PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A	For the	e 2017 calendar year, or tax year beginning $$	g JU	N 30, 2018	3
В	Check if applicable	C Name of organization	D	Employer identif	ication number
	Addre	ARC OF NORTHERN VIRGINIA, INC			
	Name chang			54-0	0675506
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite E	Telephone numb	er
	Final return			703-	-208-1119
_	termin ated	City of town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	1,656,948.
L	Amen	FALLS CHORCH, VA 22045	Н	(a) Is this a group	
	Application pendi	Finallie and address of principal officer. KIKKI EFSIEIN, M.ED.			s? Yes X No
-		SAME AS C ABOVE		(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
		te: WWW.THEARCOFNOVA.ORG		(c) Group exemption	
	art I	organization: X Corporation Trust Association Other L Summary	Year of f	ormation: 1962	M State of legal domicile; VA
		Briefly describe the organization's mission or most significant activities: TO BUIL	D COI	MMITATTOV OI	DODMINITHTEC
Activities & Governance		FOR THOSE LIVING WITH INTELLECTUAL & DEVELO			
nar	1	Check this box if the organization discontinued its operations or disposed of			
Ver	1	Number of voting members of the governing body (Part VI, line 1a)		1	1
õ		Number of independent voting members of the governing body (Part VI, line 1b)			
οğ (y		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			
itie		Total number of volunteers (estimate if necessary)			
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
A		Net unrelated business taxable income from Form 990-T, line 34			
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,066,267.	
	9	Program service revenue (Part VIII, line 2g)		686,710.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		475.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,144.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,741,308.	1,637,308.
	10.0	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,690.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,206,420.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ̈́	b	Total fundraising expenses (Part IX, column (D), line 25) 232, 370.		202 100	600 001
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		393,122.	602,301.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,650,232.	
- 8		Revenue less expenses. Subtract line 18 from line 12		91,076	
ts or		Tatal assists (Dart V. Kara 10)		ning of Current Year 2,813,778。	
Asse	20	Total assets (Part X, line 16)		222,440.	
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	-	2,591,338.	
	art II	Signature Block		2,391,330.	2,033,131.
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	statements	s, and to the best of n	ny knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			, memorge and sener, it is
		Na Gunda		2/	17/19
Sig	n	Signature of officer		Date	2//11
Her		RIKKI EPSTEIN, M.ED., EXECUTIVE DIRECTOR			
BURGO		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	X PTIN
Paid	i	JEFFREY P HAYDEN ALANAKANA	2	SG/R self-emplo	yed P00057870
Pre	parer	Firm's name ROSS, LANGAN & MCKENDREE, L.L.P.		Firm's EIN	52-0901831
Use	Only	Firm's address 7900 WESTPARK DR, STE T420			
		MCLEAN, VA 22102		Phone no. 7 C	3-893-2660
Ma	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

