MULLEN, SONDBERG, WIMBISH & STONE, PA 888 BESTGATE ROAD, SUITE 310 ANNAPOLIS, MD 21401

THE ARC OF PRINCE GEORGE'S COUNTY INC 1401 MCCORMICK DRIVE LARGO, MD 20774

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CLIENT'S COPY

MULLEN, SONDBERG, WIMBISH & STONE, PA 888 BESTGATE ROAD, SUITE 310 ANNAPOLIS, MD 21401-6751 PHONE 410-224-4920 / FAX 410-224-4927

MARCH 26, 2023

THE ARC OF PRINCE GEORGE'S COUNTY INC 1401 MCCORMICK DRIVE LARGO, MD 20774

DEAR ROBERT MALONE,

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

MULLEN, SONDBERG, WIMBISH & STONE, PA

Form 8879-TE for a Tax Exempt Entity Department of the Treasury Internal Revenue Service ► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information. 2021 Name of filer EIN or SSN THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Name and title of officer or person subject to tax TERRENCE BEVERLY BOARD PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9 or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-EZ check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b3 5, 714, 387 . 2a Form 990-EZ check here b Total revenue, if any (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here b Total tax (Form 990-T, Part II, line 4) 6b 5a Form 8868 check here b <t< th=""></t<>
Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer EIN or SSN THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Name and title of officer or person subject to tax TERRENCE BEVERLY BOARD PRESIDENT 52-0715246 Part I Type of Return and Return Information Form 8879.TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9 or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b35, 714, 387, 2b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 5a 4a Form 990-PF check here b Total tax (Form 8868, line 3c) 5b 5b
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Name of filer EIN or SSN THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Name and title of officer or person subject to tax TERRENCE BEVERLY BOARD PRESIDENT 52-0715246 Part I Type of Return and Return Information EIN or SSN Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9 or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b3 5, 714, 387. 2a Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b b Balance due (Form 8868, line 3c)
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2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b
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4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here ▶ b Balance due (Form 8868, line 3c) 5b
5a Form 8868 check here
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4) 6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b
9a Form 5330 check here ▶ b Tax due (Form 5330, Part II, line 19) 9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax 10b
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name
of entity) and that I have examined a copy of the
entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize MULLEN, SONDBERG, WIMBISH & STONE, PA to enter my PIN 15246
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
Signature of officer or person subject to tax
Part III Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification
number (EFIN) followed by your five-digit self-selected PIN. 52149997902 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.
ERO's signature ► ERIC P. SIEGFRIED, CPA Date ► 03/26/23
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So
LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2021)

På

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 121 2 to Public pection

End of Year

Beginning of Current Year

21,884,723.

Den	ortmont	of the Treasury		Do not enter	social secu	rity num	pers on this form	as it may l	be made public.		Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										Inspection	
ΑΙ	For th	e 2021 calend	ar year, or ta	x year beginn	ing JUL	1, 1	2021 and	lending	<u>JUN 30, 20</u>		
Β	Check if applicat	Dile: C Name of	forganization						D Employer ide	ntifica	tion number
	Addr chan	ge THE	ARC OF	PRINCE	GEORGE	's cc	UNTY INC				
	Nam Chan	ge Doing bi	usiness as						52-071	5246	5
	Initia retur Final retur	Number	•	r P.O. box if mai IICK DRI		ed to stree	t address)	Room/suite	E Telephone nu (301)9		7050
	term ated			province, cour	ntry, and ZIP	or foreig	n postal code		G Gross receipts \$		35,982,570.
	Ame	1 LARG		20774					H(a) Is this a gro	up retu	
	Appli tion pend			principal offic	er: TERRE	NCE 1	BEVERLY		for subordin		
		SAME	AS C AB						H(b) Are all subordina		
		empt status:		501(c) ((insert no	.) 4947(a)(1)	or 527			t. See instructions
		ite: 🕨 WWW 🛛							H(c) Group exem		
		of organization:	X Corporatio	n Trust	Assoc	ation	Other 🕨	L Year	of formation: 195	2 M S	State of legal domicile: MD
Г	art I	Summary				· · · · · · · · · · · ·			ADVOCACY	7 NT	
e	1									THE	
Governance	2								than 25% of its ne		
/err	3	Number of vot		-							18
ğ	4		0	0	0) (,	,			4	18
<u>م</u>	5						urt V, line 2a)			5	624
Activities &	6									6	57
ži	79	Total unrelated								7a	0.
¥	. u						line 11			7b	0.
	<u> </u>					1,1 art 1,		<u></u>	Prior Year		Current Year
	8	Contributions	and grants (P	art VIII. line 1h	1)				6,215,12	3.	2,281,899.
nue	9	Program servi							29,323,12		31,846,485.
Revenue	10	•							323,14		1,059,525.
č	11						d 11e)		574,48	6.	526,478.
	12						umn (A), line 12)		36,435,87	3.	35,714,387.
	13	Grants and sir	nilar amounts	paid (Part IX,	column (A), li	nes 1-3)			136,91	2.	156,739.
	14	Benefits paid	to or for meml	oers (Part IX, c	column (A), lir	ne 4)				0.	0.
ŝ	15	Salaries, other	[,] compensatic	n, employee b	oenefits (Part	IX, colun	nn (A), lines 5-10)		20,849,37	6.	22,811,510.
nse	16a	Professional fu	undraising fee	s (Part IX, colu	umn (A), line [.]					0.	0.
Expenses	. b	Total fundraisi					413,4				
ш	17	Other expense	es (Part IX, co	lumn (A), lines	11a-11d, 111	-24e)			6,687,71		8,255,963.
	18	Total expense	s. Add lines 1	3-17 (must eq	ual Part IX, co	olumn (A)	, line 25)		27,674,00		31,224,212.
	19	Revenue less	expenses. Su	btract line 18 f	from line 12				8,761,87	2.	4,490,175.

