

Form **990**

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

2021

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 Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ARC OF THE UNITED STATES		D Employer identification number 13-5642032
	Doing business as		E Telephone number (202) 534-3700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1825 K STREET, NW		G Gross receipts \$ 11,401,941.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: PETER V. BERNS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.THEARC.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTES AND PROTECTS THE HUMAN RIGHTS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	64
	6 Total number of volunteers (estimate if necessary)	6	62
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,309,679.	Current Year 7,372,863.
	9 Program service revenue (Part VIII, line 2g)	3,437,522.	3,737,806.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	397,187.	166,519.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,241.	124,753.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,241,629.	11,401,941.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	705,924.	630,459.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,416,485.	6,555,423.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,488,184.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,049,980.	3,240,489.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,172,389.	10,426,371.	
19 Revenue less expenses. Subtract line 18 from line 12	69,240.	975,570.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 16,467,907.	End of Year 18,905,974.
	21 Total liabilities (Part X, line 26)	1,749,096.	1,639,356.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,718,811.	17,266,618.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/11/2022			
	PETER V. BERNS, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD J. LOCASTRO, CPA	Preparer's signature 	Date 11/11/2022	Check if self-employed <input type="checkbox"/>	PTIN P00288314
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		
Phone no. (301) 951-9090					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ARC OF THE UNITED STATES (THE ARC) PROMOTES AND PROTECTS THE HUMAN RIGHTS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) AND ACTIVELY SUPPORTS THEIR FULL INCLUSION AND PARTICIPATION IN THE COMMUNITY THROUGHOUT THEIR LIFETIMES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,814,071. including grants of \$ 144,735.) (Revenue \$ 204,376.) PUBLIC POLICY: THE ARC OF THE UNITED STATES (THE ARC) ADVOCATED TO PROMOTE AND PROTECT THE CIVIL RIGHTS AND HUMAN RIGHTS OF PEOPLE WITH IDD AND FOR FUNDING AND SUPPORT FOR THE PROGRAMS, SERVICES AND SUPPORTS THAT ENABLE THEM TO BE FULLY INCLUDED IN ALL ASPECTS OF COMMUNITY LIFE. THE ARC MONITORED DEVELOPMENTS IN FEDERAL PUBLIC POLICY, INCLUDING LEGISLATION, REGULATIONS, ADMINISTRATIVE ACTIONS, LITIGATION AND JUDICIAL DECISIONS, OF IMPORTANCE TO PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) AND THEIR FAMILIES. THE ARC REGULARLY INFORMED CHAPTER LEADERS, GOVERNMENT OFFICIALS, THE MEDIA, LEADERS OF OTHER NONPROFITS AND OTHER INTERESTED PARTIES OF DEVELOPMENTS IN THE FIELD THROUGH AN EMAIL NEWSLETTER, PERIODIC SPECIAL REPORTS AND ALERTS AND CONTENT POSTED TO THE ARC'S WEBSITE AND SOCIAL MEDIA. EDUCATIONAL

4b (Code:) (Expenses \$ 2,740,886. including grants of \$ 39,474.) (Revenue \$ 3,455,993.) CHAPTER LEADERSHIP, VOLUNTEER & PROFESSIONAL DEVELOPMENT: THE ARC OF THE UNITED STATES (THE ARC) SUPPORTED A NETWORK OF ABOUT 600 AFFILIATED STATE AND LOCAL CHAPTERS THAT ADVOCATED ON BEHALF OF AND PROVIDED SERVICES AND SUPPORTS FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) AND THEIR FAMILIES. THE ARC PROMOTED BEST PRACTICES IN NONPROFIT GOVERNANCE AND MANAGEMENT OF NONPROFITS BY PROMOTING AN ETHICS AND ACCOUNTABILITY CODE - STANDARDS FOR EXCELLENCE - FOR CHAPTERS TO USE TO BENCHMARK THEIR OPERATIONS AND BY PROVIDING EXTENSIVE EDUCATIONAL RESOURCES TO SUPPORT IMPROVEMENT. THE ARC PROVIDED GUIDANCE IN THE AREAS OF GOVERNANCE, PROGRAM PLANNING AND EVALUATION, FINANCIAL MANAGEMENT, HUMAN RESOURCES MANAGEMENT, TRANSPARENCY AND ACCOUNTABILITY, FUNDRAISING AND MORE.