<u>Fom</u>	n 990 (2017) ARC OF NORTHERN VIRGINIA, INC 54-0675506	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	<u>LAL</u>
•		
	THE ARC OF NORTHERN VIRGINIA PROMOTES AND PROTECTS THE HUMAN RIGHT	
	PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND ACTIVE	ĽΥ
	SUPPORTS THEIR FULL INCLUSION AND PARTICIPATION IN THE COMMUNITY	
	THROUGHOUT THEIR LIFETIMES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	····
	, w	s X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	ON LALIS
_		r
3		s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	, and
4a		,780.)
74		
	INFORMATION AND REFERRAL SERVICES FOR INDIVIDUALS WITH INTELLECTUAL	
	DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES. THE ARC EDUCATES T	HE
	COMMUNITY ON THE STATE AND LOCAL LEVELS TO ENSURE QUALITY COMMUNITY	Υ
	BASED SERVICES, INCLUDING HOUSING AND EMPLOYMENT PROGRAMS, AS WELL	AS
	LAWS AND POLICIES THAT PROTECT CIVIL RIGHTS AND CHANGE ATTITUDES.	THE
	ARC ALSO PROVIDES INFORMATION AND REFERRAL SERVICES FOR FAMILIES BY	
		<u> </u>
	TRANSPORT ALVO TRANSPORT TO A TRANSP	
	YOUTH AND FAMILIES WITH THE TRANSITION FROM SCHOOL TO ADULT LIFE II	N THE
	COMMUNITY BY OFFERING TOP-NOTCH PROFESSIONALS AT WORKSHOPS AND	
	WEBINARS, INCLUDING THE TRANSITION SERIES, ALONG WITH APPROXIMATELY	Y 80
	OTHER WORKSHOPS, SEMINARS, SEE SCHEDULE O FOR CONTINUATION	V
4b	(Code:) (Expenses \$ 691,518. including grants of \$) (Revenue \$ 317	,154.)
	GUARDIANSHIP AND CASE MANAGEMENT: THE ARC PROVIDES CASE MANAGEMENT	<u>, </u>
	SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND THEIR	
		7170
		<u> ES</u>
	IN THE COMMUNITY THROUGH THE VIRGINIA MEDICAID DEVELOPMENTAL	
	DISABILITIES WAIVER PROGRAM. THE ARC EDUCATES FAMILIES TO BE	
	SUCCESSFUL WHILE NAVIGATING COMPLICATED SYSTEMS OF CARE. IN ADDITI	ION,
	THE ARC WATCHES OVER AND CARES FOR THOSE WHO CANNOT CARE FOR THEMSE	ELVES
	THROUGH THE VIRGINIA GUARDIANSHIP OF LAST RESORT PROGRAM THROUGH A	
	CONTRACT WITH THE VIRGINIA DEPARTMENT OF AGING AND REHABILITATION	
	SERVICES AND HAS THE CAPACITY TO SERVE 50 INDIVIDUALS. THE ARC ALS	30
	SERVES AS REPRESENTATIVE PAYEE FOR A SMALL NUMBER OF	
		NAT
4-		
4c	(Code:) (Expenses \$358,675. including grants of \$) (Revenue \$\$	<u>.073.</u>)
	PERSONAL SUPPORT TRUSTS: THE ARC PROVIDES IMPORTANT FINANCIAL PLAN	<u>INING</u>
	OPTIONS FOR INDIVIDUALS AND FAMILIES TO ENSURE THE NEEDS OF INDIVID	DUALS
	WITH DISABILITIES ARE ADEQUATELY PROVIDED FOR. THE ARC HELPS FAMIL	JIES
	PLAN FOR A SECURE FINANCIAL FUTURE WITH THE SPECIAL NEEDS TRUST	
	PROGRAM, PROVIDING PROFESSIONAL MANAGEMENT AND SUPPORT SERVICES.	

4d	Other program services (Describe in Schedule O.)	
4-		
40	Total program service expenses ► 1,611,199.	
	Form 9	990 (2017)

732002 11-28-17

Form 990 (2017) ARC OF NORTHERN VIRGINIA, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ	162	NO
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		44.		
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		*********	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		İ	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			**
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	,		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u> _
	1c and 8a? If "Yes," complete Schedule G, Part II	10	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	77	
	complete Schedule G, Part III	19		x
			000 //	

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ______ c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part ! X 25a 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 Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 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 X 36 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 X 37

