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Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

A	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	JUN 30, 2012			
	Check if	C Name of organization	D Employer identifi	cation number		
	Addres change	S MUE ADO MADULAND INC				
X	Name change	2	52-0	741602		
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/sur				
누	Termin- ated Amend	45 CID BOLICHOND IDLAND ROAD, BOILE 20205) 571-9320 1 001 475		
H	⊸retum ∏Applica	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,901,475.		
L	pending		H(a) Is this a group re for affiliates?	Yes X No		
		SAME AS C ABOVE	H(b) Are all affiliates inc			
			27 If "No," attach a	list. (see instructions)		
_		e: ► WWW.THEARCMD.ORG	H(c) Group exemptio			
			ar of formation 1959 N	A State of legal domicile MD		
		Summary Briefly describe the organization's mission or most significant activities: PROMOTION	OF THE CENE	PAT. WET.EARE		
& Governance		OF PERSONS WITH DEVELOPMENTAL DISABILITIES TH				
Ē		Check this box if the organization discontinued its operations or disposed of mo				
o e	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	19		
ಶ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	19		
Activities	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	51		
ξ	1	Total number of volunteers (estimate if necessary)	6	45		
Ac	1	Fotal unrelated business revenue from Part VIII, column (6), line 12 Net unrelated business taxable income from Form 990 T, line 3475 (5) (1)	7a 7b	0.		
	01	L. LOCIATO	Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,081,961.	727,966.		
#e/eHe	1	Program service revenue (Part VIII, line 2g)	43,409.	31,415.		
18		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	434,200.	83,862.		
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Det N. UT	13,725.	17,610.		
□		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,573,295.	860,853.		
ALK	Į.	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,743.	26,105.		
		Benefits paid to or for members (Part IX, column (A), line 4)	725,649.	0. 617,967.		
Z Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	723,043.	0.		
Expenses	l	Fotal fundraising expenses (Part IX, column (D), line 25) 57,037.				
E	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	496,446.	403,065.		
9	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,273,838.	1,047,137.		
- (0	19 I	Revenue less expenses. Subtract line 18 from line 12	299,457.	<u> </u>		
is or			Beginning of Current Year	End of Year		
\sse	20	Fotal assets (Part X, line 16)	3,173,054.	2,764,952.		
Net Assets or Fund Balances	21 7	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	386,581. 2,786,473.	206,131. 2,558,821.		
P	art II		2,700,473.	2,330,021.		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of m	v knowledge and belief, it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of which prepai				
	1	Kathan Gralle	3/2	6/13		
Sig		8 ignature of officer	Date 3/ =	4112		
He	e	KATHRYN FIALKOWSKI, EXECUTIVE DIRECTOR Type or print name and title				
			Date, Check	PTIN		
Paid	,	Print/Type preparer's name MARY K. STONE, CPA Preparer's signature COA	3 15 15 seif-employe			
	arer		A Firm's EIN	52-1197902		
Use Only Firm's address 2553 HOUSLEY ROAD, SUITE 200						
_		ANNAPOLIS, MD 21401-6751	Phone no (410)224-4920		
Ma	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No		
1320	01 01-23	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

(Expenses \$ including gill

4e Total program service expenses ▶

) (Revenue \$

(Ueacune &

Form **990** (2011)

769,453.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1,	1
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	├—
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	<u> </u>		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Λ	
•	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	,		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19	1	X
20a	Did the organization operate one or more hospital facilities? If "Ves." complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			<u>aan //</u>	2011)

Form 990 (2011) THE ARC MARYLAND,

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	_		
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			Х
^7	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		Х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		_	
-	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		_	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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	990 (2011)	002	<u> </u>	age J
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 51	'		
b	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х]
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	[X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ì	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	l	Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		•	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)]	•	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			l
C	Enter the amount of reserves on hand		<u></u>	<u> </u>

