DLN: 93493140018580 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable THE ARC MĂRYLAND INC □ Address change 52-0741602 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 8601 ROBERT FULTON DR NO 140 ☐ Amended return ☐ Application pending (410) 571-9320 City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MD 21046 G Gross receipts \$ 1,929,810 Name and address of principal officer H(a) Is this a group return for LAURA CARR ☐Yes **☑**No subordinates? 8601 ROBERT FULTON DR NO 140 H(b) Are all subordinates COLUMBIA, MD 21046 ☐ Yes ☐No ıncluded? 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW THEARCMD ORG L Year of formation 1959 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ MD Summary 1 Briefly describe the organization's mission or most significant activities PROMOTION OF THE GENERAL WELFARE OF PERSONS WITH DEVELOPMENTAL DISABILITIES THROUGH INFORMATION AND REFERRAL Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 40 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 321,518 474,825 Ravenua 76,772 9 Program service revenue (Part VIII, line 2g) . 58,390 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 381,610 232,031 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,924 2,962 765,442 786,590 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 51,400 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 392,200 444,794 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . b Total fundraising expenses (Part IX, column (D), line 25) ▶10,978 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 270,414 363,696 662,614 859,890 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 102,828 -73,300 Net Assets or Fund Balances Beginning of Current Year End of Year 3,355,250 3,243,143 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 144,494 172,076 22 Net assets or fund balances Subtract line 21 from line 20 . 3,210,756 3,071,067 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-19 Signature of officer Sign Here AURA CARR PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-05-19 P01285171 Paid self-employed Firm's name MULLEN SONDBERG WIMBISH & STONE PA Firm's EIN ► 52-1197902 Preparer Use Only Firm's address ▶ 888 BESTGATE ROAD SUITE 310 Phone no (410) 224-4920 ANNAPOLIS, MD 21401 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2					
Pa	art III State	ement of Program Se	ervice Accomplisi	hments							
	Check	ıf Schedule O contains a	response or note to a	any line in this Part III		🗹					
1	Briefly descri	be the organization's miss	ion								
					PERSONS WITH INTELLECTUAL AND	DEVELOPMENTAL					
DISA	BILITIES HAVE	EQUAL RIGHTS AND OPE	ORTUNITIES THROU	GH LEADERSHIP, SELF	-ADVOCACY AND PUBLIC POLICY						
2	Did the organ	nization undertake any sig	nificant program serv	uses during the year w	which were not listed on						
2	_	n 990 or 990-EZ?		- '	mich were not listed on	☐ Yes ☑ No					
	•					Lifes Millio					
3	•	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program									
3	_	inzation cease conducting,	or make significant t	inanges in now it cond	ucts, any program	☐ Yes ☑ No					
		ribe these changes on Sci				□ res • No					
4		_		h- 6							
4					largest program services, as measu of grants and allocations to others, t						
	expenses, an	d revenue, if any, for each	n program service rep	ported	- · · · · · · · · · · · · · · · · · · ·						
4a	(Code) (Expenses \$	463,592	including grants of \$	41,400) (Revenue \$)					
	See Additional	Data ———————————————————————————————————									
4b	(Code) (Expenses \$	233,202	including grants of \$	10,000) (Revenue \$	76,772)					
	See Additional				,,	,					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)					
	-										
	(Code) (Expenses \$	10,136	including grants of \$) (Revenue \$)					
4d	Other progra	m services (Describe in S	chedule O)								
_	(Expenses \$	10,136	including grants of	\$) (Revenue \$)					
4e	Total progra	am service expenses >	706,9	30							
		•	•			Form 990 (2018)					

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes 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? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 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 No 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο column (A), line 2? If "Yes," complete Schedule I, Parts I and III

37

38

Part V

FOLIII	990 (2018)			Page
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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 Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the manning of section 512(b)(13)2 If "Yes" complete School in B. Part V. line 2	35b		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Nο

No

No

36

37

38

5

0

1a

Yes

Yes

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10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

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.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 11 11 11 11 11 11 11 11 11 11 11 11 11		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			I.
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		.,	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14 15	Did the organization have a written document retention and destruction policy?	14	Yes	
2	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	Yes	
,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		163	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	00		
<u> </u>	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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 8601 ROBERT FULTON DR SUITE 140 COLUMBIA, MD 21046 (410) 571-9320			