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

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

ARC OF NORTHERN VIRGINIA, INC

Part V

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

****	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	
.	Entoutho mumbas secretal is Dong of England	1	1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	<u>'</u>	7		
b	The molecular late that Enter of the applicable	1b		<u> </u>		
¢	a the state of the	reporta	ble gaming			
22	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	·		1c	-	
20	filed for the calendar year and ing with ar within the year around the title of wage and Tax Statements,					
h	filled for the calendar year ending with or within the year covered by this return	_2a	23	-1	'	
IJ.	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?		2b	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-tile (see instructional the correspondent place constitution before the correspondent to the correspondent place constitution before the correspondent to the	ns)	***************************************		3.4	
h	Did the organization have unrelated business gross income of \$1,000 or more during the year?		******************	За		X
A n	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedul At any time during the calendar year, did the organization have an interest in, or a signature or other	θO		3b	 	
-70	financial account in a foreign country (such as a bank account, account, account as a signature or other	r author	ity over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country:	i accoui	nt)?	4a		X
~						1
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	ts (FBAR).	}	1.5] `:
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**********************	5a	ļ	X
G	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	***************************************	6b		X
6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5c		↓
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the orga	ınization solicit			
h	any contributions that were not tax deductible as charitable contributions?			6a	ļ	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributive not tax deductible?			ĺ]	
7	18411(1)			6b	ļ.,,,	ļ.,
, a	Organizations that may receive deductible contributions under section 170(c).					
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sufficiently as a good of the organization partly the depay of the value of the organization partly the depay of the value of the organization partly the depay of the value of the organization partly the depay of the value of the organization partly the depay of the value of the organization partly the depay of the value of the organization partly the depay of the organization partly the	ervices p	rovided to the payor?	7a	X	<u> </u>
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••••		7b	X	
Ų	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas requ	iired			
d	to file Form 8282?		******************	7c		X
e	If "Yes," indicate the number of Forms 8282 filed during the year	7d				,
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	17	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confift the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received a contribution of qualified labella during the property of the organization received and the organization received a contribution of the organization received and the organization received a contribution of the organization received and the organization received and the organization received a contribution of the organization received and the organization received a	ract?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7f		X
h	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 889	39 as required?	7g	ļ	ļ
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ation file	a Form 1098-C?	7h		71
•	an annual and a second a second and a second a second and	-				
9	Sponsoring organizations maintaining donor advised funds.			8		
a	Did the sponsoring organization make any tayable distributions under section topog					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • • • • • • • • • • • • • • • •		9a		
10	Section 501(c)(7) organizations. Enter:	• • • • • • • • • • • • • • • • • • • •		9b	Y. 1	
	Initiation fees and capital contributions included on Part VIII, line 12	امدا		- N.S.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 601(c)(12) organizations. Enter:	10b				
	Gross income from members or shareholders	المما		1		1.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
~	· · · · · · · · · · · · · · · · · · ·					1
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		`		, ,
h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1	-	12a		; ···
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b		1		
	Is the organization licensed to issue qualified health plans in more than one state?					
•	Note. See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				-	
-	organization is ficensed to issue qualified health plans	ایمدا			Ì	
n	Enter the amount of reserves on hand	13b				7.
14a	Did the organization receive any nauments for indoor tenning applicant wine the territory	13c				
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduk			14a		X
×	in Scheduk			14b	~~	
				Form	990 (2017

Form 990 (2017)

ARC OF NORTHERN VIRGINIA, INC

54-0675506

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

1s. Enter the number of twoling members of the governing body, at the end of the two year 1st Enter the number of twoling members of the governing body, at the poverning body, or if the governing body body at the substance relationship with any other officers, decided authority to an exceller extended in line 1s, above, who are independent to the governing body or under the direct supervision of follows, directors, or two employees to a management curpany or other porson? 2 Did the organization network expended the governing body or under the direct supervision of officers, directors, or functions, or two employees to a management company or other porson? 3 Did the organization network spended the governing body or the governing body or under the direct supervision of officers, directors, or functions, or expended to the governing body or the governing body? 5 Did the organization have members, stockholders, or other possens who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or body and the power to elect or appoint one or more members of the governing body? 5 Did the organization thave the governing body? 5 Did the organization that the operating body? 6 Did the organization that the governing body? 6 Did the organization that the governing body? 7 Did the organization have body the governing body or the governing body body body body body body and the governing body are governing body body body body body body body and the governing body body		Check if Schedule O contains a response or note to any line in this Part VI			X
il that are inabital differences in voting rights among nembers of the governing body of the year governing body of the governing body debiguided broad authority to an excellence committee or similar committies, copies in Schedule 0. Enter the number of voting members included in lise 1s, above, who are independent 2 Did any officer, director, crustee, or key employees to a management during the properties of the committee of the committe	Se	ection A. Governing Body and Management		******	I.A.
The content of the				Var	NI-
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2755 HARTLAND ROAD, NO. 200, FALLS CHURCH, VA 22043	20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
		THE ORGANIZATION - 703-532-3214			
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Form 990 (2017)	ARC OF	NORTHERN	VIRGINIA,	INC	54-0675506	Dags. '
Part VII Componenti	on of Officer	o Divontess	Constant of the Constant of th		34 0013300	Page
I ait vii Compensati	on or omicer	s, Directors,	i rustees, Key E	mpioyees	Highest Compensated	
Employees.	and Indepen	dent Contract	lore	- - .	F - 11-21-21-21	