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
		p	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19	7		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 15	<u>'</u>		
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?	2	_	<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5 e	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-	_	
, a	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1.5		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	1	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l v	
10	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	· · · ·		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16ь		
Sec	tion C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
••	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza THE ORGANIZATION - 410-974-6139	tion:		
	49 OLD SOLOMON'S ISLAND ROAD STE 205, ANNAPOLIS, MD 21401			
13200 01-23	6 .12	Form	990 (2011)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	<u> </u>		(0	>)		100	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Pos heck ss pe id a d	more rson	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVE PYLES								_	_	
PRESIDENT	2.00	X	ļ	X		<u> </u>	<u> </u>	0.	0.	0.
(2) CAROL FRIED									_	_
VICE PRESIDENT	2.00	X	<u> </u>	Х		ļ	$ldsymbol{ld}}}}}}$	0.	0.	0.
(3) BETH GREENLAND								_		
SECRETARY	2.00	X		X				0.	0.	0.
(4) RICHARD DEAN										
TREASURER	2.00	X	ļ	Х		<u> </u>		0.	0.	0.
(5) ED WORFF										
PAST PRESIDENT	2.00	X		X				0.	0.	0.
(6) MICHAEL MCLAUGHLIN							ĺ			
DIRECTOR	2.00	X	<u> </u>			<u> </u>		0.	0.	0.
(7) LUCINDA NOBLES										
DIRECTOR	2.00	X						0.	_ 0.	0.
(8) JANICE CARO										
DIRECTOR	2.00	X						0.	0.	0.
(9) MICHAEL MACK	1		ļ	ļ		ļ	ļ			
DIRECTOR	2.00	X	<u> </u>				igsqcup	0.	0.	0.
(10) NORMA RODRIGUEZ										
DIRECTOR	2.00	X						0.	0.	0.
(11) JONATHON RONDEAU						1				
DIRECTOR	2.00	X						0.	0.	0.
(12) BILL OHGE		1	ļ		l		1			
DIRECTOR	2.00	X		<u> </u>				0.	0.	0.
(13) CURTIS ROYSTER										
DIRECTOR	2.00	X						0.	0.	0.
(14) JOYCE TAYLOR					ŀ					
DIRECTOR	2.00	X				L		0.	0.	0.
(15) PAGE LESCURE			1							
DIRECTOR	2.00	X	<u> </u>			<u></u>	$oxed{oxed}$	0.	0.	0.
(16) EUGENE MARK										
DIRECTOR	2.00	X	<u> </u>				$oxed{oxed}$	0.	0.	0.
(17) TONY RECORDS										
DIRECTOR	2.00	X	<u> </u>			L_		0.	0.	0.
122007 01 29-12										Form 990 (2011)

132007 01-23-12

Form 990 (2011)

Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) (B) (C) (D) (E)								(F)					
Name and title	Average hours per		Position on not check more than one			than		Reportable	Reportable			tımat	
	week					on is both an actor/trustee)		compensation	compensation from related	'		nount other	
	(describe	rg Eg						the	organizations	.		pens	
	hours for	trustae or director				pa		organization	(W-2/1099-MIS			om th	
	related	Stage	Target		_	pensa		(W-2/1099-MISC)			-	anıza	
	organizations in Schedule	la la	jonal		a Section	E SE	١.					d rela	
	O)	Individual	Institutional trustee	eg e	кеу ептрюуее	Highest compensated employee	Forme				orga	anızat	ions
(18) JAMES ROSNER					_								
DIRECTOR	2.00	X	<u>L</u>	<u> </u>		_		0.		0.			0.
(19) PHIL SWANSON	2 00	,,											^
DIRECTOR	2.00	X	<u> </u>	\vdash	-	-		0.		0.			0.
(20) KATHRYN L FIALKOWSKI EXECUTIVE DIRECTOR	40.00			X				44,123.		0.		2 . 1	30.
(21) SUSAN G MCGARRY	1000	•			-	 	┞	11,1231		•		- / -	30.
DIRECTOR OF FINANCE	40.00			Х				62,345.	•	0.			0.
-		<u> </u>	<u> </u>	ļ		_	_	ļ <u>.</u>					
		<u> </u>		┢		-							
					<u> </u>							-	
		<u> </u>	<u></u>										
									-				
		<u> </u>				Ļ	<u> </u>	106 460		$\overline{}$		2 1	20
1b Sub-total	II C4: A							106,468.		0.		Z , 1	30.
 Total from continuation sheets to Part V Total (add lines 1b and 1c) 	II, Section A							106,468.		0.		2.1	30.
Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wh	no r	· · · · · · · · · · · · · · · · · · ·	.000 of reportable			<u>-,-</u>	
compensation from the organization									•				0
										,	,	Yes	No
3 Did the organization list any former officer			e, ke	еу ег	nplo	yee	, or	highest compensated e	mployee on				١.,
line 1a? If "Yes," complete Schedule J for s										-	3		X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15								•	the organization	ŀ	4		Х
5 Did any person listed on line 1a receive or			-						dual for services	ŀ	-		1
rendered to the organization? If "Yes," con							0.0.	ou organization of month	GGG 10. GG1 11666	ĺ	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co									•	oensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ıthıı		/ear.				
(A) Name and business	address	N	INC	F!				(B) Description of s	ervices	C	O) ompe		n
				Ϊ		-							
										_			
							_						
									ŀ				
2 Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	zation >				(0						266	
											Form !	9 90 (2011)

Page 9

		otatement of nevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	t c c e f	c Fundraising events d Related organizations 1c 1d	62,686. 32,974. 32,306.				
	2 a	a CHAPTER AND MEMBER SUP	Business Code 900099	727,966.	31,415.	· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	6						
		Total. Add lines 2a-2f	•	31,415.			
	3	Investment income (including dividends, interes		01/1101			
	4 5	other similar amounts) Income from investment of tax-exempt bond pro Royalties	>	84,907.			84,907.
	5	(i) Real	(ii) Personal			, , , , , , , , , , , , , , , , , , , ,	
	6 a		(ii) reisonai				
		b Less: rental expenses					
	•	Rental income or (loss)					
	c	d Net rental income or (loss)	>				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 1039577.					
l	Ł	b Less: cost or other basis					
		and sales expenses 1040622.					
I		c Gain or (loss) <1,045.		1 045			~1 O45 >
	_	d Net gain or (loss)		<1,045.			<1,045.
Other Revenue	8 8	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
Ę		Part IV, line 18	2,100.				
휼	t	b Less: direct expenses b	0.				
0	(Net income or (loss) from fundraising events	•	2,100.			2,100.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 a					
		b Less: direct expenses b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns and allowances a					
	1	and allowances a b b Less: cost of goods sold b					
		c Net income or (loss) from sales of inventory	•				
Ī			usiness Code				•••••
	11 a	a MISCELLANEOUS	900099	15,510.	15,510.		
	t	ь					
	•	c					
	•	d All other revenue		15 510			
		e Total. Add lines 11a-11d		15,510. 860,853.	46,925.	0.	Q5 Q62
13200 01-23	12 9	Total revenue. See instructions		000,000,	40,323.	<u> </u>	85,962. Form 990 (2011)