4c (Code:) (Expenses \$ 2,274,076. including grants of \$ 446,250.) (Revenue \$ 77,437.) PROGRAM INNOVATION: THE ARC OF THE UNITED STATES (THE ARC) IS CONSTANTLY STRIVING TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH IDD AND THEIR FAMILIES, INCLUDING BY PROMOTING THE DEVELOPMENT OF BEST PRACTICES IN PROGRAMS, SERVICES AND SUPPORTS FOR PEOPLE WITH IDD. THE ARC'S SPECIAL PROJECTS ADVANCE THE FIELD OF PROGRAMS, SERVICES AND SUPPORTS FOR PEOPLE WITH IDD AND THEIR FAMILIES AS FOLLOWS:

THE ARC@WORK PROGRAM SUPPORTED PEOPLE WITH IDD WHO ARE UNEMPLOYED TO FIND AND RETAIN JOBS WITH PRIVATE, GOVERNMENT AND NONPROFIT SECTOR EMPLOYERS AND EDUCATED AND SUPPORTED EMPLOYERS TO INCREASE HIRING OF PEOPLE WITH DISABILITIES. THE NATIONAL CENTER ON CRIMINAL JUSTICE AND DISABILITY WORKED TO EDUCATE LAW ENFORCEMENT, COURT AND CORRECTIONS

4d Other program services (Describe on Schedule O.) (Expenses \$ 624,042. including grants of \$) (Revenue \$)

4e Total program service expenses 8,453,075.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions and answers.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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 taxable entity during the year? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (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] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PETER V. BERNS - (202)534-3700 1825 K STREET, NW, 1200, WASHINGTON, DC 20006