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

and Independent Contractors

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

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

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation $\,$ Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or 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 trus compensated employees, and former such persoi		rs, ınstı	.tutioi	nal t	:rust	:ees, c	offic	ers, key employees	s, highest	
\square Check this box if neither the organization no	r any related or	rganızat	tion c	:omr	ens	ated a	any	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	Positio tha persi	on (do an on son is	(C) o not ne bo both) it che ox, u h an		ore er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) LAURA CARR PRESIDENT	2 00	×		x				0	0	0
(2) RAYMOND MARSHALL VICE PRESIDENT	2 00	x		х				0	0	0
(3) ANNETTE HINKLE TREASURER	2 00	×		х				0	0	0
(4) MOLLY TIMKO SECRETARY	2 00	×		х				0	0	0
(5) RICHARD DEAN IMMEDIATE PAST PRESIDENT	2 00	×						0	0	0
(6) DONNA DEPAMPHILIS DIRECTOR	2 00	x						0	0	0
(7) LUCY LOPEZ DIRECTOR	2 00	x						0	0	0
(8) KIM TART DIRECTOR	2 00	x						0	0	0
(9) BEA RODGERS DIRECTOR	2 00	×						0	0	0
(10) WILLIAM OLIVER DIRECTOR	2 00	×						0	0	0
(11) LILLIAN M TRIPPETT DIRECTOR	2 00	×						0	0	0
(12) LORI SCOTT	2 00	×						0	0	0

DIRECTOR 2.00 (13) ALEX BARNES 0 DIRECTOR 2 00 (14) TERRY LONG 0 0 Х 0 DIRECTOR 2 00 (15) CRYSTAL STEPHENS DIRECTOR Х 0 0 0 2 00 (16) CHRIS MCCAFFERY 0 DIRECTOR 2 00 (17) CORT MEINELSCHMIDT 0 Х 0 DIRECTOR Form 990 (2018) Part VII

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

Page 8

Name and Title	Average hours per week (list any hours		ne bo	ox, u n of or/t	t che unles ficer ruste	s pers and a ee)	son	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)		Estim amount o compen from organizat	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former				related organizations	
(18) ANDE KOLP EXECUTIVE DIRECTOR	40 00	l		х				125,867		0		5,083
										ightharpoonup		
										_		
										\downarrow		
										+		
										+		
										+		
										+		
1b Sub-Total	VII , Section A				>		•	125,867	0			5,083
d Total (add lines 1b and 1c) Total number of individuals (including but of reportable compensation from the org	it not limited to				/e) w	ho re	ceiv	<u> </u>	•			3,003
											Yes	No
3 Did the organization list any former offi line 1a? <i>If "Yes," complete Schedule J fo</i>			•		,	•	_	est compensated er	mployee on	3		No

(C)

(D)

(B)

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

(A)

Name and business address

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .

Section B. Independent Contractors

compensation from the organization ▶ 0

4

5

(B)

Description of services

Nο

Nο

(C)

Compensation

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Part	VIII	Statement of	Revenue									_
		Check if Schedul	e O contains a	respo	onse or note t	o any line i						_
						Tot	(A) cal revenue		(B) lated or	(C) Unrelated	(D) Revenue excluded from	
								fu	xempt inction	business revenue	tax under sectio	
	1a	Federated campaig	ns	1a	1	<u> </u> .,510		re	evenue		512 - 514	_
nts ints	ŀ	• Membership dues		1b	278	3,626						
Gra nou		: Fundraising events		1c								
ţš, Ţ		l Related organizatio	ns	1d								
<u>ii</u> 5;		Government grants (co	ontributions)	1e	122	2,021						
ns, Sim	f	All other contributions										
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above	ot included	1f	72	2,668						
<u> </u>	ç	Noncash contribution	ons included	2.0	-10							
	١.	in lines 1a - 1f \$ - h Total. Add lines 1a	_1f		<u>510</u>							
9		Totali /(dd iii/e5 1d		•		siness Code	474,825				<u> </u>	
Re	2a	CONVENTION						54,431	54,	431		
i e Vei		CHAPTER AND MEMBER	SUPPORT			9000		22,341	22,	341		_
Program Service Revenue	_					9000	199					
er vi	C			_								
S L	d e			_								
grai		All other program se	rvice revenue									
4	g.	Total. Add lines 2a-2	2f		>	76,7	72					
	3 I	investment income (ii	ncluding divid	ends, ı	interest, and	other						
		imilar amounts) .				<u> </u>	72,184	4			72,	184
		income from investme Royalties		•	,	> _						
	,	toyaldes	(ı) Real		(II) Perso							
	6a	Gross rents			, ,							
	b	Less rental expenses										
	_	·										
	С	Rental income or (loss)										
	d	Net rental income o	r (loss)			<u> </u>						
			(ı) Securit	ies	(II) Othe							_
	7a	Gross amount from sales of	1.2	99,680		3,387						
		assets other than inventory		,		, l						
	ь	Less cost or										
		other basis and sales expenses	1,1	41,532		1,688						
		Gain or (loss)		58,148		1,699	.=					
		Net gain or (loss) . Gross income from fi				•	159,84	1			159,	347
<u> </u>		(not including \$		of								
Other Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	а								
Rev		Less direct expense		b								
er	С	Net income or (loss)	from fundrais	ing ev	ents	<u> </u>						
Oth	9a	Gross income from g See Part IV, line 19	jaming activiti	es								
				а								
		Less direct expense		b								
		Net income or (loss)		activit	ies	<u> </u>						
	10a	Gross sales of invent returns and allowand										
				а								
		Less cost of goods s		b								
	С	Net income or (loss) Miscellaneous		ınvent	tory Business C	ode						
	11	a _{MISCELLANEOUS}	Revenue			900099	2,96	2			2,	962
	ь											_
	С											
	d	All other revenue .										
	е	Total. Add lines 11a	-11d			•	2,962	2				_
	12	Total revenue. See	Instructions			•	786,590		76,772		0 234,	993
							, 50,53	1	, 5,,,,2		Form 990 (20	