28,484,886. sets 20 Total assets (Part X, line 16) Š, 10,291,132. 12,662,880. 21 Total liabilities (Part X, line 26) Vet 11,593,591. 15,822,006. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	TERRENCE BEVERLY, BOARD PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature	Date						
Paid	ERIC P. SIEGFRIED, CPA ERIC P. SIEGFRIED,	C 03/26	/23 self-employed P01278242					
Preparer	Firm's name MULLEN, SONDBERG, WIMBISH & STONE,	PA	Firm's EIN 🕨 52-1197902					
Use Only	Firm's address 🔈 888 BESTGATE ROAD, SUITE 310							
	ANNAPOLIS, MD 21401		Phone no. 410 - 224 - 4920					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	2-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2021)					
~								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Page 2 t III Statement of Program Service Accomplishments
a	Check if Schedule O contains a response or note to any line in this Part III
_	Briefly describe the organization's mission:
	TO PROVIDE ADVOCACY AND SUPPORT SERVICES FOR PEOPLE WITH DEVELOPMENTAL
	DISABILITIES AND THEIR FAMILIES.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 18,313,057. including grants of \$ 4,292.) (Revenue \$ 21,155,171.)
	RESIDENTIAL PROGRAM - THE ORGANIZATION PROVIDES PERSON-CENTERED
	COMMUNITY-BASED HOUSING OPTIONS FOR ADULTS WITH DEVELOPMENTAL AND
	INTELLECTUAL DISABILITIES. THE ORGANIZATION IS THE LARGEST PROVIDER IN
	PRINCE GEORGE'S COUNTY MARYLAND DEDICATED TO DELIVERING INDIVIDUALIZED
	SUPPORTS FROM HIGHLY TRAINED AND SKILLED DIRECT SUPPORT PROFESSIONALS.
	DURING THE FISCAL YEAR, THE COMMUNITY LIVING PROGRAM HAS SUPPORTED OVER
	170 PEOPLE IN APPROXIMATELY 50 HOMES THROUGHOUT PRINCE GEORGE'S COUNTY
	MARYLAND. THE ORGANIZATION ULTIMATELY SEEKS TO SUPPORT PEOPLE TO
	DISCOVER WHAT SUPPORTS ARE NEEDED IN ASSISTING THEM IN DISCOVERING,
	HAVING AND LIVING THEIR BEST LIVES. PEOPLE RECOGNIZE THE COMMUNITY
	LIVING SERVICES PROGRAM AS A COMMUNITY-BASED PROGRAM LOCATED IN
	WELCOMING NEIGHBORHOODS WITH GREAT CURBSIDE APPEAL. EVEN MORE NOTABLE
	(Code:) (Expenses \$ 4,324,474. including grants of \$ 19,149.) (Revenue \$ 5,844,363.)
	VOCATIONAL - THE ORGANIZATION IS AN EMPLOYMENT FIRST ORGANIZATION
	DEDICATED TO ASSISTING YOUTH AND ADULTS IN ACHIEVING THE CAREERS AND
	EMPLOYMENT OPPORTUNITIES OF THEIR CHOICE. THE ORGANIZATION PARTNERED
	WITH MORE THAN 40 LEADING EMPLOYERS TO PROVIDE 150 PEOPLE WITH
	MEANINGFUL SUPPORTED EMPLOYMENT OPPORTUNITIES. FULL COMMUNITY
	ENGAGEMENT AND MEANINGFUL LIVES LOOKS DIFFERENT FOR EACH PERSON,
	WHETHER A PERSON CHOOSES TO VOLUNTEER OR WORK FULL-TIME, PART-TIME OR
	SEASONAL, THE ORGANIZATION HAS THE OPTION FOR THE MOST DISCERNING
	PREFERENCES. THROUGHOUT A PERSON'S LIFE, THEY MAY DESIRE MOVING FROM
	ONE SERVICE TO ANOTHER SEAMLESSLY AS THEIR INTERESTS AND SKILL LEVELS
	CHANGE AND TRANSFORM OVER THE YEARS. IN ADDITION TO THE 100%
	COMMUNITY-BASED OPTIONS, THE ORGANIZATION ALSO SUPPORTS THE BRIDGES
	(Code:) (Expenses \$ 3,667,669. including grants of \$ 127,358.) (Revenue \$ 3,581,624.)
	FAMILY AND COMMUNITY SERVICES - IN EFFORTS TO CONTINUE MEETING THE
	MISSION OF PROVIDING A LIFETIME OF SUPPORT, UNDERSTANDING, AND
	OPPORTUNITIES TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL
	DISABILITIES AND THEIR FAMILIES, THE ORGANIZATION IS FORTUNATE TO OFFER
	A PLETHORA OF SERVICES FOCUSED ON CASE MANAGEMENT, COMMUNITY SERVICES
	AND EDUCATION FOR FAMILIES IN MANY UNDERSERVED COMMUNITIES. THE
	PROGRAMS UNDER THIS UMBRELLA SEEK TO SERVE AS A RESOURCE TO FAMILIES
	THROUGHOUT THE COMMUNITY WHO MAY NEED INFORMATION AND REFERRAL FOR
	SERVICES SUCH AS BENEFITS MANAGEMENT AND APPLICATION FOR NEEDED SUPPORT
	SERVICES. THE ORGANIZATION PROVIDED INFORMATION AND REFERRAL TO OVER
	1,350 PEOPLE DURING THE FISCAL YEAR. THEY HOSTED 120 WORKSHOPS AND
	SEMINARS ATTENDED BY MORE THAN 3,300 PEOPLE AND PROVIDED CASE
	Other program services (Describe on Schedule O.) (Expenses \$ 1,343,471. including grants of \$ 5,940.) (Revenue \$ 1,793,805.)
	Total program service expenses ► 27,648,671.
-	Form 990 (2021)
)2	SEE SCHEDULE O FOR CONTINUATION(S)
_	
5	26 756446 016021.00 2021.05070 THE ARC OF PRINCE GEORGE' 01602

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Form 990 (2021)					GEORGE '	' S	COUNTY	INC
Part IV Checklist of F	Require	d Sch	edule	es				

1 Is the organization described in section 571(c)(3) or 4947(q)(1) (ther than a private foundation? 1 X 2 Is the organization required to complete Schedule 9, Schedule of Contributors? Sele instructions 3 X 3 Did the organization require indice to indirect policitical campaign activities, or have a section 30(h) election in effect 3 X 4 Section 57(k)(4) organizations. Did the organization engage in tobbying activities, or have a section 30(h) election in effect 4 X 5 Is the organization reaction and one of 01(k)				Yes	No
2 Is the organization engage in direct or index policies or basis on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(k) organizations. Dd the organization engage in lobbying activities, or have a section 501(h) election in effected in the organization activities. Or basis a section 501(h) election in effected in the organization activities. CP kert I 4 X 5 Is the organization activities of the organization in activities. CP kert I 4 X 6 Did the organization activities of the organization activities. CP kert I 5 X 6 Did the organization matchin any doner activities of anounts in such thread or accounts for Which dor accounts for Which dor accounts for Which and a caccount for Which and account for the activities. Checkle B / Part I X 7 X To the organization matchin and the accounts for Which and a caccount for Which and account for the activities. Checkle D / Part I X 8 Did the organization report an anount in part X. Inte 21, for organization account liability, sorve as a custodian for amounts not bell of Part X, rough a schedule D, Part V X 10 Did the organization directly or through a reliable organization, directly or through a reliable organization thepart an anount for investment 5. Part X in 102 / 11	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on bahal of an in apposition to candidates for public office? If Yres, 'complete Schedule C, Part I 3 X 4 Section 501(b) organizations. Did the organization engage in toDbying activities, or have a section 501(b) election in effect of the organization asterno. 100(b), d01(c)(b). O10(c)(b). O10(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(If "Yes," complete Schedule A			
public office? If Y res,* complete Schedule C, Fart I 3 X 4 Section 501((k)) constructions. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(k), 501((k)), 5	2		2	X	
4 Section 50 (Lq)3 organizations. Did the organization engage in lobbying activities, or have a section 50 (Lq) election in effect 4 X 5 Is the organization a section 50 (Lq)(Lg), 50 (Lg)(D), or	3				
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similar amounts as defined in Rev. Proc. 98-192 // "res." complete Schedule D, Part II 5 X O Did the organization market may donce advised funds or any similar funds or accounts? // "Yes," complete Schedule D, Part I 6 X 7 Did the organization market means, including easements to preserve open space, the environment, historical frees.or, including easements to preserve open space, the environment, historical frees.or include of currents? // "Yes," complete Schedule D, Part II 7 X 8 Did the organization market collection of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quale endowments? if "Yes," complete Schedule D, Part IV 10 X 10 Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments or bar securities in Part X, line 10? // "Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for the securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V 11a X <td< td=""><td></td><td></td><td>4</td><td><u> </u></td><td></td></td<>			4	<u> </u>	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on hold a conservation assemet funduing assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I 0 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I 0 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV I 0 Did the organization relative or hold a conservation, indication services? I X 1 The "s," complete Schedule D, Part IV II II III IIII 0 Did the organization relative or some to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, K, or X, as applicable. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5				77
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Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11e X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 St he organization a school described in section 170(b)(1)(A)(0)? 11' Wes," complete Schedule E 13 X 14a Did the organization nawered "No" to line 12a, then completing Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of	d				
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		x
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>		_ _
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
C		28c		x
20	"Yes," complete Schedule L, Part IV	28C		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		- 22
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- -
. .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 73	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	
	(gambling) winnings to prize winners?	1c	X	
132004	↓ 12-09-21	Form	990	(2021)
	4			

2021)				PRINCE					
Statements I	Regardi	ing Otl	her II	RS Filings a	and Tax Co	omp	oliance	(continue	ed)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.	624			
Ь	filed for the calendar year ending with or within the year covered by this return	2a		0h	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instruction Did the exception have unrelated business great income of \$1,000 or more during the unarguered business.			20		х
		~		3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		
D	If "Yes," enter the name of the foreign country		<u></u>			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	-		F -		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shelter tax shelter transaction tax shelter ta			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					v
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	°,		0 1.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-	x	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	^ X	
				7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		7.		х
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		1 1098-0?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-		•		
•				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand					37
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
16						
16	If "Yes," complete Form 4720, Schedule O.					
16 17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	•				
	If "Yes," complete Form 4720, Schedule O.	•		17		

Form 990 (2021)

Part V

Form 990 (2	021)
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THE ARC OF PRINCE GEORGE'S COUNTY INC