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

Check if Schedule O contains a response 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER BERNS CHIEF EXECUTIVE OFFICER	60.00 4.00			X				543,643.	0.	81,816.
(2) RUBEN RODRIGUEZ CHIEF OPERATING OFFICER	45.00 1.00				X			215,468.	0.	29,393.
(3) JULIE WARD SR. EXEC. OFF., PUBLIC POLICY	40.00				X			196,019.	0.	20,022.
(4) KRISTEN MCKIERNAN SR. EXEC. OFF. MKTG & COMMUNICATIONS	40.00					X		152,511.	0.	28,451.
(5) MATTHEW BOYER SR. DIR., CORP. & FDN PARTNERSHIPS	40.00					X		149,148.	0.	19,569.
(6) MARTY FORD SENIOR ADVISOR	40.00					X		137,956.	0.	24,710.
(7) GLENN GRIFFIN SR. DIR., DIG. MKTG & ENGAGEMENT	40.00					X		134,117.	0.	20,419.
(8) NICOLE JORWIC SR. EXEC. OFF., STATE ADVOCACY	40.00					X		134,560.	0.	16,940.
(9) KENNETH OAKES PRESIDENT	10.00 1.00	X		X				0.	0.	0.
(10) GRACE L. FRANCIS VICE PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(11) HUGH EVANS SECRETARY	2.00 1.00	X		X				0.	0.	0.
(12) LAURA KENNEDY TREASURER	2.00 1.00	X		X				0.	0.	0.
(13) FREDERICK MISILO, JR. IMMEDIATE PAST PRESIDENT	2.00 1.00	X		X				0.	0.	0.
(14) MEGHAN BURKE BOARD DIRECTOR	2.00	X						0.	0.	0.
(15) JULLIAN COPELAND BOARD DIRECTOR	2.00	X						0.	0.	0.
(16) DENA GASSNER BOARD DIRECTOR	2.00	X						0.	0.	0.
(17) DEBBI HARRIS BOARD DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JASMINE HARRIS BOARD DIRECTOR	2.00	X						0.	0.	0.
(19) BURT HUDSON BOARD DIRECTOR	2.00	X						0.	0.	0.
(20) HUSSAIN ISMAIL BOARD DIRECTOR	2.00	X						0.	0.	0.
(21) STACY KRAY BOARD DIRECTOR	2.00	X						0.	0.	0.
(22) RUSSELL LEHMANN BOARD DIRECTOR	2.00	X						0.	0.	0.
(23) CHLOE ROTHSCHILD BOARD DIRECTOR	2.00	X						0.	0.	0.
(24) MITCH ROUNTON BOARD DIRECTOR	2.00	X						0.	0.	0.
(25) MEREDITH SADOULET BOARD DIRECTOR	2.00	X						0.	0.	0.
(26) KAREN SHOEMAKER BOARD DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,663,422.	0.	241,320.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,663,422.	0.	241,320.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRAPHCOM, INC., 1219 CHAMBERSBURG ROAD, GETTYSBURG, PA 17325	DESIGN, PRINTING, MAILING	322,786.
HARRIS INSIGHTS & ANALYTICS, LLC, 300 N. LASALLE ST, STE. 5575, CHICAGO, IL 60654	MARKETING RESEARCH	122,775.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KATHLEEN STAUFFER BOARD DIRECTOR	2.00	X						0.	0.	0.
(28) CHRIS STEWART BOARD DIRECTOR	2.00	X						0.	0.	0.
(29) FAYE TATE BOARD DIRECTOR	2.00	X						0.	0.	0.
(30) JOSE VELASCO BOARD DIRECTOR	2.00	X						0.	0.	0.
(31) CAROL WHEELER BOARD DIRECTOR	2.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	779.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	42,776.				
	e Government grants (contributions)	1e	1,687,984.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,641,324.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 70,042.				
	h Total. Add lines 1a-1f			7,372,863.			
Program Service Revenue	2 a AFFILIATE DUES	Business Code	900099	2,818,439.	2,818,439.		
	b PROGRAM SERVICE FEES		900099	409,081.	409,081.		
	c REGISTRATION FEES		900099	380,357.	380,357.		
	d AFFILIATE MGMT. FEES		900099	129,929.	129,929.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,737,806.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			166,519.		166,519.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			120,713.		120,713.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code	900099	4,040.		4,040.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			4,040.			
12 Total revenue. See instructions			11,401,941.	3,737,806.	0.	291,272.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	630,459.	630,459.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,086,361.	886,123.	103,507.	96,731.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,251,413.	3,398,640.	158,852.	693,921.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	327,372.	261,584.	11,656.	54,132.
9 Other employee benefits	497,213.	415,439.	9,847.	71,927.
10 Payroll taxes	393,064.	315,581.	18,320.	59,163.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	28,672.	26,990.	203.	1,479.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,250.		27,250.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	834,899.	785,935.	5,908.	43,056.
12 Advertising and promotion	177,962.	136,470.	-2.	41,494.
13 Office expenses	218,676.	87,199.	5,206.	126,271.
14 Information technology				
15 Royalties				
16 Occupancy	586,474.	466,538.	31,605.	88,331.
17 Travel	24,483.	21,746.	1,275.	1,462.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	170,895.	151,792.	8,898.	10,205.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	200,770.	166,757.	6,703.	27,310.
23 Insurance	28,675.	26,873.	-2,917.	4,719.
24 Other expenses. Itemize expenses not covered 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.)				
a EQUIP. REPAIRS/MAINT.	500,510.	388,210.	30,858.	81,442.
b SUBSCRIPTIONS AND DUES	177,261.	163,985.	-179.	13,455.
c PUBLICATION PRODUCTION	164,780.	97,751.	402.	66,627.
d BAD DEBT EXPENSE	66,557.		66,557.	
e All other expenses	32,625.	25,003.	1,163.	6,459.
25 Total functional expenses. Add lines 1 through 24e	10,426,371.	8,453,075.	485,112.	1,488,184.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	1,463,802.	1	2,017,208.
	2 Savings and temporary cash investments	127,119.	2	428,409.
	3 Pledges and grants receivable, net	107,586.	3	120,851.
	4 Accounts receivable, net	1,395,466.	4	813,120.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	114,436.	9	122,189.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,374,222.		
	b Less: accumulated depreciation	10b 2,186,741.		
	11 Investments - publicly traded securities	381,262.	10c	187,481.
	12 Investments - other securities. See Part IV, line 11	8,271,950.	11	9,678,508.
	13 Investments - program-related. See Part IV, line 11	2,759,308.	12	3,410,391.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,846,978.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,467,907.	15	2,127,817.	
		16	18,905,974.	
Liabilities	17 Accounts payable and accrued expenses	981,704.	17	988,893.
	18 Grants payable		18	
	19 Deferred revenue	65,000.	19	38,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	702,392.	25	611,963.
	26 Total liabilities. Add lines 17 through 25	1,749,096.	26	1,639,356.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,173,089.	27	5,794,200.
	28 Net assets with donor restrictions	11,545,722.	28	11,472,418.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	14,718,811.	32	17,266,618.
33 Total liabilities and net assets/fund balances	16,467,907.	33	18,905,974.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	11,401,941.
2	Total expenses (must equal Part IX, column (A), line 25)	10,426,371.
3	Revenue less expenses. Subtract line 2 from line 1	975,570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	14,718,811.
5	Net unrealized gains (losses) on investments	1,572,237.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	17,266,618.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

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

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)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 9 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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.
 - a **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.**
 - b **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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	4,326,031.	4,020,377.	4,913,323.	6,309,679.	7,372,863.	26,942,273.
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	4,326,031.	4,020,377.	4,913,323.	6,309,679.	7,372,863.	26,942,273.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,689,175.
6 Public support. Subtract line 5 from line 4.						22,253,098.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,326,031.	4,020,377.	4,913,323.	6,309,679.	7,372,863.	26,942,273.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	333,835.	369,961.	336,834.	256,638.	287,232.	1,584,500.
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.)	7,052.	38,559.	10,985.	6,559.	4,040.	67,195.
11 Total support. Add lines 7 through 10						28,593,968.
12 Gross receipts from related activities, etc. (see instructions)					12	18,708,553.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	77.82 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	72.65 %
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	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. 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	▶ <input type="checkbox"/>	
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. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business 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.)