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lastitutional trustee	Officer	key employee	Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MATT EVANS	5.00	.,								
TREASURER (2) MARISA LATOS	2.00	X		X				0.	0.	0
SECOND VICE PRESIDENT	2.00	x		x				ا م		
(3) MATT LELAND	5.00	^		Δ				0.	0.	0
PAST PRESIDENT	3.00	X		x				0.	0.	^
(4) CHRISTINE PLUMMER	2.00		-					<u> </u>		0
PRESIDENT		x		X				0.	0.	0
(5) SUSAN POLLACK	1.00								0.	
FIRST VICE PRESIDENT-2017		X		x			[0.	0.	0
(6) CHERI BELKOWITZ	2.00									<u> </u>
DIRECTOR		X			-			0.	0.	0
(7) DOUGLAS M. CHURCH, JR	2.00									<u> </u>
DIRECTOR		X						0.	0.	0
(8) LAWRENCE COOPER	1.00				l	ļ	1			
DIRECTOR (IN 2017)		X						0.	0.	0
(9) SHARON CUMMINGS	2.00			l						
DIRECTOR		X						0.	0.	0
(10) BETH CURTIS	2.00		ı				ď			
SECRETARY	1 00	X	\dashv	Х				0.	0.	0.
(11) JEFFREY DANZIG	1.00		İ	- 1	ĺ	ł			_	
DIRECTOR (IN 2017)	2 00	X					-	0.	0.	0 .
(12) DAVID EGAN DIRECTOR	2.00	x	ĺ				ı			_
(13) EDWARD GREENE	2.00		-+	-+				0.	0.	0.
DIRECTOR		x						0.		
(14) YOUNG-OK KIM	1.00	-	+		-	-	-+		0.	0.
DIRECTOR (IN 2017)		x						0.	0.	0
(15) SILVIA SAGARI	2.00				_					0.
DIRECTOR		x						0.	0.	0.
(16) SCOTT DULMAN	2.00									
FIRST VICE PRESIDENT-2018		Х		x				0.	0.	0.
(17) GRACE FRANCIS	2.00					7	\neg			
DIRECTOR		<u>x </u>						0.	0.	0.