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

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

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18		100	
	If there are material differences in voting rights among members of the governing body, or if the governing	10					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
h	Enter the number of voting members included on line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other				
2					2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				2		- 23
3					2		x
	of officers, directors, trustees, or key employees to a management company or other person?				3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99						X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				5	v	
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approved more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or				
	persons other than the governing body?				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:				
а	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
		<u>enue</u>	<u>000e.)</u>			Yes	N
02	Did the organization have local chapters, branches, or affiliates?				10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				104		
U					10b		
4.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
		Deloi	e ming the i	Unit	11a	- 23	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				77	
_	on Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	by ind	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{MD}$						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 5	501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
^			,		finer		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ITICT O	i interest po	blicy, and	nnano	lai	
~	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 boo <u>THE ORGANIZATION - 301 925-7050</u>	ks and	I records	►			
	1401 MCCORMICK DRIVE, LARGO, MD 20774						
							(202

	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	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition		ne	Reportable	Reportable	Estimated
	hours per	box	not check , unless po cer and a		rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT MALONE	40.00			0	-		-			
EXECUTIVE DIRECTOR		1		х				203,243.	0.	14,422.
(2) JENNIFER RUDOLPH	40.00									
CHIEF FINANCIAL OFFICER				Х				136,329.	0.	13,884.
(3) CONNIE PRICE	40.00									
CHIEF PROGRAM OFFICER						X		129,803.	0.	8,609.
(4) AYESHA HENLEY	40.00									
HUMAN RESOURCE DIRECTOR						X		136,688.	0.	882.
(5) TERRENCE BEVERLY	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) REBEKAH TOSADO	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) JIM CORNELSEN	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) JAMES STOCKTON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(9) YOLANDA MUCKLE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) HARRISON NWOZO, JR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DONNA ORANGE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SHIRLEY PATTERSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ANJOLENE SMACK-WHALEY	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(14) ANDREA SHORTER	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(15) VERONICA LEE ALI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) TAHIRA GOLDSON	2.00								-	
BOARD MEMBER		Х						0.	0.	0.
(17) ADEYINKA OGUNLEGAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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2021.05070 THE ARC OF PRINCE GEORGE' 016021.1

7

		COUNTY INC	52-07	7152	246	Page 8						
Part VII Section A. Officers, Directors, Trust		oloy I	ees,			ghes	t C		, ,			
(A)	(B)			(C Posi				(D)	(E)			(F)
Name and title	Average hours per		not c	heck r	nore	than c		Reportable	Reportable			mated
	week			ss per Id a di				compensation from	compensatio from related			ount of ther
	(list any	tor						the	organizations			ensation
	hours for	· direc				g		organization	(W-2/1099-MIS		•	m the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)		orgai	nization
	organizations	al trus	nal tr		loyee	e e		1099-NEC)				related
	below line)	Individual trustee or director	Institutional trustee	Officer	<ey employee<="" td=""><td>Highest compensated employee</td><td>Former</td><td></td><td></td><td></td><td>organ</td><td>izations</td></ey>	Highest compensated employee	Former				organ	izations
(18) CHRIS COLLINS	2.00	lnc	su I	0#	Key	Hiç em	Ē			-+		
BOARD MEMBER	2.00	х						0.		0.		0.
(19) CURTIS RANDOLPH	2.00											
BOARD MEMBER		x						0.		0.		0.
(20) DAN MCKEON	2.00											
BOARD MEMBER		Х						0.		0.		0.
(21) JADA THORTON	2.00											
BOARD MEMBER		Х						0.		0.		0.
(22) JASMINE LEONARD	2.00											•
BOARD MEMBER		Х						0.		0.		0.
		1										
								606,063.		0.	27	,797.
1b Subtotal								0.000		0.	57	<u>, 197.</u> 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								606,063.		0.	37	,797.
2 Total number of individuals (including but no							o re		000 of reportable			,,,,,,
compensation from the organization					,	,						4
											١	res No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emplo	oyee	ə, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual										3	<u> </u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			4	X
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	rom a	any	unre	late	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	<u>ich p</u>	berso	on .				<u></u>	5	X
Section B. Independent Contractors												
 Complete this table for your five highest con the organization. Report compensation for t 	•	•							•	ensat	ion fron	1
(A)	ne calendar ye	sar e		iy wi				(B)			(C)	
Name and business	address							Description of s	services	С	ompens	
TRISOURCE												
7580 BUCKINGHAM BLVD, HAN			21	076	6			LABOR CONTRA	CTOR		629	<u>,703.</u>
JEMISUN HEALTHCARE SERVIC									~~~~		405	
PO BOX 152, BRATTLEBORO,	VT 0530	1					_	LABOR CONTRA	CTOR		485	<u>,754.</u>
DELA T GROUP	10010										150	042
PO BOX 884, BRYN MAWR, PA RENTERS WAREHOUSE	TAOTO						-	LABOR CONTRA	CTOR		430	<u>,043.</u>
PO BOX 275, GLENWOOD, MD	21738						ŀ	PROPERTY MAN	AGEMENT		212	,193.
EXCEL HEALTH SERVICES, 29		ER	TO	N			ſ					,
BLVD, SUITE 430, CALVERTO								LABOR CONTRA	CTOR		<u>13</u> 6	,005.
2 Total number of independent contractors (ir				to t	hos	e lis	-					
\$100,000 of compensation from the organization > 5											0	00 (22.2.1)

132008 12-09-21

Form **990** (2021)

						r PR	INCE GEO	RGE'S COUNT	TY INC	52-0715	246 Page
Par	t VI										
			Check if Schedule O	conta	ains a res	ponse	or note to any lir	ie in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated business revenue	Revenue exclude from tax under sections 512 - 5
s s	1 a	a	Federated campaigns		18	a	9,513.				
un.			Membership dues			b	4,723.				
5 G	c	5	Fundraising events			>	2,088.				
ar A			_			ł					
s, c			Government grants (conti	ributio	ons) 1e	•	1,336,894.				
ŝ			All other contributions, gifts,								
thei			similar amounts not included			:	928,681.				
contributions, Girts, Grants and Other Similar Amounts	ç	9	Noncash contributions included in	lines 1	a-1f 1	3 \$					
anco	ł	ı	Total. Add lines 1a-1f					2,281,899.			
							Business Code				
e	2 a	a	RESIDENTIAL				623990	21,155,171.	21155171.		
۵ ک	k	c	VOCATIONAL - DAY/CL	S			624310	5,844,363.	5,844,363.		
en de	c	5	FAMILY AND COMMUNIT	Y SE	RVICES		624100	3,581,624.	3,581,624.		
eve	C	b	EMPLOYMENT				624310	1,112,387.	1,112,387.		
Program Service Revenue	e	Э	TRANSPORTATION SERV	ICES			624310	152,940.	152,940.		
2	f	•	All other program service	rever	nue						
	ç	g	Total. Add lines 2a-2f				►	31,846,485.			
	3		Investment income (inclue	ding o	dividends	, inter	est, and				
			other similar amounts) \dots				►	64,136.			64,13
	4		Income from investment of	of tax	-exempt	bond p	oroceeds 🕨 🕨				
	5		Royalties								
					(i) R	eal	(ii) Personal	-			
	6 a	a	Gross rents	6a				-			
	k	C	Less: rental expenses \dots	6b				-			
	C	5	Rental income or (loss)	6c							
	C	b	Net rental income or (loss	s)		<u></u>	🕨				
	7 a	a	Gross amount from sales of		(i) Secu	urities	(ii) Other	-			
			assets other than inventory	7a			1261572.	4			
	k		Less: cost or other basis								
anu			and sales expenses	7b			266,183.	-			
evenue			Gain or (loss)	7c			995,389.				
ñ			Net gain or (loss)				<u></u>	995,389.			995,38
Other	8 8		Gross income from fundraisi								
ō			including \$			F					
			contributions reported on								
			Part IV, line 18					4			
			Less: direct expenses					0.000			
			Net income or (loss) from				▶	-2,000.			-2,00
	9 a		Gross income from gamir	-							
			Part IV, line 19					-			
			Less: direct expenses								
			Net income or (loss) from	-	-	ties .	····· •				
	10 a		Gross sales of inventory,								
			and allowances					-			
			Less: cost of goods sold				-				
-+	(;	Net income or (loss) from	sales	s of inven	lory .	Business Code				
sn		_	MISCELLANEOUS REVEN	קוו			900099	325,805.	325,805.		
ne o			FOOD STAMPS	05			900099				
Miscellaneous Revenue			MARYLAND FUEL TAX R				900099	189,106.	189,106.		
Sce Be∕		-					525100	12,154. 1,413.	12,154.		
Ϊ			All other revenue						1,413.		
			Total. Add lines 11a 11d					528,478.	20274062	0.	105750
	12		Total revenue. See instruction	UNS			▶	35,714,387.	32374963.	۰. ۱	105752 Form 990 (20)

