rt IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part		o. ga _ a	.,		,,,,,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other assets no	t included	t		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
	, 1	,	J			T	Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance					†		
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.		•					
	rt V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	271,360.	271,360.	245,117.		271,360.		271,360.
	Contributions							
	Net investment earnings, gains, and losses	49,938.	42,720.	52,104.		-26,243.		39,206.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							39,206.
f	Administrative expenses	49,936.	42,720.	25,861.				
	End of year balance	271,362.	271,360.	271,360.		245,117.		271,360.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	.0000	%					
b	Permanent endowment 100.0000	%	_					
С	Term endowment ▶ .0000 %	 6						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organ	ization		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of			ccumula		(d) Book	k value
		basis (investn	nent) basis	(other) de	preciatio	n		
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
	Other							
Total	I. Add lines 1a through 1e. (Column (d) must eq	gual Form 990. Part	X, column (B), line 1	0c.)		•		0.

Schedule D (Form 990) 2021 OF THE UNITE	D STATES	52	-1559702 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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" of	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" of		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.	- F 000 D-+ IV/ I'	. 44 446 O F 000 Bt V B 05	_
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e TTe or TTf. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 220
(2) DUE TO RELATED PARTY			4,239.
(3)			
(4)			
(5)			
(6)			
(7)			I

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

Schedule D (Form 990) 2021

4,239.

(8)

	FOUNDATION OF THE ARC			FO 1 F	
	edule D (Form 990) 2021 OF THE UNITED STATES				559702 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial State		n Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				040 544
1	Total revenue, gains, and other support per audited financial statements			1	242,541
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	105 500		
а	, , , , , , , , , , , , , , , , , , , ,		127,598.		
b					
С	1 7 0				
d	7	2d			105 500
е	• • • • • • • • • • • • • • • • • • • •			2e	127,598
3	Subtract line 2e from line 1			3	114,943
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , ,				
b	7				0
С	Add lines 4a and 4b			4c	114 042
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	114,943
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		n Expenses per	Return	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				112 120
1	Total expenses and losses per audited financial statements			1	113,130
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а					
b	• • • • • • • • • • • • • • • • • • • •				
С					
d	7				0
е	• • • • • • • • • • • • • • • • • • • •			2e	112 120
3	Subtract line 2e from line 1			3	113,130
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	,				0
С	Add lines 4a and 4b			4c	112 120
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	113,130
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			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 infor	mation.		
D 3 1	DE 17 1 TATE 4				
PAI	RT V, LINE 4:				
О Е І	TODAL GUDDONE AND MARKED CONTROL	am Diibba	NG FIG		
GEI	NERAL SUPPORT AND VARIOUS SPECIFIC PROJE	CT PURPO	DSES.		
D 3 I	DO V TAND O				
PAI	RT X, LINE 2:				
	D WILL WELL ENDED DECEMBED 21 2021 WILL	000331777		DOGE	TATE TO THE TOTAL PARTY.
F.OI	R THE YEAR ENDED DECEMBER 31, 2021, THE	ORGANIZA	ATIONS HAVE	DOC	JMENTED
		~~··		D 011T1	
THI	EIR CONSIDERATION OF FASB ASC 740-10, IN	COME TAX	KES, THAT P	ROVII	DES
~ +++	TRANCE BOD DEDODUTIO INTORDULTUMI TV TVCC	MD	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DECT	MINED
GU.	IDANCE FOR REPORTING UNCERTAINTY IN INCO	ME TAXES	S AND HAVE	DETEI	KWINED
m	AM NO NAMEDIAL INGODERATA MAY DOGTETONS O		AOD BITTURE	DECC	NITETON 05
T.H.Z	AT NO MATERIAL UNCERTAIN TAX POSITIONS Q	OALTEY I	OK EITHER	KECOC	FNTTION OR
DT.	COLOGUE THE MILE CONCOLUENCE THE ENGLISH CO	ma mpaenaro	n a		
DT	SCLOSURE IN THE CONSOLIDATED FINANCIAL S	TATEMEN'.	LD•		