14 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c 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 .		
11a		
11b		
11c		

Section 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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
2		

Section 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		

Section 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?		
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).		
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.		
1		
2		
3		

Section 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 year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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.			
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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 .			
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.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 the organization is responsive (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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c 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:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 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.)

Multiple horizontal lines for supplemental information.

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

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ▶ \$ _____

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

Name of organization THE ARC OF THE UNITED STATES	Employer identification number 13-5642032
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,577,833.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,115,357.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>820,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>388,137.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>211,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ARC OF THE UNITED STATES	Employer identification number 13-5642032
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>184,490.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>165,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ARC OF THE UNITED STATES	Employer identification number 13-5642032
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE ARC OF THE UNITED STATES	Employer identification number 13-5642032
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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. from 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 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 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 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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization THE ARC OF THE UNITED STATES	Employer identification number 13-5642032
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	190,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	190,000.													
d	Other exempt purpose expenditures	10,236,371.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,426,371.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	671,319.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	167,830.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	620,307.	674,541.	658,619.	671,319.	2,624,786.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,937,179.
c Total lobbying expenditures	160,000.	200,000.	250,000.	190,000.	800,000.
d Grassroots nontaxable amount	155,077.	168,635.	164,655.	167,830.	656,197.
e Grassroots ceiling amount (150% of line 2d, column (e))					984,296.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,188,399.	2,053,015.	1,839,757.	2,001,935.	1,869,051.
b Contributions					
c Net investment earnings, gains, and losses	145,870.	151,860.	227,910.	-162,178.	192,014.
d Grants or scholarships					
e Other expenditures for facilities and programs	22,952.	16,476.	14,652.		59,130.
f Administrative expenses					
g End of year balance	2,311,317.	2,188,399.	2,053,015.	1,839,757.	2,001,935.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100.0000 %
 - c Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		696,510.	611,934.	84,576.
d Equipment		791,491.	726,704.	64,787.
e Other		886,221.	848,103.	38,118.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				187,481.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) TAXABLE BONDS	3,410,391.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,410,391.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,571,792.
(2) DEPOSITS	41,054.
(3) DUE FROM RELATED PARTIES	178,787.
(4) DEFERRED COMPENSATION PLAN ASSETS	336,184.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,127,817.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	275,779.
(3) DEFERRED COMPENSATION	336,184.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	611,963.

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...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	20,687,024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,572,237.
b	Donated services and use of facilities	2b	7,740,096.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	9,312,333.
3	Subtract line 2e from line 1	3	11,374,691.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,250.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	27,250.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,401,941.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	18,139,217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,740,096.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	7,740,096.
3	Subtract line 2e from line 1	3	10,399,121.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,250.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	27,250.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,426,371.

Part XIII Supplemental Information.

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

PART V, LINE 4:

GENERAL SUPPORT AND VARIOUS SPECIFIC PROJECT PURPOSES.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2021, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**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