THE ARC OF PRINCE GEORGE'S COUNTY INC

132009 12-09-21

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THE ARC OF PRINCE GEORGE'S COUNTY INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<i>,</i>	8b, 9b, and 10b of Part VIII.	•	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	156,739.	156,739.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	367,878.		367,878.	
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	18,657,382.	16,729,729.	1,789,357.	138,296
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	74,263.	66,555.	7,136.	572
9	Other employee benefits	1,836,760.	1,631,792.	7,136. 190,933.	572 14,035
10	Payroll taxes	1,875,227.	1,690,804.	172,858.	11,565
11	Fees for services (nonemployees):				
	Management				
		68,590.		68,590.	
		54,721.		54,721.	
	Accounting	15,200.		11,250.	3,950
	Lobbying	15,200.		11,250.	5,550
	Professional fundraising services. See Part IV, line 17				
f	o				
g	Other. (If line 11g amount exceeds 10% of line 25,	071 101	170 120	25 152	67 010
	column (A), amount, list line 11g expenses on Sch O.)	271,101.	178,139.	<u>25,152.</u> 5,949.	67,810 78,238
12	Advertising and promotion	93,847.	9,660.	5,949.	/8,238
13	Office expenses	786,449.	714,113.	62,394.	9,942
14	Information technology	250,896.	113,319.	94,441.	43,136
15	Royalties				
16	Occupancy	919,174.	898,109.	14,434.	6,631
17	Travel	602,700.	595,866.	6,677.	157
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	126,002.	61,966.	44,131.	19,905
20	Interest	223,819.	210,911.	12,059.	849
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	990,925.	942,514.	46,890.	1,521
23	Insurance	241,473.	211,750.	28,446.	1,277
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TEMPORARY STAFFING	2,011,425.	1,965,836.	40,185.	5,404
b	TOOD	573,192.	568,314.	4,780.	98
c		563,958.	516,281.	43,494.	4,183
d		243,635.	242,674.	961.	<u> </u>
		218,856.	143,600.	69,402.	5,854
	All other expenses	31,224,212.	27,648,671.	3,162,118.	413,423
<u>25</u>	Total functional expenses. Add lines 1 through 24e	JI,444,4I4.	4/,040,0/1•	J,102,110.	#TJ,473
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)				Form 990 (202

10

11050326 756446 016021.00

10,291,132.

10,333,270.

11,593,591.

21,884,723.

1,260,321.

26

27

28

29

30

31

32

33

trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 246,101. 256,734. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 20,276,059. b Less: accumulated depreciation 10b 12,572,598. 7,632,973. 10c 7,703,461. 1,145,314. 1,352,293. Investments - publicly traded securities 11 11 1,219,853. 1,222,340. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 452,848. 438,749. Other assets. See Part IV, line 11 15 15 21,884,723. 28,484,886. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,626,108. 2,341,021. 17 Accounts payable and accrued expenses 17 1,968,338. 18 4,215,228. 18 Grants payable 111,573. 177,712. 19 19 Deferred revenue 3,165,030. 2,966,863. Tax-exempt bond liabilities 20 20 565,565. 667,025. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 2,711,726. 2,246,029. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 76,653. 115,141. of Schedule D 25

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net Loans and other receivables from any current or former officer, director,

52-0715246 Page 11

279,017.

8,160,660.

2,540,978.

1

2

3

4

(B) End of year

THE	ARC	OF	PRINCE	GEORGE'S	COUNTY	INC

Part X Balance Sheet

Form 990 (2021)

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

26

27

28

29

30 31

32

33

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X}

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

28,484,886. Form 990 (2021)

15,822,006.

12,662,880.

14,592,376.

1,229,630.

428,022.

12,673,176.

4,617,090.

	1990 (2021) THE ARC OF PRINCE GEORGE'S COUNTY INC	52-	0715	5246	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,22		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,49		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	.,59		
5	Net unrealized gains (losses) on investments	5		-26	1,7	60.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	15	5,82	2,0	06.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			1
	Act and OMB Circular A-133?			3a	X	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	Ĺ

Form **990** (2021)

132012 12-09-21

SCHEDULE A		Dublic Cha	rity Status an	d Dk	lie Cr	innart		OMB No. 1545-0047
(Form 990)			rity Status an					2021
		494	47(a)(1) nonexempt cha	ritable tru	st.			
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F //Form990 for instructio			oformation		Open to Public Inspection
Name of the organ		- do to www.ii3.got			e latest li	normation.	Employer	identification number
		ARC OF PRT	NCE GEORGE'S	COUNT	יא דאמ	ŗ		2-0715246
Part I Reas	on for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	<u> </u>	2 0/20210
			For lines 1 through 12, cl					
<u> </u>	-		n of churches described	-		1)(A)(i).		
			Attach Schedule E (Form					
3 🗌 A hospita	l or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	ii).		
4 A medica	I research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and	state:							
5 📃 An orgar	ization operated f	or the benefit of a co	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
section	170(b)(1)(A)(iv).(Complete Part II.)						
6 A federa	, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
•			ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
	1 70(b)(1)(A)(vi). (C	• •						
			(1)(A)(vi). (Complete Part	,				
-		-	in section 170(b)(1)(A)(i		-		-	-
	-	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
universit 10 X An orgar		ully receives (1) more	than 22 1/20/ of its supp	ort from o	optribution	a mambarah	in face on	d aroos respirate from
		•	than 33 1/3% of its supp t to certain exceptions; a				-	•
			(less section 511 tax) fro					-
	ion 509(a)(2). (Co				303 acqui		gamzation e	
			vely to test for public saf	etv. See	section 50	09(a)(4).		
	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
-	-	-	d in section 509(a)(1) o				•	
lines 12a	through 12d that	describes the type of	f supporting organization	and com	olete lines	12e, 12f, and	l 12g.	
a 🗌 Type I	A supporting orga	anization operated, s	upervised, or controlled l	by its supp	orted org	anization(s), t	ypically by	giving
the su	ported organizati	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
organi	ation. You must o	complete Part IV, Se	ections A and B.					
b 🔄 Type I	. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
contro	or management of	of the supporting orga	anization vested in the sa	ime persoi	ns that co	ntrol or mana	ge the supp	ported
		st complete Part IV,						
			g organization operated				lly integrate	ed with,
·	0	()(). You must complete F		,			
			orting organization oper				•	
	-		ation generally must sati	•		-	anallenin	/eness
	-		nplete Part IV, Sections written determination from					
	-		nally integrated supportir			турет, туре	п, туре п	
	ber of supported							
		n about the supporte	d organization(s).					L
(i) Name of		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount o	f monetary	(vi) Amount of other
organiz	ation		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