Forr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses				
Sect	tion $501(c)(3)$ and $501(c)(4)$ organizations must complete all col	-		lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
	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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	51,400	51,400		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	· Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,718	124,711	23,007	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	242,848	196,079	39,061	7,708
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,729	1,460	269	
9	Other employee benefits	23,773	17,450	6,074	249
10	Payroll taxes	28,726	23,578	4,536	612
11	Fees for services (non-employees)				
ءَ	a Management				
ŀ	b Legal				
	c Accounting	42,607	29,619	12,988	
ć	d Lobbying				
€	e Professional fundraising services See Part IV, line 17				
f	f Investment management fees	25,635		25,635	
ç	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,429	26,682	9,397	350
12	Advertising and promotion	103	93	8	2
13	Office expenses	24,028	19,706	3,377	945
14	Information technology				
15	Royalties				
16	Occupancy	45,426	40,478	4,501	447
	Travel	12,462	11,985	469	8
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	111,875	104,768	7,097	10
20	Interest	1,703	1,554	140	9
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,194	15,822	1,273	99
23	Insurance	5,078	4,672	377	29
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount				

18,306

16,322

6,528

859,890

18,306

14,917

3,650

706,930

931

2,842

141,982

474

36

10,978

Form **990** (2018)

exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

expenses on Schedule O)

b DUES & SUBSCRIPTIONS

a PUBLIC AWARENESS

c MISCELLANEOUS

e All other expenses

d

Form 990 (2018)

11

12

13

14

15

16

17

18

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21

23

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31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Secured mortgages and notes payable to unrelated third parties . . .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

Other assets See Part IV, line 11

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	380	1	380
	2	Savings and temporary cash investments	200,598	2	272,644
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,812	4	82,967
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ıs	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
sset	7	Notes and loans receivable, net		7	
SSI	8	Inventories for sale or use		8	
۹	9	Prepaid expenses and deferred charges	21,970	9	16,595

10a

10b

470,709

40,412

426,875

3.500

3.355.250

49.057

95.437

144,494

3.139.360

19,283

52.113

3,210,756

3,355,250

2,688,115

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

430,297

338

3.243.143 60,103

22.305

89.668

172.076

2.994.961

23,993

52.113

3,071,067

3,243,143

Form **990** (2018)

2,439,922

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	T				706 500
1	Total revenue (must equal Part VIII, column (A), line 12)	1			786,590
2	Total expenses (must equal Part IX, column (A), line 25)	2			859,890
3	Revenue less expenses Subtract line 2 from line 1	3			-73,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,210,756
5	Net unrealized gains (losses) on investments	5			-66,389
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3	,071,067
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				_
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	"
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 52-0741602

Name: THE ARC MARYLAND INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

ADVOCACY SYSTEMS ADVOCACY FOR THE RIGHTS AND QUALITY OF LIFE OF PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES HELPED FAMILIES

SECURE POST-SECONDARY SERVICES FOR STUDENTS EXITING SPECIAL EDUCATION (TRANSITIONING YOUTH) HELPED FAMILIES RECEIVE SERVICES THROUGH THE AUTISM WAIVER SYSTEMS ADVOCACY AND IMPROVEMENT AT THE STATE LEVEL TO ENSURE AND STRENGTHEN HUMAN AND CIVIL RIGHTS FOR PERSONS WITH

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. INCLUDES LIFESPAN ORIENTED RIGHTS IN PUBLIC EDUCATION AND SPECIAL EDUCATION AND CONTINUING

EDUCATION, CHILD CARE, HOUSING, TRANSPORTATION, EMPLOYMENT AND FAMILY SUPPORTS (CONTINUED ON SCHEDULE O)LEGISLATIVE ADVOCACY IMPACTED 100,000 INDIVIDUALS AND FAMILIES, INCLUDING EDUCATION RIGHTS, SPECIAL EDUCATION, CHILD CARE, TRANSITION PLANNING FROM SCHOOL TO ADULT LIFE, AND PRIVACY