(A)		прів	yees			igne	est C			
رم) Name and title	(B) Average	Ì			C) sition	n		(D)	(E)	(F)
vano ena ato	hours per	(d	lo not e ix, unie	check	more	e than	one	Reportable compensation	Reportable compensation	Estimated amount of
	week		licer a					from	from related	other
	(list any	igg igg						the	organizations	compensation
	hours for related	or di	gg			ated	-	organization	(W-2/1099-MISC)	from the
	organizations	S E	至		#s	uadu		(W-2/1099-MISC)		organization
	below	Individual trustee or director	Institutional trustee		Key employee	stee	1 15			and related organizations
	line)		fisti	Officer	. £	Highest compensated employee	Former			Organizations
(18) GARY HUGHES	1.00	-								
DIRECTOR (IN 2017)		X	-		ļ	ļ	<u>Ļ</u>	0.	0	. 0
(19) ALISA MACHT	2.00	-	Ī				1			
DIRECTOR	1 2 20	X		ļ	<u> </u>	-	├	0.	0	. 0
(20) JANE RATH	2.00	-				-			_	
DIRECTOR (21) JUDD STONE	2.00	X	 -		ļ	 		0.	0	• 0
DIRECTOR	4.00	x						n [•	
(22) CHRISTOPHER NACE	1.00	^		-	 		 	0.	0	• 0
DIRECTOR	4.00	x						0.	0	_
(23) MARY FORD	1.00	-						V •	U.	. 0
DIRECTOR		x						0.	0	. 0
(24) MICHAEL THOMAS	1.00				ļ				<u> </u>	•
DIRECTOR		X						0.	0	. 0
(25) RACHNA HEIZER	1.00									
DIRECTOR		X						0.	0.	. 0
(26) RIKKI EPSTEIN	50.00									
EXCECUTIVE DIRECTOR	2.00	<u> </u>		X				122,125.	0	
1b Sub-total		.				Ì	▶	122,125.	0.	
c Total from continuation sheets to Part VI								0.	0.	
d Total (add lines 1b and 1c)				<u></u>	*****			122,125.	0.	. 0.
 Total number of individuals (including but n compensation from the organization 	or intilited to th	ose	nste	a ad	ove	y wn	o re	ceived more than \$100,	000 of reportable	
										Yes No
3 Did the organization list any former officer,	director, or tru	stee	. kev	/ em	olar	vee.	or h	ighest compensated en	inlovee on	163 140
line 1a? If "Yes," complete Schedule J for s	uch individual					, ,		grade demperioarda di	ployee on	3 X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from the	ne organization	
and related organizations greater than \$150),000? If "Yes, '	" cor	nple	te Şı	che	dule	J fo	r such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	late	d organization or individ	ual for services	AND A
rendered to the organization? If "Yes," com	olete Schedule	Jfc	or su	ch p	erso	on		***************************************	S. 124 19 19 19 19 19 19 19 19 19 19 19 19 19	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con	npensated Ind	epe	nder 	it co	ntra	actor	's th	at received more than \$	100,000 of compens	sation from
the organization. Report compensation for t	ne calendar ye	are	ndin	g wi	th o	r wit	hin		ar.	
(A) Name and business	address	אזר	NE					(B) Description of se	nvices ((C)
		TAO	TAIL					Documption of ac	171063	Compensation
							\top			
										· · · · · · · · · · · · · · · · · · ·
							_ _			
					_			-		
							4			
	,									
O Total number of independent control 2	about a fe	4 1:					ل_			* <u></u>
2 Total number of independent contractors (in	ciuaing but no	t IIm	nted	το th	_	e liste	ed a	bove) who received mo	re than	
\$100,000 of compensation from the organiza	auori 🚩				0			· · · · · · · · · · · · · · · · · · ·		- 000
										Earn QQA 100

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (A) (D)
Revenue excluded from tax under sections
512 - 514 Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns <u>31,583.</u> <u>1a</u> Membership dues 4,550 1b Fundraising events 66,951. 10 d Related organizations 29,352. 1d e Government grants (contributions) 546,139 1e f All other contributions, gifts, grants, and 266,319 similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ 730. 944,894 h Total, Add lines 1a-1f Business Code Program Service Revenue 2 a TRUST FEES 900099 353,756 353,756 CLIENT REP FEES 900099 313,165. 313,165 FOUNDATION FEE 900099 6,000. 6,000 All other program service revenue 672,921 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 600 600. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 10,285. 6 a Gross rents b Less: rental expenses 0. c Rental income or (loss) 10,285. d Net rental income or (loss) 10,285 10,285 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 1.408. b Less: cost or other basis and sales expenses 440 968. c Gain or (loss) d Net gain or (loss) 968 968. 8 a Gross income from fundraising events (not Other Revenue 66,951. of including \$ contributions reported on line 1c), See Part IV, line 18 26,840 b Less: direct expenses _____ b 19,200 c Net income or (loss) from fundraising events 7,640 7,640. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 637,308 683,206 0 9,208.