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 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 governments and		•		·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	26,105.	26,105.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				***************************************
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 -00	4		
	trustees, and key employees	108,599.	45,550.	59,370.	3,679
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	417.066	240 701	01.510	06 555
7	Other salaries and wages	417,866.	349,791.	31,518.	36,557
8	Pension plan accruals and contributions (include	10 700	5 224	5 516	1 750
	section 401(k) and section 403(b) employer contributions)	12,790.	5,324.	5,716.	1,750 3,420 3,192
9	Other employee benefits	36,026.	20,227.	12,379.	3,420
10	Payroll taxes	42,686.	31,541.	7,953.	3,192
11	Fees for services (non-employees):]		
а	Management	05.4		0.5.4	
b	Legal	954.	12 471	954.	
C	Accounting	19,990.	13,471.	6,519.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	16 270		16 000	170
f	Investment management fees	16,278.	71 006	16,099.	179
9	Other	117,064.	71,906.	45,158.	
12	Advertising and promotion	1,720.	1,565.	155.	1 101
13	Office expenses	28,584.	18,380.	9,023.	1,181
14	Information technology				
15	Royalties	EE 256	11 677	0.410	A 161
16	Occupancy	55,256. 68,939.	41,677. 64,523.	9,418.	4,161
17	Travel	00,939.	04,523.	4,410.	0 /
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	50,978.	45,595.	5,383.	
19	Conferences, conventions, and meetings	30,370.	43,393.	3,303.	
20	Interest .				
21	Payments to affiliates .	10,293.	7,725.	1,781.	787
22	Depreciation, depletion, and amortization	3,717.	2,790.	643.	284
23	Insurance Other expenses not covered	3,111.	2,130.	043.	204
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	***************************************			
а	EQUIP RENTAL & MAINTENA	14,653.	11,411.	2,249.	993
b	DUES & SUBSCRIPTIONS	14,639.	11,872.	1,919.	848
c			,	,	
d					-
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,047,137.	769,453.	220,647.	57,037
26	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
			1		

Part X	Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		750.	1	400
2	Savings and temporary cash investments		229,984.	2	165,374
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		31,210.	4	13,780
5	Receivables from current and former officers, di				
	employees, and highest compensated employe	· ·			
	of Schedule L			5	
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)), persons described in section 4958(c				
	employers and sponsoring organizations of sec	· ·			
	employees' beneficiary organizations (see instru			6	
왕 7	Notes and loans receivable, net	3.13.13,		7	
Assets 4	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		24,909.	9	20,910
	Land, buildings, and equipment: cost or other	1 1		Ť	
100	basis. Complete Part VI of Schedule D	10a 77,893.			
,	Less: accumulated depreciation	10b 55,666.	32,520.	100	22.227
11	investments - publicly traded securities	105	2,851,757.	11	22,227 2,540,337
12	Investments - other securities. See Part IV, line	11	2,001,10,1	12	2/010/00/
13	Investments - program-related. See Part IV, line			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,924.	15	1.924
16	Total assets. Add lines 1 through 15 (must equ	al line 34\	3,173,054.	16	1,924 2,764,952
17	Accounts payable and accrued expenses	a lille 54/	72,090.	17	69,085
18	Grants payable Grants payable		,	18	
19	Deferred revenue		242,393.	19	67,808
20	Tax-exempt bond liabilities		212/0301	20	017000
	Escrow or custodial account liability. Complete	Part IV of Schodule D		21	<u>-</u>
Liabilities 23	Payables to current and former officers, director		***************************************		·
	highest compensated employees, and disqualifi				
ר <u>ק</u>	of Schedule L	ed persons. Complete Fait II		20	
22		ated third partice		22	
23	Secured mortgages and notes payable to unrela	-		24	<u></u>
24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa	·		24	
23	parties, and other liabilities not included on lines	- 1			
	-	17-24). Complete Fart A of	72,098.	25	69,238
0.0	Schedule D		386,581.	26	206,131
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	ere X and complete	300/301.	20	200,131
,	lines 27 through 29, and lines 33 and 34.	ere P 121 and complete			
8	Unrestricted net assets		2,734,360.	27	2,506,708
		•	2//34/300.	28	2,300,700
E 28	Temporarily restricted net assets		52,113.	29	52,113
P 29	Permanently restricted net assets	hask bass	<u>JZ,113.</u>	29	JZ,113
뜬	Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
8 00	complete lines 30 through 34.				
198 30 30 30 30 30 30 30 30 30 30 30 30 30	Capital stock or trust principal, or current funds			30	
ğ 31 ▼ 32	Paid-in or capital surplus, or land, building, or ed	• •		31	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Retained earnings, endowment, accumulated in	come, or other funds	7 706 477	32	2 550 021
- 33	Total net assets or fund balances	• •	2,786,473.	33	2,558,821
34_	Total liabilities and net assets/fund balances		3,173,054.	34	2,764,952. Form 990 (2011