Total

Schedule A	(Form 990) 2021	THE	ARC	OF	PRINCE	GEORGE 'S	COUNTY	INC	52-0715246	Page 2
Part II	Support Schedule for	or Org	anizat	ions	Described	in Sections 1	170(b)(1)(A)(i	iv) and	170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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)						
	Public support. Subtract line 5 from line 4.						
		(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)	•		12	•
13	First 5 years. If the Form 990 is for th	e organization's f				501(c)(3)	
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Public	c Support Pe	rcentage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2021. If the c	rganization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	ported organization	ו			
b	33 1/3% support test - 2020. If the c	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test		-				
	and if the organization meets the facts	s-and-circumstand	ces test, check this	s box and stop h	ere. Explain in Parl	VI how the organi	zation
	meets the facts-and-circumstances te	-		• • • •	•		▶∟
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu			-			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	cion A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1793821.	1571773.	2050463.	6215123.	2281899.	<u>13913079.</u>			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28021796.	29001221.	28841007.	29323121.	31846485.	147033630			
3	Gross receipts from activities that									
	are not an unrelated trade or bus- iness under section 513									
л	Tax revenues levied for the organ-									
-	ization's benefit and either paid to									
_	or expended on its behalf									
	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	29815617.	30572994.	30891470.	35538244.	34128384.	160946709			
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.			
	amount on line 13 for the year						0.			
	Add lines 7a and 7b						160946709			
° Sec	Public support. (Subtract line 7c from line 6.)									
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 6		30572994.	30891470.	35538244.	34128384.				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	39,211.		39,561.		64,136.				
h	and income from similar sources Unrelated business taxable income	59,211.	102,301.	55,501.	57,129.	04,130.	502,010.			
D	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
~	Add lines 10a and 10b	39,211.	182,581.	39,561.	57,129.	64,136.	382,618.			
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				578,289.					
		29927334.								
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5/	01(c)(3) organizatio	on,			
Sec	check this box and stop here tion C. Computation of Public	ic Support Per								
15	Public support percentage for 2021 (I	line 8, column (f), d	ivided by line 13, o	column (f))		15	<u>98.79</u> %			
	Public support percentage from 2020					16	99.06 %			
	tion D. Computation of Inves					r - r				
	Investment income percentage for 20					17	.23 %			
	Investment income percentage from					18	.22 %			
19a	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
_	more than 33 1/3%, check this box a	-	•				► X			
b	33 1/3% support tests - 2020. If the	-					nd			
<u> </u>	line 18 is not more than 33 1/3%, che			-		-				
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins					
13202	3 01-04-22		15			Schedule A	(Form 990) 2021			

1

2

3a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

132024 01-04-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

Section C. Type II Supporting Organizations	

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	

Section D. All	Type III	Supporting	Organizations	

supervised or controlled the supporting organization

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		l

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supp	oorted a governmental entity (see instruction <u>s).</u>
---	--	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Yes

No

Schedule A (Form 990) 2021

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_	dule A (Form 990) 2021 THE ARC OF PRINCE GEORGE			52-0715246 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	1
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

THE ARC OF PRINCE GEORGE'S COUNTY INC	
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Sche Par		INCE GEORGE'S (a)(3) Supporting Orga			2-0715246 Page 7
	on D - Distributions			jea)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposos		1	Guirent real
2	Amounts paid to supported organizations to accomplian exemption of the supported organizations to accompliant exemption of the supported organizations of t			<u> </u>	
2	organizations, in excess of income from activity	ic purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets	es of supported organizations	>	4	
- 4 5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	¥.	o organization is responsivo		– ′	
0	Distributions to attentive supported organizations to which th	le organization is responsive		8	
9	(provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6			9	
	i -			10	
10	Line 8 amount divided by line 9 amount	(i)	(;;)		(;;;)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D.				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
-					

Schedule A (Form 990) 2021

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hedule A	(Form 990) 2021		C OF PF						
art VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, an	1, 2, 3b, 3c, 4b), lines 2 and 3;	, 4c, 5a, 6, 9a Part IV, Secti	1, 9b, 9c, 1 on E, lines	1a, 11b, ar 1c, 2a, 2b	11 11c; F , 3a, anc	'art IV, Sec I 3b; Part V	line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)		,						
	2								Schedule A (Form 990)

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

	THE ARC OF PRINCE GEORGE'S COUNTY INC	52-0715246
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\mathbf{X} 501(c)(3) (enter number) organization	
	1047(a)(4) pergrampt obstitutes to get tracted as a private foundation	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

52-0715246

THE ARC OF PRINCE GEORGE'S COUNTY INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAREFIRST BLUE CHOICE 840 FIRST STREET NE, MAILSTOP DC12-32 WASHINGTON, DC 20065	\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHICK-FIL-A 1040 SHOPPERS WAY UPPER MARLBORO, MD 20774	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMCAST FINANCIAL AGENCY CORP. 1701 JFK BLVD PHILADELPHIA, PA 19103	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GREATER WASHINGTON COMMUNITY FOUNDATION 1325 G STREET NW, SUITE 480 WASHINGTON, DC 20005	\$42,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MS. EVELYN KING 6100 WESTCHESTER PARK DRIVE, UNIT 617 COLLEGE PARK, MD 20740	\$27,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 123452 11-11	MS. BARBARA LAMPE <u>3114 GRACEFIELD ROAD, APT 305</u> <u>SILVER SPRING, MD 20904</u>	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Name of organization

Employer identification number

52-0715246

THE ARC OF PRINCE GEORGE'S COUNTY INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 JULIE MARIE AND JOHN LAULIS X Person Payroll 3802 EAST FAIRMOUNT AVENUE 5,000. Noncash (Complete Part II for PHOENIX, AZ 85018 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 MAXIMUS FOUNDATION X Person Payroll 1891 METRO CENTER DRIVE 15,000. Noncash (Complete Part II for RESTON, VA 20190 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 MGM RESORTS INTERNATIONAL X Person Payroll **101 MGM NATIONAL AVENUE** 5,000. Noncash \$ (Complete Part II for OXON HILL, MD 20745 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 PRINCE GEORGE'S COUNTY COUNCIL X Person Payroll 1301 MCCORMICK DRIVE 50,000. Noncash \$ (Complete Part II for UPPER MARLBORO, MD 20772 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 SAFEWAY FOUNDATION X Person Payroll 5918 STONERIDGE MALL ROAD 15,000. Noncash (Complete Part II for PLEASANTON, CA 94588 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 MS. SARAH EARWICKER X Person Payroll 3309 MONT CLARE LANE 8,000. Noncash \$ (Complete Part II for BOWIE, MD 20715 noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Employer identification number

52-0715246

THE ARC OF PRINCE GEORGE'S COUNTY INC Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 NATIONAL COUNCIL ON AGING X Person Payroll 251 18TH STREET SOUTH, SUITE 500 60,000. Noncash (Complete Part II for ARLINGTON, VA 22202 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution PRINCE GEORGE'S COUNTY EXECUTIVE 14 OFFICE X Person Payroll 1301 MCCORMICK DRIVE, SUITE 4000 70,000. Noncash (Complete Part II for LARGO, MD 20774 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 NORTHROP GRUMMAN X Person Payroll 2980 FAIRVIEW PARK DRIVE 10,000. Noncash \$ (Complete Part II for FALLS CHURCH, VA 22042 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 16 STATE FARM X Person Payroll **1033 JACKSON AVENUE** Noncash 5,000. \$ (Complete Part II for LONG ISLAND CITY, NY 11101 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 STANTEC CONSULTING SERVICES, INC. X Person Payroll 3001 WASHINGTON BLVD 10,000. Noncash (Complete Part II for ARLINGTON, VA 22201 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 18 TD CHARITABLE FOUNDATION X Person Payroll 2131 46TH AVENUE 182,500. Noncash \$ (Complete Part II for LONG ISLAND CITY, NY 11101 noncash contributions.)

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Schedule B (Form 990) (2021)

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THE ARC OF PRINCE GEORGE'S COUNTY INC

Employer identification number

52-0715246

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	TEGNA FOUNDATION 8350 BROAD STREET, SUITE 2000 TYSONS, VA 22102	\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	WASHINGTON GAS 1000 MAINE AVENUE SW, 6TH FLOOR WASHINGTON, DC 20024	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	WESBANCO <u>1 BANK PLAZA</u> WHEELING, WV 26003	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 STATE OF MARYLAND 301 WEST PRESTON STREET BALTIMORE, MD 21201	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	MARYLAND DEPARTMENT OF EDUCATION 200 W BALTIMORE STREET BALTIMORE, MD 21201	\$ <u>126,031.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	PRINCE GEORGE'S COUNTY PROVIDER COUNCIL C/O RESOURCE CONNECTIONS, INC. 10001 DEREKWOOD LANE SUITE 100 LANHAM, MD 20706	\$675,242.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

THE ARC OF PRINCE GEORGE'S COUNTY INC

			1
(a) No.	(b) Name address and ZIP + 4	(b) (c) Name, address, and ZIP + 4 Total contributions	
25	PRINCE GEORGE'S COUNTY DEPARTMENT OF FAMILY SERVICES		Type of contribution
	1301 MCCORMICK DRIVE	\$30,000.	Payroll Noncash (Complete Part II for
	LARGO, MD 20774		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	DEPARTMENT OF HEALTH AND HUMAN SERVICES		Person X Payroll
	200 INDEPENDENCE AVE SW	\$30,995.	Noncash (Complete Part II for
	WASHINGTON, DC 20201		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_	PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT 1701 MCCORMICK DRIVE SUITE 200 LARGO, MD 20774	\$52,592.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Part I