PROTECTIONS LEADERSHIP ON BEHALF OF 7.000 CHILDREN AND ADULTS AND THEIR FAMILIES ON STATE WAITING LISTS LEAD STATEWIDE GRASSROOTS CAMPAIGN FEFORT TO EDUCATE THE PUBLIC AND DECISION MAKERS ABOUT THESE NEEDS. OTHER PROGRAMS INCLUDE SELF ADVOCACY NETWORK OFFICES OFFERS PEER MENTORING, TRAINING AND PROMOTES LEADERSHIP BY PEOPLE WITH DEVELOPMENTAL DISABILITIES TOGETHER WE'RE BETTER PROMOTES INCLUSIVE

EDUCATION COMMUNITY-AWARENESS TRAINING ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

CHAPTER AND MEMBER SUPPORT PROVIDE INFORMATION AND SUPPORT TO LOCAL CHAPTERS TO PROVIDE QUALITY SERVICES AND SUPPORTS SUPPORT THE ARC LEADERSHIP PROGRAM TO DEVELOP STAFF LEADERSHIP AT THE LOCAL CHAPTER LEVEL PROVIDE ONGOING INFORMATION TO CHAPTERS ABOUT STATE AND FEDERAL RIGHTS, LAWS AND POLICIES SO THEY CAN UTILIZE INFORMATION AT THE LOCAL LEVEL PROVIDE CONSULTATION AND TRAINING TO CHAPTERS ON SELF ADVOCACY LEADERSHIP ENSURE CHAPTER INVOLVEMENT IN STATE-LEVEL POLICY DEVELOPMENT THROUGH THE ARC OF MARYLAND EDUCATION. GOVERNMENTAL AFFAIRS AND

LEGAL ADVOCACY COMMITTEES STATE-WIDE CONDUCT AWARDS AND RECOGNITION PROGRAM FOR CHAPTER, VOLUNTEER AND PROGRAM EXCELLENCE PROMOTE PUBLIC

Form 990, Part III, Line 4b:

AWARENESS ABOUT INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH SOCIAL MEDIA

SCHEDUL Form 990 or 90EZ)		Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 10-EZ.	a section	2018	
epartment of the Tr ternal Revenue Ser	ruse l	► Go to	www.irs.gov/Forms	9 <u>90</u> for the late	est information		Open to Public Inspection	
lame of the or HE ARC MARYLAN						Employer identific	cation number	
Part I Re	eason for Pu	blic Charity Stat	us (All organization	s must comple	te this part.) S	52-0741602 See instructions.		
ne organization	ıs not a prıvat	e foundation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)			
1	hurch, convent	on of churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).		
2	chool described	in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))			
3	ospital or a coo	perative hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).		
	nedical research ne, city, and st	-	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
	-	erated for the benefi Complete Part II)	t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170	
		,	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).		
		at normally receives L)(A)(vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	nıt or from the gener	al public described ir	
3	ommunity trust	described in section	170(b)(1)(A)(vi)	(Complete Part I	I)			
			escribed in 170(b)(1) ee instructions Enter				ege or university or	
fror inve	n activities rela estment income	ited to its exempt fur	(1) more than 331/3% actions—subject to cert less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its si	upport from gross	
·			d exclusively to test for	r public safety S	See section 509	(a)(4).		
□ moi	re publicly supp	orted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a		
Typ	De I. A support anization(s) the	ing organization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
mai	nagement of th		pervised or controlled in ation vested in the san and C.					
			supporting organization ions) You must com				ited with, its	
I Typ	oe III non-fun ctionally integra	ctionally integrate ated The organizatio	 d. A supporting organi n generally must satis rt IV, Sections A and 	zation operated fy a distribution	in connection wi requirement and	th its supported orgai		
Che	ck this box if t	he organization recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally	
_		e III non-functionally ported organizations	integrated supporting	organization				
	e following info		upported organization(anization listed	(w) Amount of	(vii) Amount of	
` '	anization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?			
				Yes	No			
otal							 	
	Poduction Ac	t Notice, see the I	netructions for	Cat No 1128!	SE •	Schedule A (Form 9	00 o# 000 E7\ 201	

(Complete only if you checked the box on line 5, 7, 8, or 9 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 vear (d) 2017 (e) 2018 (a) 2014 **(b)** 2015 (c) 2016 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not

	include any unusual grant) [
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)						
5	Public support. Subtract line 5 from						
	line 4						
5	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(D) 2015	(6)2016	(a)2017	(e)2018	(I)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
-0	other meditie bo hot melade gam of						
-0	loss from the sale of capital assets						

(Explain in Part VI) Total support. Add lines 7 through 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, Section C. Computation of Public Support Percentage

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

-	

16a	33 1/3% support test—2018. If the organization did not check the
15	Public support percentage for 2017 Schedule A, Part II, line 14
14	Table support percentage for 2010 (inte o, column (i) divided by inte

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

i
l
l

rubiic support percentage for	2010 (line o, column (i) divided by lin
Public support percentage for	2017 Schedule A, Part II, line 14