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (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 TENNESSEE 545 MAINSTREAM DRIVE SUITE 100 NASHVILLE, TN 37228	62-0639154	501(C)(3)	40,000.	0.			MLK DAY SERVICE / SEPTEMBER 11TH DAY OF SERVICE / INCLUSIVE VOLUNTEERING
THE ARC NATURE COAST 5283 NEFF LAKE ROAD BROOKSVILLE, FL 34601	23-7305830	501(C)(3)	35,000.	0.			MLK DAY SERVICE / SEPTEMBER 11TH DAY OF SERVICE
THE ARC OF OKLAHOMA 2516 E 71ST ST STE A TULSA, OK 74136	73-0749376	501(C)(3)	30,000.	0.			CHAPTER FEDERAL POLICY / MLK DAY SERVICE / COVID 19 EMERGENCY ASSISTANCE
AHRC - NEW YORK CITY 83 MAIDEN LANE 9TH FLOOR NEW YORK, NY 10038	13-5596746	501(C)(3)	27,500.	0.			MLK DAY SERVICE
RIDGE AREA ARC 4352 INDEPENDENCE ST AVON PARK, FL 33825	59-0829984	501(C)(3)	18,750.	0.			MLK DAY SERVICE / SEPTEMBER 11TH DAY OF SERVICE
NEWSTAR SERVICE 1005 WEST END AVENUE CHICAGO HEIGHTS, IL 60411	23-7294685	501(C)(3)	17,500.	0.			TECH PROGRAM GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **40.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC LANE COUNTY 4181 E STREET SPRINGFIELD, OR 97478	93-0423965	501(C)(3)	17,500.	0.			TECH PROGRAM GRANT
THE ARC OF GREATER INDIANAPOLIS 7701 E. 21ST STREET INDIANAPOLIS, IN 46219	35-0924720	501(C)(3)	17,500.	0.			TECH PROGRAM GRANT
THE ARC OF WELD COUNTY 5312 WEST 9TH STREET DRIVE SUITE 15 GREELEY, CO 80634	84-1222223	501(C)(3)	17,500.	0.			TECH PROGRAM GRANT
THE ARC OF UNION COUNTY 70 DIAMOND RD SPRINGFIELD, NJ 07081	22-1686764	501(C)(3)	17,500.	0.			TECH PROGRAM GRANT
THE ARC OF SOUTHERN MARYLAND 355 W DARES BEACH RD PRINCE FREDERICK, MD 20678	52-1062351	501(C)(3)	17,500.	0.			TECH PROGRAM GRANT
STAR INC. 182 WOLFPIT AVE NORWALK, CT 06851	06-0726489	501(C)(3)	17,500.	0.			MLK DAY SERVICE
YOUTH IMPACT 3000 FORT BLVD EL PASO, TX 79930	38-3939967	501(C)(3)	17,500.	0.			MLK DAY SERVICE
GREATER SUSQUEHANNA VALLEY UNITED WAY - 228 ARCH ST - SUNBURY, PA 17801	23-1697631	501(C)(3)	15,000.	0.			SEPTEMBER 11TH DAY OF SERVICE
THE ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	59-0883386	501(C)(3)	15,000.	0.			SEPTEMBER 11TH DAY OF SERVICE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF WEST VIRGINIA 1917 DUDLEY AVE PARKERSBURG, VA 26101	55-0451401	501(C)(3)	15,000.	0.			CHAPTER FEDERAL POLICY / COVID 19 EMERGENCY ASSISTANCE
THE ARC OF THE US MISSOURI CHAPTER 2501 MAGUIRE BLVD. COLUMBIA, MO 65201	80-0078835	501(C)(3)	14,792.	0.			CHAPTER FINANCIAL SUPPORT
THE ARC OF SOUTH CAROLINA 1202 12TH STREET CAYCE, SC 29033	57-0422304	501(C)(3)	12,500.	0.			CHAPTER FEDERAL POLICY / MLK DAY SERVICE
THE ARC OF HARRISONBURG AND ROCKINGHAM - 620 SIMMS AVE - HARRISONBURG, VA 22802	54-0995095	501(C)(3)	12,500.	0.			MLK DAY SERVICE
THE ARC MUSKEGON 601 TERRACE STREET SUITE 101 MUSKEGON, MI 49440	38-1586705	501(C)(3)	12,500.	0.			MLK DAY SERVICE / INCLUSIVE VOLUNTEERING
ATHLETES FOR HOPE 2 BETHESDA METRO SUITE 1320 BETHESDA, MD 20814	20-4773044	501(C)(3)	10,000.	0.			SEPTEMBER 11TH DAY OF SERVICE
THE ARC OF THE CENTRAL CHESAPEAKE REGION, INC. - 1332 DONALD AVE - SEVERN, MD 21144	52-6047882	501(C)(3)	10,000.	0.			SEPTEMBER 11TH DAY OF SERVICE
THE ARC OF VIRGINIA 2147 STAPLES MILL ROAD RICHMOND, VA 23230	54-0652554	501(C)(3)	10,000.	0.			CHAPTER FEDERAL POLICY
THE ARC ANCHORAGE 2211 ARCA DRIVE ANCHORAGE, AK 99508	92-0028571	501(C)(3)	10,000.	0.			CHAPTER FEDERAL POLICY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF THE QUAD CITIES AREA 4016 NINTH STREET ROCK ISLAND, IL 61201	36-2615996	501(C)(3)	10,000.	0.			MLK DAY SERVICE
THE ARC WESTCHESTER 265 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	13-1740065	501(C)(3)	10,000.	0.			INCLUSIVE VOLUNTEERING
CASS COMMUNITY SOCIAL SERVICES 3745 CASS AVE DETROIT, MI 48201	38-3429921	501(C)(3)	10,000.	0.			MLK DAY SERVICE
THE ARC NEW YORK 29 BRITISH AMERICAN BLVD, 2ND FLOOR LATHAM, NY 12110	13-5678837	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF WASHINGTON STATE 2638 STATE AVENUE NE OLYMPIA, WA 98506	91-0747027	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF TEXAS 8001 CENTRE PARK DRIVE, SUITE 100 AUSTIN, TX 78754	74-1342667	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF MINNESOTA 2446 UNIVERSITY AVE W STE 110 ST PAUL, MN 55114	41-0795254	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF INDIANA 143 W MARKET ST #200 INDIANAPOLIS, IN 46204	35-1075886	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF NEBRASKA 215 CENTENNIAL MALL S STE 508 LINCOLN, NE 68508	47-0495350	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF MASSACHUSETTS 217 SOUTH ST WALTHAM, MA 02453	04-2223502	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF MARYLAND 8601 ROBERT FULTON DR #140 COLUMBIA, MD 21046	52-0741602	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF ALABAMA 557 S LAWRENCE STREET MONTGOMERY, AL 36104	63-0483374	501(C)(3)	7,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF NORTH CAROLINA 353 EAST SIX FORKS RD SUITE 300 RALEIGH, NC 27609	56-0753097	501(C)(3)	6,500.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC OF IOWA 114 S. 11TH STREET WEST DES MOINES, IA 50265	42-0820385	501(C)(3)	6,000.	0.			COVID 19 EMERGENCY ASSISTANCE
THE ARC SUNRISE OF CENTRAL FLORIDA 35201 RADIO RD LEESBURG, FL 34788	59-1930274	501(C)(3)	5,500.	0.			CHAPTER FINANCIAL SUPPORT
THE ARC OF KENTUCKY INC 706 E MAIN ST A FRANKFORT, KY 40601	61-0593311	501(C)(3)	5,400.	0.			CHAPTER FINANCIAL SUPPORT