52-0715246

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123453 11-11-21		· · · · · · · · · · · · · · · · · · ·	Schedule B (Form 990) (2021)

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THE ARC OF PRINCE GEORGE'S COUNTY INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021) Name of organization

(a)

Employer identification number

52-0715246

B (Form 990) (2021)

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Schedule E Name of or	3 (Form 990) (2021) rganization		Page 4 Employer identification number
			F0.071F046
Part III	from any one contributor. Complete columns (a	ions to organizations described in se) through (e) and the following line entr charitable, etc., contributions of \$1,000 or I	$\frac{52 - 0715246}{\text{ction 501(c)(7), (8), or (10) that total more than $1,000 for the year}}{\text{ry. For organizations}}$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
123454 11-11-			Schedule B (Form 990) (2021)

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SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities					
(Form 990)					2021	
	-	•		.,		
Department of the Treasury Internal Revenue Service		if the organization is described l to www.irs.gov/Form990 for in			90-EZ.	Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Form	n 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	vities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.			
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part	I-B.	
 Section 527 organiza 	ations: Complete	Part I-A only.				
		Form 990, Part IV, line 4, or Form				
		nave filed Form 5768 (election und		•	•	
	•	nave NOT filed Form 5768 (election	()	, 1		
If the organization answ Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	l ax) (See separate in	istructions) or Form	990-EZ, I	Part V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization	, or (o) organizat				Emplove	r identification number
5	THE ARC	OF PRINCE GEORGE	'S COUNTY I			2-0715246
Part I-A Comple		anization is exempt under				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign					▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt under				
		incurred by the organization under				
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in Part I-C Complete		anization is exempt under	section 501(c), e	except section 5	01(c)(3)	-
-		by the filing organization for secti		-		
		ization's funds contributed to othe			• • <u> </u>	
exempt function ac			-		▶\$	
•		. Add lines 1 and 2. Enter here and				
-	-				▶\$	
						Yes No
		ployer identification number (EIN)				
		ion listed, enter the amount paid f				
	•	omptly and directly delivered to a s			parate seg	gregated fund or a
		additional space is needed, provide		1		
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's con r-0 c	(e) Amount of political ntributions received and promptly and directly lelivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

132041 11-03-21

section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's totals (b) Affiliated group totals organization's totals (c) The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals (b) Total lobbying expenditures to influence public opinion (grassroots lobbying) (b) Affiliated group totals (c) Total lobbying expenditures to influence a legislative body (direct lobbying) 15, 200. (c) Total lobbying expenditures (add lines 1 a and 1b) (c) Affiliated group totals (f) the exempt purpose expenditures (add lines 1 c and 1 d) (c) Affiliated group 20% of the amount s: (f) the exempt purpose expenditures (add lines 1 c and 1 d) (c) Affiliated group 20% of the amount s: (f) the exempt purpose expenditures (add lines 1 c and 1 d) (c) Affiliated group 20% of the amount s: (f) the exempt purpose expenditures (add lines 1 c and 1 d) (c) Affiliated group 20% of the amount s: (f) the exempt purpose expenditures (add lines 1 c and 1 d) (c) Affiliated group 20% of the amount s: (f) the exempt purpose expenditures (add li
Limits on Lobbying Expenditures organization's totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) totals b Total lobbying expenditures to influence a legislative body (direct lobbying) 15, 200. c Total lobbying expenditures (add lines 1a and 1b) 15, 200. d Other exempt purpose expenditures 31, 262, 312. e Total exempt purpose expenditures (add lines 1c and 1d) 1, 000, 000. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 1, 000, 000. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$125,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$125,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 \$100,000. g Grassroots nontaxable amount (enter 25% of line 1f) 250,000. h Subtract line 1g from line 1a. If zero or less, enter -0. 0. i Subtract line 1g from line 1a. If zero or less, enter -0. 0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations t
b Total lobbying expenditures to influence a legislative body (direct lobbying) 15,200. c Total lobbying expenditures (add lines 1a and 1b) 15,200. d Other exempt purpose expenditures 31,262,312. e Total exempt purpose expenditures (add lines 1c and 1d) 1,000,000. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 1,000,000. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$\$500,000 20% of the amount on line 1e. Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$500,000. Over \$1,500,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$17,000,000 Ø Grassroots nontaxable amount (enter 25% of line 1f) 250,000. h Subtract line 1g from line 1a. If zero or less, enter -0. 0. i Subtract line 1f from line 1a. If zero or less, enter -0. 0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a throug
d Other exempt purpose expenditures 31, 262, 312. e Total exempt purpose expenditures (add lines 1c and 1d) 31, 277, 512. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 1, 000, 000. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000. Over \$17,000,000 \$2250,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$100,000 plus 10% of the excess over \$1,000,000. Over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$100,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 \$100,000 plus 10% of the excess over \$1,000,000. If there is an amount (enter 25% of line 1f) 250,000. h Subtract line 1f from line 1c. If zero or less, enter -0. 0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? Yes
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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 \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$200 or \$1,000,000. Image: the second second second second plus 16% of the excess over \$1,500,000. \$0. Image: the second secon
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 \$1,500,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0. 0. i Subtract line 1f from line 1c. If zero or less, enter -0. 0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? Yes Not A-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total
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 \$11,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 250,000. h Subtract line 1g from line 1a. If zero or less, enter -0. 0. i Subtract line 1f from line 1c. If zero or less, enter -0. 0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total
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4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total
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Calendar year (or fiscal year beginning in)(a) 2018(b) 2019(c) 2020(d) 2021(e) Total
(or fiscal year beginning in)
2a Lobbying nontaxable amount 1,000,000. 1,000,000. 1,000,000. 1,000,000. 4,000,000.
b Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 6,000,000
<u>c Total lobbying expenditures</u> 10,000. 15,200. 15,200. 40,200.
d Grassroots nontaxable amount 250,000. 250,000. 250,000. 250,000. 1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))
f Grassroots lobbying expenditures Schedule C (Form 990) 202

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THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	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?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	ō), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR	(b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		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).				
а	Current year		2a		
	Carryover from last year				
с	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Provi	de 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 a	nd 2 (See	

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

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D)
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(Form	990)
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Part I

1

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С

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Part III

► \$

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.



Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THE ARC OF PRINCE GEORGE'S COUNTY INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
	provide the following amounts relating to these items:

	(I) Revenue included on Form 990, Part VIII, line I		Ф.	
	(ii) Assets included in Form 990, Part X		\$	
2		ovid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990 Part X		\$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

picyci	identification number
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Schedule D (Form 990) 2021

	dule D (Form 990) 2021 THE ARC t III Organizations Maintaining C	OF PRINCE ollections of Art				52-07 ar Assets		
3	Using the organization's acquisition, accessi							
Ŭ	collection items (check all that apply):		s, one of any of the f		olgrinouri			
а	Public exhibition	b	I oan or exc	hange program				
b	Scholarly research	e		hange program				
c	Preservation for future generations	0						
4	Provide a description of the organization's co	plections and explain	how they further th	e organization's ex	empt purp	ose in Part	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran						line 9, or	
	reported an amount on Form 990, Pa		C				·	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	t included			
	on Form 990, Part X?						Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	t
с	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F					X	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XI	II			X
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	1,434,203.	1,094,455.	987,675	•	949,452.		888,971.
	Contributions							
	Net investment earnings, gains, and losses	-206,979.	339,748.	106,780	•	38,223.		60,481.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance	1,227,224.	1,434,203.	1,094,455		987,675.		949,452.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:	•		•	
а	Board designated or quasi-endowment		%	,				
	Permanent endowment	%	_					
		%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	•	tion that are held ar	d administered for	the organi	zation		
	by:	5			5		ſ	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 2	X, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumula	ted	(d) Bool	k value
		basis (investm	nent) basis		depreciatio		.,	
1a	Land		2,74	2,959.			2,742	2,959.
	Buildings				,489,2			7,982.
	Leasehold improvements				,138,1			9,777.
	Equipment				,945,1			2,743.
	Other			-	· · ·			_,
	. Add lines 1a through 1e. (Column (d) must e		(column (R) line 1				7,703	3,461.
		gean onn oov, rall?		- <i></i> ,				n 990) 2021
							•	-