1	

15

14	
15	

e box on line 13, and line 14 is 33 1/3% or more,

_	hack	+h

١		,	
٦	dıd	not	check

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

c	heck	thi

s	box		

		'	-		•	•			
33 1/3 ⁰	% sup	port te	st—2018.	If the org	anızatıon	did no	ot check	the box	on lii
and sto	p here	e. The o	rganization	qualifies	as a publ	icly su	upported	organiza	ation

heck	this

- Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
 - instructions

11

14

organization

Part III

2,468,365

2,468,365

2,468,365

346,535

346,535

12,897

2,827,797

87 290 %

86 440 %

12 250 %

13 180 %

▶□

▶□

(f) Total

n

551,597

(e) 2018

551,597

72,184

72,184

2,962

626,743

Schedule A (Form 990 or 990-EZ) 2018

15

16

17

18

	the organization fails to qualify under the tests listed below, please complete Part II.)									
S	Section A. Public Support									
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	329,996	715,481	319,073	321,518	474,825	2,160,893			
2	Gross receipts from admissions,									

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	329,996	715,481	319,073	321,518	474,825	2,160,893
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	51,056	48,419	72,835	58,390	76,772	307,472

72 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

furnished by a governmental unit to the organization without charge 381,052 763,900 391,908 379,908

Support Schedule for Organizations Described in Section 509(a)(2)

The value of services or facilities 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons received from other than disqualified

b Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c

> Amounts from line 6 Gross income from interest,

10a

17

18

20

381,052

78,307

78,307

from line 6)

Section B. Total Support Calendar year (a) 2014 (or fiscal year beginning in)

(less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain

dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income

or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)

check this box and stop here

14

15 16

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2017 Schedule A, Part III, line 17 19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

459,860 836,898 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,

501

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

3,885

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

69,113

(b) 2015

763,900

69,113

(c) 2016

391,908

62,537

62,537

1,625

456,070

(d) 2017

379,908

64,394

64,394

3,924

448,226

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization				
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
_	<u> </u>				
	ection D. All Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140	
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations		l		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)			
	The organization satisfied the Activities Test Complete line 2 below	•			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test Answer (a) and (b) below.	į	Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
,		2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	_			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h			

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: Software Version:

EIN: 52-0741602

Name: THE ARC MARYLAND INC

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

Facts And Circumstances Test

SCHEDULE C

Section 527 organizations Complete Part I-A only

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

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

OMB No 1545-0047

DLN: 93493140018580

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

5

(Form 990 or 990-

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE ARC MARYLAND INC 52-0741602 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			
Grassroots nontaxable amount (enter 25% of line 1f)		38,496	
Subtract line 1g from line 1a If zero or less, enter -()-		0	
Subtract line 1f from line 1c If zero or less, enter -0	-		0	
If there is an amount other than zero on either line 1	h or line 1i, did the organization file Form 472	0 rep	orting	7

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

112,512

15,304

28,128

7,652

(b) 2016

127,061

38.582

31,765

19,291

(c) 2017

124,392

13,466

31,098

6,733

(d) 2018

153,984

10,136

38,496

5,068

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

517,949

776,924

77,488

129,487

194,231

38,744

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

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? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

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

5

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

DLN: 93493140018580 OMB No 1545-0047

Open to Public **Inspection**

	me of the organization E ARC MARYLAND INC				Emp	oloyer identificat	ion nu	umber
IHE	E ARC MARTLAND INC				52-0	0741602		
Pa	ort I Organizations Maintaining Donor Advi	ised Funds or Ot	her S	imilar Funds o	or Acc	counts.		
	Complete if the organization answered "Ye	es" on Form 990, l (a) Donor				/b\rda and at		
	Total number at end of year	(a) Donor	advis	ea runas		(b)Funds and oth	ier acc	ounts
	Aggregate value of contributions to (during year)							
•	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	,							
•	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ts held in donor ac	lvised	funds are the	□ Y	es 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						_	es 🗌 No
Рa	rt II Conservation Easements. Complete if th	he organization ar	swer	ed "Yes" on Fori	n 990). Part IV. line 7.		es 🗀 110
	Purpose(s) of conservation easements held by the orga				11 330	y raicity iiic y		
-	Preservation of land for public use (e.g., recreation	•	_ `		hietor	cally important la	nd are	a
		ii or education)	_					a
	☐ Protection of natural habitat		ш	Preservation of a	certifie	d historic structur	e	
	☐ Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on con	tribution in the fo	rm of a	conservation Held at the Er	nd of t	he Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
c	Number of conservation easements on a certified histori	ıc structure ıncluded	ın (a)		2c			
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, a	and no	t on a historic	2d			
1	Number of conservation easements modified, transferred tax year ▶	ed, released, extingu	ııshed,	or terminated by	the or	ganization during	the	
Ļ	Number of states where property subject to conservation	on easement is locat	ed ▶ _			<u> </u>		
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	he periodic monitorii s?	ng, ins	pection, handling	of viola	ations,	s [□ No
;	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vio	olation	s, and enforcing c	onserv	ation easements d	lurıng t	the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violatio	ns, and	d enforcing conser	vation	easements during	the ye	ear
3	Does each conservation easement reported on line 2(d)) above satisfy the re	equirei	ments of section 1	70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?					☐ Ye	s [□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org						
ar	*TIII Organizations Maintaining Collections Complete if the organization answered "Ye				er Si	milar Assets.		
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, ed	ducatio	n, or research in t				ks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items							
((i) Revenue included on Form 990, Part VIII, line 1					> \$		
(ii)Assets ıncluded ın Form 990, Part X					> \$		
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				ncıal g	ain, provide the		
а	Revenue included on Form 990, Part VIII, line 1					▶ \$		