1 6 2 0 iii 3 0 iii 4 E 5 0 0 p p 7 0 8 8 0 0 11 1 a M b L	compensation of current officers, directors, and key employees Compensation of current officers, directors, and key employees Compensation not included above, to disqualified persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	24,126. 124,606.	expenses 24,126.	generāl expenses	expenses
2 Circle 3 G G G G G G G G G G G G G G G G G G	Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
3 0 0 iii 4 E 5 0 p p 7 C 8 P S 5 10 F 11 a N b L	Individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
3 G in in in in in in in in in in in in in	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 E 5 C to 6 C P P P C 8 P S S C P 10 F 11 a M b L	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	124,606.			
6 0 pp 7 C 8 P S 9 C 10 F 11 a M b L	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	124,606.			
4 E 5 C to 6 C p p p 7 C 8 P S S 10 F 11 F a M b L	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	124,606.		1	
5 C to 6 C P P P C S S S S C 10 F 11 F a M b L	Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	124,606.			1700
6 C p p p 7 C 8 P C 10 P 11 F a M b L	crustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	124,606.			234 (F)
6 C p p p 7 C 8 P S S C 10 F 11 F a N b L	Compensation not included above, to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B)	124,606.	400 004		
9 7 6 8 9 6 10 F 11 F a M	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	l	100,931.	4,984.	18,691
7 C 8 P 8 9 C 10 P 11 F a M	persons described in section 4958(c)(3)(B)				
7 C 8 P 9 C 10 P 11 F a M					
8 P 9 C 10 P 11 F a N b L	Julier salanes and wages	1,049,488.	936,318.	26 020	06 250
9 C 10 F 11 F a M b L	Pension plan accruals and contributions (include	1,047,400.	330,310.	26,820.	86,350
9 C 10 F 11 F a N b L	section 401(k) and 403(b) employer contributions				
10 F 11 F a N b L	Other employee benefits	58,983.	52,158.	1,589.	E 226
11 F a N b L	Payroll taxes	85,066.	75,154.	2,304.	5,236, 7,608,
a M b L	ees for services (non-employees):	03,000.	73,1340	2,304.	7,000
b L	Management				
	egal			**************************************	
	Accounting	82,658.	40,392.	42,266.	
	obbying	02,0201	20/3521	72,200	
	Professional fundraising services. See Part IV, line 17		The American Section 18		
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,			***************************************	
	column (A) amount, list line 11g expenses on Sch O.)	124,748.	114,985.	9,096.	667.
12 A	Advertising and promotion	12,701.	11,221.	344.	1,136.
	Office expenses	73,634.	57,654.	8,938.	7,042.
14 lr	nformation technology	31,636.	27,950.	857.	2,829.
	Royalties				
	Decupancy	95,661.	84,515.	2,591.	8,555.
	ravel	25,882.	23,106.	644.	2,132.
18 P	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
19 C	Conferences, conventions, and meetings	5,600.	5,242.	83.	275.
	nterest	413.	365.	11.	37.
	Payments to affiliates	13,175.	13,175.		
	Depreciation, depletion, and amortization	9,111.	8,049.	247.	815.
	nsurance	8,386.	7,409.	227.	750.
at 24	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 44e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
a _					
b _					
c _		***		·	
d					
	all other expenses	118,696.	28,449.		90,247.
	otal functional expenses. Add lines 1 through 24e	1,944,570.	1,611,199.	101,001.	232,370.
26 Jo re ec	oint costs. Complete this line only if the organization				434,370.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 3,517 311. 1 1 9,393. Savings and temporary cash investments 37,301. 2 2 675,632. 479,601. Pledges and grants receivable, net 3 3 51,615. 69,548. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 28,484. 22,198. Prepaid expenses and deferred charges Land, buildings, and equipment; cost or other 70.521 basis. Complete Part VI of Schedule D 10a 47,877. 27,969 Less: accumulated depreciation 10b 22,644. 10c b Investments - publicly traded securities 27,189. 28,965. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets _____ 14 1,989,979. 2,285,845. 15 Other assets. See Part IV, line 11 15 2,813,778. 2,946,413. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 176,688. Accounts payable and accrued expenses 191,526. 17 17 Grants payable 18 18 824. 15,570. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 6,775. 21 21 Loans and other payables to current and former officers, directors, trustees. 22 iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 38,153. 25 40,232. Total liabilities. Add lines 17 through 25 ... 26 250,616. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 145,867 -145,604. Unrestricted net assets _____ 27 27 467,284. 1,767,379**.** Temporarily restricted net assets 28 Permanently restricted net assets 978,187. 1,074,022. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 2,591,338. 2,695,797. 33 Total net assets or fund balances 33 2,813,778. 2,946,413. Total liabilities and net assets/fund balances 34