-orm	1990 (2011) THE ARC MARYLAND, INC.	52-0741	602	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	86	0,8	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,04	7,1	37.
3	Revenue less expenses. Subtract line 2 from line 1	3	<18	6,2	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	78	6,4	73.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<4	1,3	68.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 2	2,55	8,8	21.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

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Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number Name of the organization THE ARC MARYLAND, INC. 52-0741602 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated Type III - Other a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col (I) organized in the organization in col (i) listed in your organization in col organization support (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2 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) 2007 (b) 2008 (c) 2009(d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning In) (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 15

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or n	nore,
and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organizat	ion
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ightharpoons
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	ь́ or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ightharpoons

16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 33 1/3% support test - 2010. 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

Schedule A (Form 990 or 990-EZ) 2011

15 Public support percentage from 2010 Schedule A, Part II, line 14

stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization ...

%

Schedule A (Form 990 or 990-EZ) 2011 THE ARC MARYLAND, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

80	quality under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)			-:	
		(=) 0007	(h) 0000	(=) 0000	(d) 0010	(=) 0011	(O Total
	indar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	ınclude any "unusual grants.")	978,195.	2900301.	1079630.	1081961.	727,966.	6768053.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	37,388.	57,843.	44,681.	43,409.	31,415.	214,736.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1015583.	2958144.	1124311.	1125370.	759,381.	6982789.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						6982789.
<u>Se</u>	ction B. Total Support	,			T		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1015583.	2958144.	1124311.	1125370.	759,381.	6982789.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,617.	45,953.	73,703.	81,460.	84,907.	316,640.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	30,617.	45,953.	73,703.	81,460.	84,907.	316,640.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						·
12	Other income. Do not include gain or loss from the sale of capital			440	10 -00		
	assets (Explain in Part IV.)	63,268.	23,581.	419.	10,599.	17,610.	
13	Total support (Add lines 9, 10c, 11, and 12)	1109468.	3027678.	1198433.	1217429.	861,898.	7414906.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ration,
_	check this box and stop here						<u>▶</u>
<u>Se</u>	ction C. Computation of Publ	<u>ic Support Per</u>	rcentage			· · · · · ·	
15	Public support percentage for 2011 (l	* * *	=	olumn (f))		15	94.17 %
<u>16</u>						16	94.32 %
<u>Se</u>	ction D. Computation of Inves	<u>stment Incom</u>	<u>e Percentage</u>				
17	Investment income percentage for 20)11 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	4.27 %
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	3.39 <u>%</u>
19	a 33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the						► X
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anızatıon qualifies a	as a publicly supp	orted organization	>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	<u> </u>

01921001

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

• !	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.	, .u.,,	<u></u>	
	ne of organization	none: Complete Fact III	 	Emp	loyer identification number
	THE ARC	MARYLAND, INC.			52-0741602
Pa	ert I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	cal campaign activities	ın Part IV. ▶\$	
Pa	ert I-B Complete if the org	anization is exempt und	der section 501(c))(3).	
	Enter the amount of any excise tax	•		▶ \$	······································
	Enter the amount of any excise tax	, ,		. .	
	if the organization incurred a section	• •		• •	Yes No
	Was a correction made?		, , , , , , , , , , , , , , , , , , , ,		Yes No
	of "Yes," describe in Part IV.				
		anization is exempt und	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶\$;
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	- 1	
	line 17b			▶\$	i
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (E	IN) of all section 527 p	olitical organizations to which	ch the filing organization
	made payments. For each organiza	tion listed, enter the amount pa	ıd from the filing organi	ızatıon's funds. Also enter tl	ne amount of political
	contributions received that were pro-	• •		•	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Pari	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				-	
	· · · · · · · · · · · · · · · · · · ·				