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FOUNDATIC OF THE UN							Employer identification number 52-1559702
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's prepart II Grants and Other Assistance to	stance? ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			X Yes No
recipient that received more than					amzation anowored	100 0111 01111 000,1 un	17, mio 21, ioi arry
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ARC OF THE UNITED STATES 1825 K STREET, NW							SUPPORT OF THE ARC OF THE
WASHINGTON, DC 20006	13-5642032	501(C)(3)	42,776.	0.			UNITED STATES
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			ne line 1 table	<u></u>	<u> </u>	1	1. 0.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
BECAUSE THE GRANTS ARE MADE TO THE					
SUPPORTED ORGANIZATION, THE FOUNDA	TION DOE	S NOT MONI	TOR THE US	E OF GRANTS.	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FOUNDATION OF THE ARC OF THE UNITED STATES

Employer identification number 52-1559702

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
	•		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment?				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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-MIS	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title				(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER BERNS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	491,955.	51,688.	0.	53,823.	27,993.	625,459.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(11)						1	l

Fart 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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION OF THE ARC OF THE UNITED STATES

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.

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. 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.

132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization FOUNDATION OF THE ARC OF THE UNITED STATES	Page 2 Employer identification number 52-1559702										
ANNUALLY IN THE COURSE OF THE ANNUAL EVALUATION OF THE CE	O. THE EXECUTIVE										
COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THE PERFORMANCE OF	THE CEO,										
INCLUDING SETTING COMPENSATION FOR THE YEAR. THE EXECUTIV	E COMMITTEE										
REVIEWS PUBLICLY AVAILABLE DATA REGARDING THE SALARIES BE	ING PAID TO										
EXECUTIVES IN COMPARABLE NONPROFIT ORGANIZATIONS. THE RES	ULTS 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, CONFLI	CT OF INTEREST										
POLICY, AND GOVERNING DOCUMENTS (ARTICLES OF INCORPORATIO	N AND BY-LAWS) ARE										
AVAILABLE ON THE ORGANIZATION'S WEBSITE.											
FORM 990, PART IX, LINE 11G, OTHER FEES:											
OTHER CONSULTING FEES:											
PROGRAM SERVICE EXPENSES	0.										
MANAGEMENT AND GENERAL EXPENSES	566.										
FUNDRAISING EXPENSES	0.										
TOTAL EXPENSES	566.										
DEVELOPMENT SERVICES :											
PROGRAM SERVICE EXPENSES	0.										
MANAGEMENT AND GENERAL EXPENSES	24,572.										
FUNDRAISING EXPENSES	0.										
TOTAL EXPENSES	24,572.										

Schedule O (Form 990) 2021

25,138.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

(c)

(d)

LINE 7

(e)

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury

Internal Revenue Service

FOUNDATION OF THE ARC OF THE UNITED STATES

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

(b)

SUPPORT THE CHARITABLE

PURPOSES OF THE ARC IN DC

Employer identification number 52-1559702

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	eme End-of-year	r assets	Direct co en	ontrolling tity	J
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more re	elated tax-exe	mpt	
(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))	Direct	(f) controlling entity	Section 5 contr enti	olled ity?
THE ARC OF THE UNITED STATES - 13-5642032				301(0)(3))			Yes	No
1825 K STREET, NW, SUITE 1200 WASHINGTON, DC 20006	PROMOTES AND PROTECTS THE HUMAN RIGHTS	MARYLAND	501(C)(3)	LINE 7	N/A			х
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	THE ARC	OF THE US	х	

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

THE ARC OF THE DISTRICT OF COLUMBIA, INC. -52-0960095, 1825 K STREET, NW, SUITE 1200,

THE ARC OF THE US

Х

DISTRICT OF COLUMBIA 501(C)(3)

WASHINGTON, DC 20006

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, lexcluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentago ownership
		country)		excluded from tax under sections 512-514)		433013	Yes	No	K-1 (Form 1065)	Yes N	lo
	_										
	_										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled tity?
		country)		S. 1. 25.y		400010		Yes	No
									<u> </u>

Schedule R (Form 990) 2021

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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	y			1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	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		X
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		X
- 1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related orga				1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
<u>(1)</u>							
(2)							
(0)							
(3)							
(4)							
<u>(4)</u>							
(5)							
<u>(U)</u>							
(6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs.	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	Gener mana partr Yes	ral or Faging ner?	(k) Percentage ownership

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nental Information ditional information for responses to questions on Schedule R. See instructions.