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

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

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

PART I, LINE 2:

THE ARC HAS A STANDARD WRITTEN GRANT AGREEMENT. THE GRANT AGREEMENT
 INCORPORATES, BY REFERENCE, THE TERMS OF THE GRANT PROPOSAL AND GRANT
 BUDGET AND REQUIRES GRANTEEES TO PROVIDE PROJECT NARRATIVE AND EXPENDITURE
 REPORTS ANNUALLY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

Part I Questions Regarding Compensation

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

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

2 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?

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 establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER BERNS CHIEF EXECUTIVE OFFICER	(i)	491,955.	51,688.	0.	53,823.	27,993.	625,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RUBEN RODRIGUEZ CHIEF OPERATING OFFICER	(i)	211,100.	4,368.	0.	19,640.	9,753.	244,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE WARD SR. EXEC. OFF., PUBLIC POLICY	(i)	188,323.	7,696.	0.	17,648.	2,374.	216,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTEN MCKIERNAN SR. EXEC. OFF. MKTG & COMMUNICATIONS	(i)	141,995.	10,516.	0.	13,988.	14,463.	180,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW BOYER SR. DIR., CORP. & FDN PARTNERSHIPS	(i)	149,148.	0.	0.	12,469.	7,100.	168,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARTY FORD SENIOR ADVISOR	(i)	137,956.	0.	0.	13,265.	11,445.	162,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GLENN GRIFFIN SR. DIR., DIG. MKTG & ENGAGEMENT	(i)	128,917.	5,200.	0.	12,071.	8,348.	154,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NICOLE JORWIC SR. EXEC. OFF., STATE ADVOCACY	(i)	134,560.	0.	0.	12,106.	4,834.	151,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

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

SEE PART II FOR BONUSES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	41	70,042.	GROSS SALES RECEIPT
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

THE ARC USES A 3RD PARTY FOR THE CAR DONATION PROGRAM. THIS COMPANY HANDLES ALL COMMUNICATIONS, MAINTAINS THE DATA AND FILES FORM 1098-C AS NEEDED.

**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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE ARC OF THE UNITED STATES

Employer identification number

13-5642032

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(I/DD) AND ACTIVELY SUPPORTS THEIR FULL INCLUSION AND PARTICIPATION IN
THE COMMUNITY THROUGHOUT THEIR LIFETIMES.

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

AND ADVOCACY ACTIVITIES CUT ACROSS A BROAD RANGE OF TOPICS, SUCH AS
HEALTH CARE, EDUCATION, EMPLOYMENT, CIVIL RIGHTS, CRIMINAL JUSTICE,
HOUSING, THE COVID-19 PANDEMIC, AND MORE.

THE ARC ALSO REGULARLY EDUCATED AND INFORMED ELECTED AND APPOINTED
GOVERNMENT OFFICIALS ABOUT THE NEEDS, INTERESTS AND CONCERNS OF PEOPLE
WITH IDD AND THEIR FAMILIES AND ABOUT THE LIKELY IMPACT OF POLICY
PROPOSALS. INPUT WAS PROVIDED TO CONGRESS, THE ADMINISTRATION,
GOVERNMENT AGENCIES AND OFFICIALS THROUGH WRITTEN CORRESPONDENCE, ORAL
AND WRITTEN TESTIMONY AND FACE-TO-FACE AND VIRTUAL MEETINGS. THE ARC
ALSO PARTICIPATED IN, AND PROVIDED LEADERSHIP FOR, A NUMBER OF FORMAL
AND INFORMAL COALITIONS AND COLLABORATIONS INVOLVED IN RELATED EFFORTS.

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

THE ARC ALSO PROMOTED BEST PRACTICES IN PROGRAMS, SERVICES AND SUPPORTS
FOR PEOPLE WITH IDD. THE ARC KEPT CHAPTERS INFORMED OF CRITICAL
INFORMATION AND DEVELOPMENTS IN THE FIELD, INCLUDING IN SUBJECT AREAS
SUCH AS EARLY INTERVENTION, INTEGRATED EDUCATION, TRANSITION, SUPPORTED
EMPLOYMENT, SUPPORTED AND INDEPENDENT LIVING, HEALTH CARE, FINANCIAL
PLANNING AND RECREATION AND COMMUNITY SERVICE.