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011	THE ARC	MAR	YLAND, INC	•	52-0	741602 Page 2
Part II-A Complete if the org	anization	is exer				
(election under sec	tion 501(h))				
A Check 🕨 🔲 if the filing organiza	tion belongs	to an affi	liated group (and list	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess l	obbying (expenditures).			
B Check 🕨 🔛 if the filing organiza	tion checked	box A ar	nd "limited control" pr	ovisions apply.		
	ts on Lobbyi ditures" mea	-	nditures ints paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public	opinion (arass roots lobbying)	-	9,033.	
b Total lobbying expenditures to infli	•				9,033.	
c Total lobbying expenditures (add li	_		-, (aaat ,aaa)g,		18,066.	
d Other exempt purpose expenditure		,			1,029,071.	
e Total exempt purpose expenditure		c and 1c	i)		1,047,137.	
f Lobbying nontaxable amount. Enter				th columns.	179,714.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	nount is:		· · · · · · · · · · · · · · · · · · ·
Not over \$500,000		20% of	the amount on line 1	9.		
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,			00 plus 5% of the exc			
Over \$17,000,000		\$1,000,0				
-						
g Grassroots nontaxable amount (en	iter 25% of lir	ne 1f)			44,929.	
h Subtract line 1g from line 1a. If zer	o or less, ent	er -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, ente	er -0-			0.	
j If there is an amount other than ze	ro on either li	ne 1h or	line 11, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
, ,	ations that r lumns below	nade a s /. See th	e instructions for lin	r Section 501(h) on do not have to comp es 2a through 2f on pa ear Averaging Period		
	LODDYII	ig Exper	latares burning 4- 16	Averaging Ferrod		· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 200	08	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount				202,384.	179,714.	382,098.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						573,147.
c Total lobbying expenditures				23,193.	18,066.	41,259.
-				,	<u>.</u>	<u> </u>
d Grassroots nontaxable amount				50,596.	44,929.	95,525.
e Grassroots ceiling amount					```	
(150% of line 2d, column (e))						143,288.

Schedule C (Form 990 or 990-EZ) 2011

11,597.

20,630.

Schedule C (Form 990 or 990 EZ) 2011 THE ARC MARYLAND, INC. 52-074160 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)).

For ea	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	ugh 1ı below, provide in Part IV a detailed description (a)				
of the	lobbying activity.	Yes	No	Amo	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
_	Volunteers?	-				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			***************************************		
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?		-			
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		(b) Part		e 3, is	
	Dues, assessments and similar amounts from members	.	1	-		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	icai				
	expenses for which the section 527(f) tax was paid).		0-			
	Current year Carryover from last year		_2a 2b			
	Total					
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	0000	-			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?	political	4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
Parl						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	art II-A: and	Part II-B lin	e 1 Also c		
	art for any additional information.	ar 1171, and	. a.c.ii D, iii	.,,,,,,,,,,,	ompioto	
o p	actionally additional information					
			-			
			_			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	THE ARC MARYLAND,	INC.	52-0741602
Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	ically important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		P :1
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		_2d _
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		— —
_	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	/e satisfy the requirements of section 170(n)(
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's linaricial statements that describes the	organization's accounting for
Pa	conservation easements. t 腓 Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" to Form	•	or ominar Assets.
	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		or paolio service, provide, in real vity,
h	If the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	doculor, or rescalor in furtherance of public	service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial or	ain, provide
_	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	mily provides
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$
_	,	••	· -