132052 10-28-21

Schedu	ıle D (Form 990) 2021	THE	ARC OF	PRINCE	GEORGE	' S	COUNTY	INC	52-0715246 Page
Part									
	Complete if the org					11b.			
	scription of security or cate	JOTY (including	g name of security)	(b) Boo	ok value		(c) Method of	f valuation: Cost	or end-of-year market value
	sely held equity interests								
(3) Oth	ier								
(A)									
<u>(B)</u>									
(C)									
<u>(D)</u> (E)									
(E)(F)									
(G)									
(H)									
	Col. (b) must equal Form 990), Part X, col	. (B) line 12.) 🕨						
Part	VIII Investments -	Program	Related.						
	Complete if the org			on Form 990	, Part IV, line [·]	11c.	See Form 990), Part X, line 13.	
	(a) Description of	investmen	t	(b) Boo	ok value		(c) Method of	f valuation: Cost	or end-of-year market value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Part	Col. (b) must equal Form 990	J, Part X, col	. (B) line 13.) 🗩						
I UIT	Complete if the org	anization a	nswered "Yes"	on Form 990	Part IV line '	11d	See Form 990) Part X line 15	
				Description	, - arc - ,	i i di		s, r arc x, into ro.	(b) Book value
(1)			()	2000.1011011					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (<u>Column (b) must equal Fo</u>	orm 990, Pa	art X, col. (B) lin	e 15.)					🕨
Part									
	Complete if the org			on Form 990	, Part IV, line ⁻	11e (or 11f. See Fo	rm 990, Part X, li	
1.	(a) D	escription o	of liability						(b) Book value
(1)	Federal income taxes								
(2)	PARTICIPATIO	N LIAE	зтгтда						115,141.
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9) Total	Column (b) mart - and I F		wet V and (D) !!	a 05 \					▶ 115,141.
	<u>Column (b) must equal Fo</u> pility for uncertain tax pos		,	,					
	anization's liability for un						-		

Schedule D (Form 990) 2021

132053 10-28-21

	dule D (Form 990) 2021 THE ARC OF PRINCE GEORGE'S				0715246 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			-	
1	Total revenue, gains, and other support per audited financial statements			1	35,490,727.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-261,760.		
b	Donated services and use of facilities	2b	38,100.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-223,660.
3	Subtract line 2e from line 1			3	35,714,387.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	35,714,387.
	Teta Teta Teta Teta Teta Teta Teta Teta				
Pa	tt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		n.
Pa	tt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F		n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		n. 31,262,312.
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Retur	n.
1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.
1 2	TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per F	Retur	n.
1 2	t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	Expenses per F	Retur	n.
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Retur	n. 31,262,312.
1 2 b c d	XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per F	Retur	n. 31,262,312. 38,100.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	letur	n. 31,262,312.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	n. 31,262,312. 38,100.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n. 31,262,312. 38,100.
1 2 6 6 8 4	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per F	1 2e	n. 31,262,312. 38,100.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2b 2c 2d	38,100.	1 2e	n. <u>31,262,312.</u> <u>38,100.</u> <u>31,224,212.</u> 0.
1 2 d e 3 4 b c 5	t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	38,100.	1 2e 3	n. 31,262,312. 38,100. 31,224,212.

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

PART IV, LINE 2B:

THE ORGANIZATION IS THE REPRESENTATIVE PAYEE FOR CONSUMERS SOCIAL SECURITY
FUNDS. THE ORGANIZATION DEPOSITS THE CONSUMERS SOCIAL SECURITY FUNDS INTO
A CUSTODIAL ACCOUNT. CONSUMERS ROOM AND BOARD FEES FOR THE RESIDENTIAL
SERVICES PROVIDED FROM THE ORGANIZATION ARE TRANSFERRED FROM THE CUSTODIAL
ACCOUNT TO THE ORGANIZATION'S OPERATING ACCOUNT. REMAINING FUNDS ARE USED
BY THE CONSUMER FOR PERSONAL NEEDS.

PART V, LINE 4:

TO SUPPORT ONGOING PROGRAMS IN TIMES OF FINANCIAL HARDSHIP. THE BOARD

DESIGNATED ENDOWMENT FUNDS ARE IN THE PRINCIPAL GROWTH STAGE AND THE BOARD

OF DIRECTORS HAS APPROVED NOT TO DISTRIBUTE EARNINGS AT THIS TIME.

132054 10-28-21

11050326 756446 016021.00

35 221 05070 mm

2021.05070 THE ARC OF PRINCE GEORGE' 016021.1

Schedule D (Form 990) 2021 THE ARC OF PRINCE GEORGE'S COUNTY INC 52-0715246 Page 5 Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION ANALYZES TAX POSITIONS TAKEN, INCLUDING THOSE RELATED TO THE REQUIREMENTS SET FORTH IN IRC SEC. 501 (C) 3 TO QUALIFY AS A TAX EXEMPT ORGANIZATION, ACTIVITIES 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 ORGANIZATION DOES NOT KNOW OF ANY TAX BENEFITS ARISING FROM UNCERTAIN TAX POSITIONS AND THERE WAS NO EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF ANALYZING ITS TAX POSITIONS.

Schedule D (Form 990) 2021

132055 10-28-21

36 2021.05070 THE ARC OF PRINCE GEORGE' 016021.1

11050326 756446 016021.00

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gov	rants and Oth vernments, an ete if the organization	nd Individual n answered "Yes" Attach to For	ls in the Ŭni on Form 990, Pai m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047			
			Go to www.ir	s.gov/Form990 fo	or the latest inform	nation.		Inspection			
Name of the organizatio	THE ARC O		GEORGE'S COU	UNTY INC				Employer identification number 52-0715246			
	formation on Grants a										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?											
2 Describe in Part I	X Yes No										
Part II Grants and	I Other Assistance to I at received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
3 Enter total number	er of section 501(c)(3) a er of other organizations Reduction Act Notice ,	s listed in the line 1	table	e line 1 table				Schedule I (Form 990) 2021			

Schedule I (Form 990) 2021 THE ARC OF PRINCE GEORGE'S COUNTY INC

52-0715246

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					MEDICAL, DENTAL, SHELTER,
					CLOTHING, AND OTHER ASSISTANCE
MEDICAL, DENTAL, SHELTER, CLOTHING AND ASSISTANCE					FOR CONSUMERS WITH
FOR CONSUMERS WITH DISABILITIES	3165	0.	156,739.	FAIR MARKET VALUE	DEVELOPMENTAL DISABILITIES.

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

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	00	n 1	
•	,	Compensated Employees		20	Z I	
_		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i	identificatio	on nui	nber
		THE ARC OF PRINCE GEORGE'S COUNTY INC	52-0)71524	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffe	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
_						
3	-	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year di	A only nervous listed on Form 000. Port VII. Section A line 1s, with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re	-		40		x
a b		e payment or change-of-control payment? ceive payment from a supplemental nonqualified retirement plan?				X
	-	ceive payment from a supplemental nonqualified retirement plan?				X
C	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		то		
	In res to any of in					
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
-	contingent on the					
а	-			5a		x
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?	-		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	ז 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2021