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

Schedule O (Form 990) 2021

132211 11-11-21

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SUPPORT WAS PROVIDED TO BOARD MEMBERS, EXECUTIVE DIRECTORS AND OTHER VOLUNTEERS AND STAFF OF THE AFFILIATED CHAPTERS THROUGH A BI-WEEKLY EMAIL NEWSLETTER (FUSION), PERIODIC VIDEO CONFERENCES FOR CHAPTER LEADERS, PERIODIC WEBINARS, AN ANNUAL LEADERSHIP INSTITUTE, A NATIONAL CONVENTION, WRITTEN EDUCATIONAL MATERIALS, EMAIL DISCUSSION GROUPS, EXTENSIVE CONTENT AVAILABLE ONLINE, AND ONE-TO-ONE TECHNICAL ASSISTANCE VIA TELEPHONE AND EMAIL. PROGRAMMING WAS CONDUCTED USING VIRTUAL MEETING TECHNOLOGY DUE TO THE COVID-19 PANDEMIC.

THE ARC PROVIDED TECHNICAL ASSISTANCE AND SUPPORT TO INDIVIDUALS WITH DISABILITIES, THEIR FAMILY MEMBERS AND FRIENDS TO ORGANIZE NEW CHAPTERS OF THE ARC, AND TO STRENGTHEN AND STABILIZE EXISTING CHAPTERS, SO THAT THEY MAY EFFECTIVELY ADVOCATE ON BEHALF OF AND SERVE THEIR CONSTITUENTS AT THE STATE AND LOCAL LEVEL. THE ARC ALSO PROMOTED INFORMATION SHARING AND EXCHANGE OF IDEAS AMONG AND BETWEEN ALL OF OUR CHAPTERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PERSONNEL TO ACCOMMODATE THE NEEDS OF PEOPLE WITH IDD IN THE CRIMINAL JUSTICE SYSTEM. THE WINGS FOR AUTISM/WINGS FOR ALL PROJECT, WHICH PROVIDES AN AIRPORT TRAVEL SIMULATION FOR CHILDREN WITH AN AUTISM SPECTRUM DISORDER OR OTHER DISABILITIES AND THEIR FAMILIES, WAS SUSPENDED DUE TO THE COVID-19 PANDEMIC. THE CENTER FOR FUTURE PLANNING PROVIDED AN ONLINE RESOURCE CENTER TO ASSIST ADULTS WITH IDD AND THEIR FAMILIES TO PLAN FOR THEIR FUTURE NEEDS, AND TO PROVIDE RESOURCES FOR CHAPTERS OF THE ARC TO SUPPORT THEM. THE ARC'S TECH PROGRAMS PROVIDE ONLINE RESOURCES TO ASSIST PEOPLE WITH IDD AND THEIR FAMILIES TO ACCESS THE LATEST TECHNOLOGY TO SUPPORT THEIR LIVING IN THE COMMUNITY. THE

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INCLUSIVEVOLUNTEERISM PROJECT ENGAGED PEOPLE WITH IDD IN VOLUNTEERISM AND COMMUNITY SERVICE AT SITES ACROSS THE NATION. THE ARC@SCHOOL PROGRAM PROVIDES RESOURCES AND INFORMATION TO FAMILIES TO SUPPORT STUDENTS WITH IDD TO OBTAIN THE SERVICES THEY NEED TO BE SUCCESSFUL IN SCHOOL. VARIOUS OF THESE PROGRAM ACTIVITIES CONTINUED TO BE PRODUCED IN ONLINE FORMATS DUE TO THE COVID-19 PANDEMIC.

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

PUBLIC EDUCATION: THE ARC OF THE UNITED STATES (THE ARC) EDUCATED PEOPLE WITH DISABILITIES, THEIR PARENTS AND OTHER FAMILY MEMBERS, THE MEDIA, AND MEMBERS OF THE PUBLIC ABOUT THE NEEDS, INTERESTS, ISSUES AND CONCERNS OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) AND THEIR FAMILIES. THE ARC'S PUBLIC EDUCATION EFFORTS COVERED A BROAD RANGE OF SUBJECT AREAS, SUCH AS HOUSING, EMPLOYMENT, EDUCATION, HEALTHCARE, CRIMINAL JUSTICE, COVID-19 VACCINE AWARENESS AND VOLUNTEERISM AND COMMUNITY SERVICE.

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

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PROGRAM RECOGNIZES INDIVIDUALS, COMPANIES AND ORGANIZATIONS THAT ARE HAVING AN IMPACT IN SUPPORTING PEOPLE WITH IDD TO BE FULLY INCLUDED IN THEIR COMMUNITIES.