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

Schedule D (Form 990) 2011

24

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2011 THE ARC	MARYLAND,	INC.			52	-074160	2 Page 2
check all that apply): a Public withition b Scholarly research c Preservation for future generations b Scholarly research c Other Christian Scholarly research c Other Christian Scholarly research c Other Christian Scholarly research b Scholarly research c Other Christian Scholarly research c Other Christian Scholarly research c Other Christian Scholarly research c No Bull Christian Scholarly Scholarly Research c No Christian Scholarly Scholarly Scholarly Research c No Christian Scholarly Scholarly Research c No Christian Scholarly Scholarly Research c No Christian Scholarly Research c No Christian Scholarly Scholarly Research c No Christian Scholarl			ollections of Ar	t, Historical Tre	easures, o	r Other			
a Public exhibition d	3								
b Scholarly research e		(check all that apply):							
c	а	Public exhibition	d	Loan or excl	hange prograi	ms			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Dump the year, did the organization solicit or receive donations of art, instoncial treasures, or other similar assets To be add to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIV, line 9, or reported an amount on Form 990, Part XIV, line 9, or Form 990, Part XIV, line 9, or Form 990, Part XIV and complete the following table: Segmining balance	b	Scholarty research	е	Other					
5 Durng the year, did the organization solicit or roceive 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? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/ If 'Yes,' explain the arrangement in Part XIV and complete the following table: Beginning balance	c	Preservation for future generations							
Lobe sold for rase funds rather than to be maintained as part of the organization's collection? Yes No	4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	n's exem _l	pt purpose	ın Part XIV.	
	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	r sımılar a	ssets		
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? b If Yes,* explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year 1		to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	oliection?			Yes	No_
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Admount	Par	'	-	ete if the organizatio	n answered "	Yes" to Fo	orm 990, Pa	urt IV, line 9, or	
b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount	1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	s or other ass	ets not in	cluded		
C Segmining balance C Segmining balance C Segmining balance C Segmining balance C Segmining balance C Segmining balance C Segmining balance Segmining of year balance Segmining of year balance Segmining of year balance Segmining of year balance Segmining balance S		on Form 990, Part X?						Yes	☐ No
C Beginning balance 1 1 1 1 1 1 1 1 1	b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					
Additions during the year 16								Amoun	t
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete in Part XIV the intended uses of the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete in Part XIV the intended uses of the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete in Part XIV the intended uses of the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete in Part XIV the intended uses of the organization answered "Yes" to Form 990, Part IV, line 10. Tendowment Funds. Complete in It is form 990, Part IV, line 10. Tendowment Funds. Complete in It is form 990, Part IV, line 10. Tendowment Funds. Complete in It is	¢	Beginning balance					1c		
1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21?	d	Additions during the year					1d		
2a Dtd the organization include an amount on Form 990, Part X, line 21? Part Y Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	е	Distributions during the year					1e		
Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (f	Ending balance					1f		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Common Complete Comple	2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes	☐ No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Three years back (d) Three years back (e) Three years back (e) Three years back (e) Three years (e	ь	If "Yes," explain the arrangement in Part XIV.							
1a Beginning of year balance b Contributions c Net Investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 157,345. 52,113.	Par	t V Endowment Funds. Complete r	f the organization an	swered "Yes" to Fo	rm 990, Part l	V, line 10.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 157,345. 5,090. 4 Administrative expenses g End of year balance 2,258,821. 2,387,719. 52,113. 52,113. 2,258,821. 2,387,719. 52,113. 52,113. 2,258,821. 2,387,719. 52,113. 52,113. 2,258,821. 2,387,719. 52,113. 52,113. 2,213. 2,			(a) Current year	(b) Prior year	(c) Two years	back (d) Three years	back (e) Fou	r years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 157,345. 157,34	1a	Beginning of year balance	2,387,719.	52,113.	52	,113.	52,	113.	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 2,258,821 2,387,719 52,113 52,113 52,113 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 98.00 % b Permanent endowment ▶ 2.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other basis (other) (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 77,893.55,666.22,227.	b	Contributions		1,999,460.					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > 98.00 % b Permanent endowment > 2.00 % c Temporarily restricted endowment >	С	Net investment earnings, gains, and losses	28,447.	336,146.	5	,090.			
and programs f Administrative expenses g End of year balance 2 , 258,821, 2,387,719, 52,113, 52,113. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 98.00 % b Permanent endowment ▶ 2.00	d	Grants or scholarships		_					
f Administrative expenses g End of year balance 2 , 258,821, 2,387,719, 52,113, 52,113. Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶ 98.00 % b Permanent endowment ▶ 2.00 % Temporarily restricted endowment ▶	е	Other expenditures for facilities							······
f Administrative expenses g End of year balance 2 , 258,821. 2,387,719. 52,113. 52,113. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 98.00 % b Permanent endowment ▶ 2.00 % 1 Temporarily restricted endowment ▶		•	157,345.		5	.090.			
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 98.00 % b Permanent endowment ▶ 2.00 % c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 77,893. 55,666. 22,227. e Other	g	End of year balance	2,258,821.	2,387,719.	52	113.	52	113.	'11'''' '111''
a Board designated or quasi-endowment ▶		•	rent year end balanc	e (line 1g, column (a				***************************************	
b Permanent endowment ▶ 2 ⋅ 00	а		•	, -,					
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment f 77,893. 77,893. 55,666. 22,227. e Other	ь	0 00	%	_					
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(ii) unrelated organizations (iii) related organizations b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (ii) related organizations 3a(ii) X X (b) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 77,893. 55,666. 22,227.			ŭ				Ū		Yes No
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b Buildings c Leasehold improvements d Equipment 77,893. 55,666. 22,227. e Other	12	Land	, , , ,	,	· · ·	1277			
c Leasehold improvements									
d Equipment 77,893. 55,666. 22,227. e Other	^	-		-				 	
e Other	A	•		7	7.893.		55,666	. 2	2.227.
	-	• •			,		,		_,,
			gual Form 990. Part	X. column (B). line 1	10(c).)			2	2,227.

Schedule D (Form 990) 2011

132053 01-23-12

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 THE ARC MARYLAND, INC.					0741602	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ	cial State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			853.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,047	137.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<186	284.
4	Net unrealized gains (losses) on investments			4			368.
5	Donated services and use of facilities			5			
_				6		_	
6	Investment expenses			7			
7	Prior period adjustments						
8	Other (Describe in Part XIV.)			8		Z 1 1	260
9	Total adjustments (net). Add lines 4 through 8			9		<41,	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			652 <u>.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Kever	iue per H	eturn		010
1	Total revenue, gains, and other support per audited financial statements				1	823,	319.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1				
а	Net unrealized gains on investments	2a	<4	1,368. 3,834.	>		
b	Donated services and use of facilities	2b		3,834.			
c	Recoveries of prior year grants	2c			1 1		
ď	Other (Describe in Part XIV.)	2d			1 1		
	Add lines 2a through 2d				2e	<37.	.534.
e	Subtract line 2e from line 1				3	860	,534 .: ,853 .
3					3	000,	, 033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.	į.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			- 1		
b	Other (Describe in Part XIV.)	4b			- 1		•
С	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		853.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses per	Retu	rn	
1	Total expenses and losses per audited financial statements				1	1,050,	<u>,971.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a		3,834.			
h	Prior year adjustments	2b			1		
~	Other losses	2c			1		
ی ۔		2d			1		
a	Other (Describe in Part XIV.)	20	<u> </u>		ا ہے ا	2	924
e	Add lines 2a through 2d				2e	1,047	127
3	Subtract line 2e from line 1				3	1,047	,13/.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ı	ı		i i		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			4 1		
b	Other (Describe in Part XIV.)	_4b	<u> </u>		1		
C	Add lines 4a and 4b				4c		0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,047	,137.
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines	1a and 4; Pa	rt IV, lines 1	b and 2	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl						•
	RT V, LINE 4: INCOME ON THE ENDOWMENT FUNDS						
SIII	PPORT SPECIFIC PROGRAMS THAT DIRECTLY BENEF	יחדי	TNDTVT	DUALS	וידדש	4	
<u>50.</u>	TORY BIBETITE INCOMINE THAT BIRDETBY BUNDA		INDIVI	ролшо	****	••	
חבי	/ELOPMENTAL DISABILITIES.						
DE	/ELOPMENTAL DISABILITIES:					-	
							