132111 11-02-21

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROBERT MALONE	(i)	203,243.	0.	0.	1,032.	13,390.	217,665.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER RUDOLPH	(i)	136,329.	0.	0.	703.	13,181.	150,213.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCH	EDULE K		Sup	oplemental Inf	ormation on T	'ax-Exem	pt Bonc	ls				OMB No. 1545-0047		47	
•	m 990)		Complete if the organ					Provide descript	tions,)21	lia
Depart Interna	explanations, and any additional information in Part VI. Prnal Revenue Service Service Go to www.irs.gov/Form990 for instructions and the latest information.										Open to Public Inspection				
Nam	e of the organization Employer ide									identif	entification number				
	Ū	THE ARC OF	PRINCE GEOR	RGE'S COUN	NTY INC					5	2-0	715	15246		
Par	t I Bond Issue	es SI	EE PART VI	FOR COLUMI	N (F) CONT	FINUAT	IONS								
	(a) I	ssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Description	on of purpose	(g) De	efeased	(h) On	behalf	(i) Po	oled
												of is	suer	finan	cing
										Yes	No	Yes	No	Yes	No
	MARYLAND							REFINANCI							
<u>A</u>]	DEVELOPME	NT CORPORATION	52-1376562	NONE	06/24/11	5,200	<u>,000.</u>	EXISTING	BONDS, P		X		X		X
В						_									
C															
<u>D</u>															
Par	t II Proceeds														
					A			В	С				D		
1	Amount of bond														
2		s legally defeased													
3		of issue													
4		in reserve funds													
<u>5</u> 6		est from proceeds													
7	Proceeds in refu Issuance costs f	0													
8															
9		expenditures from proceeds													
10		ures from proceeds													
11	Other spent prod														
12	Other unspent p														
13		tial completion				011									
					Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds	issued as part of a refunding	issue of tax-exempt b	onds (or,											
	if issued prior to	2018, a current refunding iss	ue)?			Х									
15	Were the bonds	issued as part of a refunding	issue of taxable bond	ls (or, if											
	issued prior to 2	018, an advance refunding iss	sue)?			Х									
16		cation of proceeds been mad				Х									
17	Does the organiz	zation maintain adequate boo	ks and records to sup	port the											
	final allocation o	f proceeds?				Х									

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 THE ARC OF PRINCE GEORGE'S COUNTY INC

52-0715246

Page 2

1 01									
			<u> </u>	I	B		ç		2
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		x						
Par	t IV Arbitrage						-		
			A		В		C	[)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?						•		
-	Rebate not due yet?		X						
	Exception to rebate?		X						
с	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was						•		-
_	performed								
3	Is the bond issue a variable rate issue?		X						

Schedule K (Form 990) 2021 THE ARC OF PRINCE GEORGE'S COUNTY INC

Part IV Arbitrage (continued)								
	ļ	4	E	3		C	0	כ
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action								
		۱	E	3	(<u>ç</u>		2
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		Х						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	ictions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: MARYLAND ECONOMIC DEVELOPMENT CO	RPORAT	ION						
(F) DESCRIPTION OF PURPOSE:								
REFINANCE EXISTING BONDS, PURCHASE 7 RESIDENTIAL	PROPER	CIES, E	SCROW					

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



52-0715246

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

FAMILIES.

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

ARE THE DEVELOPING RELATIONSHIPS BETWEEN HOUSEMATES AND STAFF RESULTING

IN FAMILY TIES AND LASTING RELATIONSHIPS. PEOPLE WHO SEEK RESIDENTIAL

THE ARC OF PRINCE GEORGE'S COUNTY INC

SERVICES DESIGNED TO MAXIMIZE THEIR INDIVIDUAL SKILLS, INDEPENDENCE AND

LIFE GOALS, FIND THAT THE ORGANIZATION IS A GREAT OPTION TO CALL HOME.

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

PROGRAM WHICH IS SEEKING TO BECOME A NATIONAL MODEL OF EXCELLENCE. IT

IS BOTH COMMUNITY AND FACILITY-BASED, SPECIFICALLY DESIGNED TO SUPPORT

PEOPLE WHO HAVE SIGNIFICANT MEDICAL AND CHRONIC HEALTH SUPPORT NEEDS

WHICH MAY LIMIT THEIR ABILITY AND/OR STAMINA TO INDEPENDENTLY MANAGE

THEIR OWN ACTIVITIES OF DAILY LIVING. THE PROGRAM ALSO SUPPORTS PEOPLE

TO EXPLORE THEIR INTERESTS, WHILE DEVELOPING AND MAINTAINING SKILLS

ACQUIRED TOWARD THEIR MAXIMUM LIFE INDEPENDENCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: MANAGEMENT SERVICES FOR NEARLY 1,000 CHILDREN AND FAMILIES. THESE DISCREET PROGRAMS HAVE PROVIDED SERVICES FOR INFANTS TO SCHOOL AGE CHILDREN AND ULTIMATELY TRANSITIONING TO ADULT SERVICES. THE ORGANIZATION ALSO HAS ROBUST SERVICES THAT ASSIST FAMILIES BY PROVIDING PERSONAL SUPPORTS TO FAMILIES THROUGH THE IN-HOME SUPPORTS PROGRAM. WHETHER THERE IS A ONE-TIME REQUEST OR AN ON-GOING RELATIONSHIP NECESSARY TO ACQUIRE THE DESIRED SERVICES, THE ORGANIZATION FAMILIES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

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THE AR	C OF PRINCE GEC	DRGE'S COUNTY IN	C	52-0715246
HAVE FOUND THE ARC T	O BE A BEACON S	HINING A LIGHT	TOWARD TH	HE ANSWERS
NEEDED TO NAVIGATE W	HAT CAN BE COMP	LEX LIFE ISSUES	•	
FORM 990, PART III,	LINE 4D, OTHER	PROGRAM SERVICE	S:	
EMPLOYMENT - SUPPORT	COMMUNITY INTE	GRATION BY ASSI	STING IN	DIVIDUALS
WITH DEVELOPMENTAL D	ISABILITIES FIN	D AND MAINTAIN	JOBS IN 1	ГНЕ
COMMUNITY.				
EXPENSES \$ 792,208.	INCLUDING GRA	NTS OF \$ 5,488.	REVENUI	E \$ 1,112,387.
TRANSPORTATION SERVI	CES PROVIDED TO	INDIVIDUALS IN	THE ORG	ANIZATIONS
VARIOUS PROGRAMS.				
EXPENSES \$ 551,263.	INCLUDING GRA	NTS OF \$ 452.	REVENUE	\$ 152,940.
OTHER REVENUES THAT	SUPPORT VARIOUS	PROGRAM SERVIC	ES.	
EXPENSES \$ 0. INCL	UDING GRANTS OF	\$0. REVENUE	\$ 528,4	78.
FORM 990, PART VI, S	ECTION A, LINE	6:		
THE ORGANIZATION HAS	MEMBERS THAT E	LECT THE BOARD	OF DIREC	FORS.
FORM 990, PART VI, S	ECTION A, LINE	7A:		
THE ORGANIZATION HAS	MEMBERS THAT E	LECT THE BOARD	OF DIREC	FORS.
FORM 990, PART VI, S	ECTION A, LINE	7B:		
MEMBERS APPROVE CERT	AIN DECISIONS O	OF THE BOARD OF I	DIRECTOR	5.
FORM 990, PART VI, S	ECTION B, LINE	11B:		
THE 990 IS DISTRBUTE	D TO THE BOARD	OF DIRECTORS WH	O THEN RI	EVIEWS AND
APPROVES THE FORM BE	FORE IT IS FILE	D.		
132212 11-11-21		46		Schedule O (Form 990) 202

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Schedule O (Form 990) 2021

Name of the organization

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Employer identification number

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THE ARC OF PRINCE GEORGE'S COUNTY INC

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

THE ORGANIZATION OBTAINS CONFLICT OF INTEREST DISCLOSURE STATEMENTS FROM

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ON AN ANNUAL BASIS AND REVIEWS

STATEMENTS FOR COMPLIANCE AND CONFLICTS OF INTEREST.

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

THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY REVIEWING COMPARABILITY DATA OF OTHER NONPROFIT EXECUTIVE DIRECTORS REPORTED ON 990'S ON THE GUIDESTAR WEBSITE. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. THE REVIEW AND APPROVAL OF THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DOCUMENTED IN THE BOARD OF DIRECTOR MINUTES. THE COMPENSATION FOR KEY EMPLOYEES IS ALSO DETERMINED THROUGH COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION ALSO MAKES THE FORM 990 AVAILABLE FOR PUBLIC INSPECTION ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

PART XII, LINE 2C

THE BOARD OF DIRECTORS AND THE FINANCE COMMITTEE ASSUME RESPONSIBILITY

FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATIONS FINANCIAL STATEMENTS

AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT 132212 11-11-21 Schedule O (Form 990) 2021 47

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chedule O (Form 990) 2021 ame of the organization THE ARC OF PRINCE GEORGE'S COUNTY INC	Employer identification numb 52-0715246
THE ARC OF PRINCE GEORGE S COUNTY INC	52-0715240
HANGED FROM THE PRIOR YEAR.	
	Schedule O (Form 990) 2

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