THE ARC RESPONDED TO HUNDREDS OF WRITTEN, PHONE, AND E-MAIL INQUIRIES FROM INDIVIDUALS AND ORGANIZATIONS, PROVIDING INFORMATION AND RESOURCES ON A VARIETY OF TOPICS RELATED TO IDD. INFORMATION WAS NEEDED BY MANY FAMILIES ON AGING AND DISABILITIES, AUTISM SPECTRUM DISORDERS, FUTURE PLANNING, HOUSING AND RESIDENTIAL FACILITIES, RARE DISORDERS, EDUCATION ISSUES, FETAL ALCOHOL SPECTRUM DISORDERS, AND LEGAL AND CRIMINAL JUSTICE ISSUES.

EXPENSES \$ 624,042. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS ARE NONPROFIT ORGANIZATIONS THAT MEET THE QUALIFICATIONS AND REQUIREMENTS AS SET FORTH IN THE BY-LAWS TO BE A STATE OR LOCAL CHAPTER OF THE ARC.

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS VOTE TO ELECT THE OFFICERS AND DIRECTORS OF THE CORPORATION AND ON ANY CHANGES TO THE BYLAWS, CORE VALUES AND POSITION STATEMENTS.

FORM 990, PART VI, SECTION A, LINE 7B:
AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS, ADOPTION AND AMENDMENT OF POSITION STATEMENTS, AND OTHER CORPORATE ACTIONS MUST BE APPROVED BY THE MEMBERS OF THE CORPORATION WHICH ARE THE STATE OR LOCAL CHAPTERS.

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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 REQUIRES BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF TO ANNUALLY COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE COMPLETED STATEMENTS ARE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT. STATEMENTS REVEALING AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE FURTHER REVIEWED BY THE CHIEF EXECUTIVE OFFICER, EXECUTIVE COMMITTEE OR BOARD OF DIRECTORS AS SPECIFIED IN THE ARC'S CONFLICT OF INTEREST POLICY. IF A CONFLICT ARISES, THE CEO REVIEWS THE ARRANGEMENT AND DETERMINES IF THE RELATIONSHIP IS IN THE BEST INTEREST OF THE ARC.

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

PURSUANT TO THE TERMS OF THE EMPLOYMENT CONTRACT BETWEEN THE ORGANIZATION AND THE CHIEF EXECUTIVE OFFICER (CEO), COMPENSATION IS REVIEWED AND SET ANNUALLY IN THE COURSE OF THE ANNUAL EVALUATION OF THE CEO. THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THE PERFORMANCE OF THE CEO, INCLUDING SETTING COMPENSATION FOR THE YEAR. THE EXECUTIVE COMMITTEE REVIEWS PUBLICLY AVAILABLE DATA REGARDING THE SALARIES BEING PAID TO EXECUTIVES IN COMPARABLE NONPROFIT ORGANIZATIONS. THE RESULTS OF THE EVALUATION, INCLUDING THE DECISION OF THE EXECUTIVE COMMITTEE REGARDING COMPENSATION, ARE REPORTED TO THE FULL BOARD OF DIRECTORS. THE LAST REVIEW TOOK PLACE IN MARCH 2019.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
THE ARC'S AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS) ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2021
Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE FOUNDATION OF THE ARC OF THE UNITED STATES - 52-1559702, 1825 K STREET, NW, SUITE 1200, WASHINGTON, DC 20006	SUPPORT THE CHARITABLE PURPOSES OF THE ARC	PENNSYLVANIA	501(C)(3)	LINE 12A, I	THE ARC OF THE US	X	
THE ARC OF GEORGIA SERVICES CORPORATION - 58-1958242, 1825 K STREET, NW, SUITE 1200, WASHINGTON, DC 20006	SUPPORT THE CHARITABLE PURPOSES OF THE ARC IN GA	GEORGIA	501(C)(3)	LINE 7	THE ARC OF THE US	X	
THE ARC OF THE DISTRICT OF COLUMBIA, INC. - 52-0960095, 1825 K STREET, NW, SUITE 1200, WASHINGTON, DC 20006	SUPPORT THE CHARITABLE PURPOSES OF THE ARC IN DC	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	THE ARC OF THE US	X	

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

Schedule R (Form 990) 2021

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE FOUNDATION OF THE ARC OF THE UNITED STATES	C	42,776.	BASED ON 5.5% OF NET ASSETS
(2) THE ARC OF GEORGIA SERVICES CORPORATION	L	14,722.	MANAGEMENT AGREEMENT
(3) THE ARC OF THE DISTRICT OF COLUMBIA, INC.	L	115,157.	MANAGEMENT AGREEMENT
(4) THE FOUNDATION OF THE ARC OF THE UNITED STATES	L	57,498.	ACTUAL COST
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.