					- 40	1.0	
PA	RT X, LINE 2: THE ASSOCIATION FOLLOWS THE C	FOTD	ANCE O	F ASC	/40-	<u>-10, </u>	
"A	CCOUNTING FOR UNCERTAINTY IN INCOME TAXES"	WHI	CH CLA	RIFIES	THI	2	
AC	COUNTING FOR THE RECOGNITION AND MEASUREMEN	T O	F THE	<u>BENE</u> FI	TS (OF	
IN	DIVIDUAL TAX POSITIONS IN THE FINANCIAL STA	ATEM	ENTS,	INCLUD	ING	THOSE (OF
						ule D (Form 9	
13205 01-23	4 12						., =
J . Z J	·-						

Schedule D (Form 990) 2011

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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OMB No 1545-0047 •

2011	Open to Public Inspection

Does the cognization marked more of Cartis and Sessions on Cartis and Sessions of Cartis and Cartis and Sessions of Cartis and	Name of the organization THE ARC MARYLAND,		INC.					Employer identification number 52-0741602
s to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection societies are supplied by the grant of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, in office of monitering the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, in office of the continuous process of the process	Seneral Information on Grants ar	nd Assistance					:	
software of Committee of grant funds in the United States. Coveriments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, in Scool. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed \$5,000. Part il can be duplicated if additional space is needed \$5,000. Part il can be duplicated if additional space is needed \$5,000. Part il can be duplicated in the line 1 table	he organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the select	_ } }
Abovernments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, in S5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (in Method of (in Me	a used to award the grants or assist the in Part IV the organization's pro-	stance? cedures for monit	orna the use of arant	funds in the Unite	d States.			
1 S5,000. Check this box if no one recipient received more than \$5,000. Part if additional space is needed (b) Method of (i) Method of (ii) Method of (ii) Method of (iii) Met	Grants and Other Assistance to C	Governments and	Organizations in the	United States.	Complete if the orga	anization answered "\	es' to Form 990, Part	IV, line 21, for any
(b) EIN (c) IRC section (d) Amount of (e) Amount of valuation book, non-cash assistance	recipient that received more than \$	55,000. Check this	box if no one recipier	nt received more th	nan \$5,000. Part II	can be duplicated if	additional space is nee	-
) the line 1 table	(a) Name and address of organization or government	(e)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
the line 1 table								
the line 1 table								
the line 1 table								
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the line 1 table								
the line 1 table								
	otal number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				
	otal number of other organizations	s listed in the line 1	table					•
	aperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2011)

52-0741602

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Schedule | (Form 990) (2011) THE ARC MARYLAND, INC.

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS	м	26,105.	°		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE ARC OF		MARYLAND RECEIVES		STIPEND FUNDING	
ERNMENT C	ITORS THE		SPENDING THROUGH THEIR ANNUAL	EIR ANNUAL	
GRANT REPORTING. THE STIPENDS ARE USED	S USED TO		FUND THE WORK OF INDIVIDUALS	DIVIDUALS TO	
ACHIEVE THE GRANT'S PURPOSE. THE	ORGANIZA	rion selec	THE ORGANIZATION SELECTS RECIPIENTS OF	NTS OF THIS	
FUNDING BASED ON CRITERIA ESTABLISHED	AND	APPROVED B	BY THE GRANT	r at its	
INCEPTION.					

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public inspection

Internal Revenue Service

Name of the organization

THE ARC MARYLAND, INC.