b Assets included in Form 990, Part X

Par	t III	Organizations Ma	aintaining Col	lections of	Art, Histori	cal T	reası	ires, o	r Other S	imilar A	ssets (conti	nued)	
3		the organization's acq (check all that apply)	uisition, accessio	n, and other re	ecords, check	any of	the fo	llowing t	that are a s	significant i	use of its coll	ection	
а		Public exhibition			d		Loan	or exch	ange progr	ams			
b		Scholarly research			е		Othe	r					
c		Preservation for future	e generations										
4	Provid Part >	de a description of the KIII	organization's col	llections and e	xplain how the	ey furtl	her the	e organiz	zation's exe	empt purpo	ose in		
5		g the year, dıd the org s to be sold to raıse fur								ar	☐ Yes	□ N	o
Pa	rt IV	Escrow and Cust Complete if the ory X, line 21.			on Form 990	, Part	IV, lı	ne 9, o	r reported	i an amou	unt on Forn	າ 990,	Part
1a		e organization an agent ded on Form 990, Part I		an or other int	ermediary for	contri	bution	s or oth	er assets n	ot	☐ Yes	□ N	o
Ь	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the following	table				Δ	mount		_
c		ining balance	ement m Fart XIII	and complete	the following	table			1c		inount		-
d	-	ions during the year							1d				-
e		butions during the year	r						1e				_
f		g balance	•						1f				_
												\neg	_
2a		ne organization include								•	_	L N₁	0
b		s," explain the arrange											
Pa	rt V	Endowment Fund	ds. Complete if										II-
12	Reginn	ing of year balance .		(a)Current y	71,396	rior yea 6f	5,488	(c) I wo y	ears back 60,814	(d)Three yea	66,651	our year	65,667
	-	outions		,	1,330		,,,,,,,		00,021		00,001		
		restment earnings, gair	ne and losses		6,232	•	5,288		8,807		-4,207		984
		or scholarships	is, and losses		, l		<u> </u>				,		
		expenditures for facilities	•				-		+				
-		ograms	es		1,522	:	1,380		3,133		1,630		
f	Admını	strative expenses .											
g	End of	year balance		7	76,106	7:	1,396		66,488		60,814		66,651
2	Provid	de the estimated perce	ntage of the curre	ent vear end b	alance (line 1	a. colu	mn (a)) held a	<u>-</u> 15				
а		designated or quasi-e	=	,	······	5,	· · · · · · · · · · · · · · · · · · ·	,,					
b	Perma	anent endowment >	68 470 %										
c	Temp	orarily restricted endov	wment ▶ 31 !	530 %									
·		ercentages on lines 2a			D								
За		nere endowment funds		•		t are h	eld an	d admın	istered for	the			
	-	nization by										Yes	No
	(i) ur	related organizations				•					3a(i)	\sqcup	No
		elated organizations .									3a(ii)	igwdot	No_
ь 4		es" on 3a(II), are the rel Tibe In Part XIII the Inte	_		•						3b		
	rt VI	Land, Buildings,			s endownient	unus							
Fa	LVI	Complete if the or			on Form 990	. Part	IV. lı	ne 11a	. See Forr	n 990. Pa	rt X, line 1	0.	
	Descri	ption of property	(a) Cost or oth (investme	her basis (b) Cost or other				cumulated de			ook value	e
1a	Land					2:	17,768						217,768
	Buildin						93,107			13,616			179,491
		old improvements					•			,			
		nent					59,834			26,796			33,038
u	_4a.b.i		<u> </u>				-,,			,,			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments—Other Securities. Comp	lete if the organizat	ion answ	ered "Yes" on Form 990	Page 3 , Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category		(b)	(c) Method	of valuation
(including name of security)		Book value	Cost or end-of-y	vear market value
(1) Financial derivatives	:::::			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Y	res' on Form 990, P	art IV, lın	ie 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Bo	ook value		of valuation vear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization (a) D	answered 'Yes' on Form escription	m 990, Par	t IV, line 11d See Form 99	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organi				▶ e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability		(b) Bo	ok value	
(1) Federal income taxes				
MARYLAND CONFERENCE OF EXECUTIVE FUNDS CAPITAL LEASE			68,280 9,807	
DEFERRED RENT			11,581	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the feetnets	to +b= =:::	89,668	ponts that rangets the
organization's liability for uncertain tax positions and er FIN 4		-		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 52-0741602

Name: THE ARC MARYLAND INC

Software ID:

Return Reference

Supplemental Information

Explanation PART V, LINE 4 INCOME ON THE ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT SPECIFIC PROGRAMS THAT DIRECTLY BE

NEFIT INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

ppiemental Information								
Return Reference	Explanation							
PART X, LINE 2	THE ASSOCIATION FOLLOWS THE GUIDANCE OF ASC 740-10, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" WHICH CLARIFIES THE ACCOUNTING FOR THE RECOGNITION AND MEASUREMENT OF THE BENEFITS OF INDIVIDUAL TAX POSITIONS IN THE FINANCIAL STATEMENTS, INCLUDING THOSE OF NON-PROFIT ORG ANIZATIONS TAX POSITIONS MUST MEET A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT IN ORD ER FOR THE BENEFIT OF THOSE TAX POSITIONS TO BE RECOGNIZED IN THE ASSOCIATION'S FINANCIAL STATEMENTS THE ASSOCIATION ANALYZES TAX POSITIONS TAKEN, INCLUDING THOSE RELATED TO THE R EQUIREMENTS SET FORTH IN IRS SEC 501(C) TO QUALIFY AS A TAX EXEMPT ORGANIZATION, ACTIVITI ES PERFORMED BY VOLUNTEERS AND BOARD MEMBERS, THE REPORTING OF UNRELATED BUSINESS INCOME, AND ITS STATUS AS A TAX-EXEMPT ORGANIZATION UNDER MARYLAND STATE STATUTE THE ASSOCIATION DOES NOT KNOW OF ANY TAX BENEFITS ARISING FROM UNCERTAIN TAX POSITIONS AND THERE WAS NO EFFECT ON THE ASSOCIATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF ANALY ZING ITS TAX POSITIONS FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2016 REMAIN SUBJECT TO EX AMINATION BY FEDERAL AND STATE AUTHORITIES							

Supplemental Information

DLN: 93493140018580 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE ARC MARYLAND INC 52-0741602 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

hedule I (Form 990) 2018						Page
		o Domestic Individua onal space is needed	als. Complete if the org	anization answered "Yes"	on Form 990, Part IV, line 22	
(a) Type of grant or	r assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Suppleme	ental Informati	on. Provide the info	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
eturn Reference	Explanati	on				
PART I, LINE 2 THE ARC MARYLAND REQUIRES DELIVERABLES FROM GRANT RECIPIENTS WHICH TYPICALLY INCLUDES THE FOLLWOING, AS APPLICABLE SUBMISSION (RELEASE, PICTURES FROM EVENTS HELD, AND/OR A REPORTING FORM UPON THE USE OF GRANT FUNDS						

Additional Data

		Software ID	_				
		Software Version					
			52-0741602				
		Name	: THE ARC MARYLAN	D INC			
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(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	(h) Purpose of grant or assistance
THE ARC SOUTHERN MARYLAND 355 WEST DARES BEACH ROAD PRINCE FREDERICK, MD 20678	52-1062351		9,877				TO DEVELOP AND FACILITATE POSITIVE COMMUNITY INTERACTION PROGRAMS / ACTIVITIES WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY COMMUNITIES AND FIRST-RESPONDER STAKEHOLDERS
THE ARC OF PRINCE GEORGE'S COUNTY 1401 MCCORMICK DRIVE UPPER MARLBORO, MD 20774	52-0715246		6,257				TO DEVELOP AND FACILITATE POSITIVE COMMUNITY INTERACTION PROGRAMS / ACTIVITIES WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY COMMUNITIES AND FIRST-RESPONDER STAKEHOLDERS

(b) EIN (d) Amount of cash (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) PATHFINDERS FOR AUTISM 52-2226573 9,873 TO DEVELOP AND 225 SCHILLING CIDCLE SHITE EACTLITATE DOCITIVE

(e) Amount of non-

(f) Method of valuation

DEVELOPMENTAL DISABILITY COMMUNITIES AND FIRST-RESPONDER **STAKEHOLDERS**

233 SCHILLING CIRCLE SUITE				LACITIVE LOSITIVE
103				COMMUNITY
HUNT VALLEY, MD 21031				INTERACTION
				PROGRAMS /
				ACTIVITIES WITH
				INTELLECTUAL AND
				DEVELOPMENTAL
				DISABILITY
				COMMUNITIES AND

FIRST-RESPONDER **STAKEHOLDERS** THE ARC CENTRAL 52-6047882 13,600 ADVOCACY AND CHESAPEAKE REGION OUTREACH EFFORTS ON 1332 DONALD AVENUE THE EASTERN SHORE SEVERN, MD 21144 OF MARYLAND TO DEVELOP AND **FACILITATE POSITIVE** COMMUNITY INTERACTION PROGRAMS / ACTIVITIES WITH INTELLECTUAL AND