Employer identification number 52-0741602

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REFERRAL.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LEGISLATIVE ADVOCACY IMPACTED 100,000 INDIVIDUALS AND FAMILIES,
INCLUDING EDUCATION RIGHTS, SPECIAL EDUCATION, CHILD CARE, TRANSITION
PLANNING FROM SCHOOL TO ADULT LIFE, PRIVACY PROTECTIONS.
LEADERSHIP ON BEHALF OF 20,000 CHILDREN AND ADULTS AND THEIR FAMILIES
ON STATE WAITING LISTS. LEAD STATEWIDE GRASSROOTS CAMPAIGN EFFORT TO
EDUCATE THE PUBLIC AND DECISION MAKERS ABOUT THESE NEEDS.
450 INDIVIDUALS ATTENDED DEVELOPMENTAL DISABILITIES DAY AT THE
LEGISLATURE, ORGANIZED BY THE ARC OF MARYLAND.
SELF ADVOCACY NETWORK OFFICES OFFERS PEER MENTORING, TRAINING AND
PROMOTES LEADERSHIP BY PEOPLE WITH DEVELOPMENTAL DISABILITIES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ENSURE CHAPTER INVOLVEMENT IN STATE-LEVEL POLICY DEVELOPMENT THROUGH
THE ARC OF MARYLAND EDUCATION, GOVERNMENTAL AFFAIRS AND LEGAL ADVOCACY
COMMITTEES.
CONDUCT AWARDS AND RECOGNITION PROGRAM FOR CHAPTER, VOLUNTEER AND
PROGRAM EXCELLENCE.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE FINANCE
COMMITTEE BEFORE FILING. THE FINANCE COMMITTEE REVIEWS THE 990 WITH THE
BOARD OF DIRECTORS. A COPY OF THE 990 IS PROVIDED TO THE BOARD OF

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

Schedule O (Form 990 or 990-EZ) (2011)

DIRECTORS.

Schedule O (Form 990 or 990-EZ) (2011) Page 2 **Employer identification number** Name of the organization THE ARC MARYLAND, INC. 52-0741602 FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST SUBMIT ANNUALLY A WRITTEN STATEMENT TO THE EXECUTIVE COMMITTEE ACKNOWLEDGING RECEIPT OF CONFLICT OF INTEREST POLICY AND DISCLOSING ANY POSSIBLE CONFLICTS. ORGANIZATION IS CURRENTLY EXPANDING THIS POLICY TO ENSURE IT IS PROPERLY MONITORED AND ENFORCED. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD PRESIDENT COMPLETES A PERFORMANCE REVIEW OF EXECUTIVE DIRECTOR AND MEETS WITH EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA OF OTHER EXECUTIVE DIRECTORS OF NOT FOR PROFIT ORGANIZATIONS REPORTED ON THE GUIDESTAR WEBSITE AND ON MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS. THE EXECUTIVE COMMITTEE'S COMPENSATION RECOMMENDATION IS PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. ASSISTANT EXECUTIVE DIRECTOR AND FINANCIAL DIRECTOR REVIEWS ARE COMPLETED BY THE EXECUTIVE DIRECTOR. COMPARABILITY DATA IS ALSO REVIEWED FOR THESE POSITIONS IN DETERMINING COMPENSATION. FORM 990, PART VI, SECTION C, LINE 18: THE FORM 1023 AND 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

NET UNREALIZED LOSSES ON INVESTMENTS:

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

01-23-1

-41,368.

Name of the organization

THE ARC MARYLAND, INC.

Employer identification number 52-0741602

FINANCIAL STATEMENTS AND REPORTING

THE BOARD OF DIRECTORS IS RESPONSBILE FOR THE SELECTION OF THE INDEPENDENT AUDITOR ON AN ANNUAL BASIS. THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS. THE FINANCE COMMITTEE PRESENTS THE AUDIT REPORT AND FINANCIAL STATEMENTS TO THE BOARD OF DIRECTORS. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PART I: LINE 6 VOLUNTEERS

THE ARC OF MARYLAND HAS ACTIVE VOLUNTEER INVOLVEMENT IN ITS GOVERNANCE AND THROUGHOUT THE ORGANIZATION. THE ARC IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS, WITH WORKING COMMITTEES AND TASK FORCES COMPRISED THE ORGANIZATION CONDUCTS ANNUAL BOARD ORIENTATION THAT OF VOLUNTEERS. INCLUDES THE SCOPE AND ROLE OF BOARD MEMBERS AND COMMITTEES/TASK ATTENDEES RECEIVE BOARD POLICIES AND A BOARD MANUAL AT THIS ALL BOARD MEMBERS, COMMITTEE MEMBERS AND ANY OTHERS PERIODICALLY ASKED TO REPRESENT THE ARC OF MARYLAND ARE INCLUDED IN THIS RETREAT. THE ORGANIZATION MAINTAINS OFFICERS AND DIRECTORS LIABILITY INSURANCE COVERAGE TO ENSURE THAT VOLUNTEERS INVOLVED WITH THE LEADERSHIP OF THE ORGANIZATION ARE PROTECTED.

THE ORGANIZATION UTILIZES VOLUNTEERS AS SPOKESPEOPLE WITH THE MEDIA AND LEGISLATURE TO SHARE THEIR DIRECT EXPERIENCES REGARDING THE IMPACT OF PROPOSED LEGISLATION OR POLICIES ON PEOPLE WITH COGNITIVE AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES. THESE VOLUNTEERS ARE SUPPORTED BY THE EXECUTIVE DIRECTOR TO ENSURE THEY UNDERSTAND THE ISSUE

AND ARE PREPARED TO SPEAK AND TESTIFY. THE EXECUTIVE DIRECTOR APPROVES 132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)