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

efile GRAPHIC print - DO NOT PROCESS			DLN: 9349314			
SCHEDULE O (Form 990 or 990- EZ) Supplemental In: Complete to provide int Form 990 or 990- P A			vide information fo r 990-EZ or to prov ▶ Attach to Forr	on to Form 990 or 9 r responses to specific questi ide any additional information n 990 or 990-EZ. 90 for the latest information.	ions on on.	OMB No 1545-0047 2018 Open to Public Inspection
Marmel Brtherofg THE ARC MARYLAN		1			Employer ident	ification number
Return	e O, Su	pplemental Information	1	Explanation		
Reference FORM 990, PART VI, SECTION A, LINE 6	O ARE NDARE RESIDE LOCAL ROVED IVIDUA E OF M GEOGE ANIZAT DE AN AL DISA	MEMBERS IN GOOD STANI OS OF THE ORGANIZATION ES IN AN AREA NOT SERVE MEMBER CHAPTERS IN GO OBY THE BOARD OF DIREC LS WHO SUPPORT THE PU MARYLAND, WITH A MEMBE RAPHIC AREA, PREFERABL TION HONORARY MEMBER OUTSTANDING CONTRIBU	DING OF A LOCAL MAN INDIVIDUAL MAED BY A LOCAL AFFOOD STANDING, WITTORS LOCAL CHAIRPOSES OF THE ORSHIP OF AT LEAS' Y A COUNTY LOCASHIPGRANTED BY TION TO THE WELF	JAL MEMBERSHIPOBTAINED MEMBER CHAPTER IN ACCOR AY JOIN THE ARC MARYLAND ILIATED CHAPTER VOTING M HOSE MEMBERSHIP IN THE O PTER MEMBERSHIPA NONP RGANIZATION, LOCATED ANI T 10 ACTIVE LAY MEMBERS S AL CHAPTER MEMBERS PAY A Y THE BOARD OF DIRECTORS 'ARE OF PERSONS WITH INTE ALL NOT PAY DUES, NOR HAN	DANCE WITH ME DIRECTLY IF HE MERSHIPLINDRESHIPLIND	EMBERSHIP STA OR SHE MITED TO AS BEEN APP ATION OF IND IN THE STAT IED LOCAL RT TO THE ORG IN WHO HAS MA DEVELOPMENT

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, PART VI, SECTION B, ORS

LINE 11B

Return Explanation

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

Return Explanation Reference

990 Schedule O, Supplemental Information

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 D
IRECTORS OF NOT FOR PROFIT ORGANIZATIONS REPORTED ON THE GUIDESTAR WEBSITE AND ON MARYLAND
ASSOCIATION OF NONPROFIT ORGANIZATIONS THE EXECUTIVE COMMITTEE'S COMPENSATION RECOMMENDA
TION IS PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL

Return Explanation

LINE 18

FORM 990, THE FORM 1023 AND 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST PART VI, SECTION C,

Return Explanation

LINE 19

FORM 990, GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C,

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990, PART XII.	THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITOR ON AN A NUAL BASIS THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FI
LINE 2C	NANCIAL STATEMENTS THE FINANCE COMMITTEE PRESENTS THE AUDIT REPORT AND FINANCIAL STATEMEN
FINANCIAL	TS TO THE BOARD OF DIRECTORS
STATEMENTS	
AND	
REPORTING	

Return Reference	Explanation
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 COMMITTE ES AND TASK FORCES COMPRISED OF VOLUNTEERS THE ORGANIZATION CONDUCTS ANNUAL BOARD ORIENTA TION THAT INCLUDES THE SCOPE AND ROLE OF BOARD MEMBERS AND COMMITTEES/TASK FORCES ATTENDE ES RECEIVE BOARD POLICIES AND A BOARD MANUAL AT THIS TIME ALL BOARD MEMBERS, COMMITTEE ME MBERS 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 INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES THESE VOLUNTEERS ARE SUPPORTED BY THE EXECUTIVE DIRECTOR TO ENSURE THEY UNDERSTAND THE ISSUES AND ARE PREPARED TO SPEAK AND TESTIFY THE EXECUTIVE DIRECTOR APPROVES ANY TESTIMONY WRITTEN BY SAID VOLUNTEERS THAT IS MADE ON BEHALF OF THE ORGANIZATION VOLUNTEERS ALSO MAY SERVE AS THE ARC'S REPRESENTATIVE ON VARIOUS STATEWIDE COALITIONS AND COMMITTEES THESE VOLUNTEERS FIRST MUST SERVE ON A COMMITTEE OF THE ARC OF MARYLAND AND ARE ASSISTED BY STAFF TO ENSURE THAT THEY HAVE THE INFORMATION AND SUPPORT TO TAKE POSITIONS ON BEHALF OF THE ORGANIZATION