	art VI Been Wild William VIRGINIA, INC	54-06	75506	Pa	ge 12
ئا	art XI Reconciliation of Net Assets				MV
	Check if Schedule O contains a response or note to any line in this Part XI				
4					
1	Total expenses (must equal Part VIII, column (A), line 12)	1	1,63	7.3	08.
2	rotal expenses (must equal Part IX, Column (A), I(ne 25)	2	1,944		
3	Troyondo leas experises. Subtract little 2 from little 7	3	-30		
4	(A))	4	2,591		
5	Net unrealized gains (losses) on investments	5			21.
6	Delicios del violes and use of facilities	6			
7	investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in her assets or fund balances (explain in Schedule O)	9	······································		0.
10	Net assets of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			~	<u>v </u>
D	column (B))	10	2,695	. 7	97.
1 6					
	Check if Schedule O contains a response or note to any line in this Part XII	····	*********		
4				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		7.1		
۰	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	The statements for the vear were compiled or reviewed	on a		: 1	-
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	• •
D	Were the organization's financial statements audited by an independent accountant?		2b	x	
	Tes, check a box below to indicate whether the financial statements for the year were guidted on a separate	basis,	4 5		
	consolidated basis, or both:			1	
_	X Separate basis Consolidated basis Both consolidated and separate basis			- 1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	1.5		.53
	review, or compilation of its financial statements and selection of an independent accountant?	*****	2c :	x l	
٥.	in the organization changed either its oversight process or selection process during the tax year, explain in Sobo	dudo O			 -
JH	As a result of a rederal award, was the organization required to undergo an audit or audits as set forth in the Circ	gle Audit	1.5	-	
Į.	Act and OMB Circular A-133?	**********	3a		X
D	too, and the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	· · · · · · · · · · · · · · · · · · ·		Form 99	90 (2)	017)
					-

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

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

Name of the organization

Employer identification number

10		ARC	OF NORTHE	RN VIRGINIA,	INC				54-0675506
Ь	art I	Reason for Public	Charity Status	(All organizations must	complete	this part.)	See Instruction	S.	
The	organ	ization is not a private foul	ndation because it is	s: (For lines 1 through 12	, check or	ily one box	:.)		
1		A church, convention of c	churches, or associa	tion of churches describ	ed in seci	tion 170(b)	(1)(A)(i).		
2		A school described in sec	ction 170(b)(1)(A)(ii)	, (Attach Schedule E (Fo	rm 990 or	990-EZ).)			
3		A hospital or a cooperative	e hospital service or	ganization described in	section 1	70(b)(1)(A)	an.		
4		A medical research organ	ization operated in o	conjunction with a hospit	al describ	ed in secti	ion 170(b)(1)(A	Miii). Ente	r the hospital's name
		city, and state:							
5		An organization operated	for the benefit of a c	college or university own	ed or ope	rated by a	governmental i	ınit descr	ibed in
		section 170(b)(1)(A)(iv).	(Complete Part II.)	•			go voir in normal v	11 III 4000)	1000 III
6		A federal, state, or local g		nmental unit described in	3 section	170/61/11/	Wol		
7	X	An organization that norm	ially receives a subsi	tantial part of its support	from a or	wernment:	al unit or from t	ha ganar	l public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)		· ···oiii c. g.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ar carrier or a contrib	ne Aeriera	r public described in
8		A community trust describ		o)(1)(A)(vi) (Complete Pa	art II \				
9		An agricultural research o	rganization describe	d in section 170/h)(1)(A	Wivi anars	atad in aan	it motion with a	land avec	4 aall
		or university or a non-land	-grant college of agr	icultura (see instructions	MINI Opera A Entarth	neu iii cori	puriculori willi a	iario-gran	t college
		university:	grant concess of agr	ioditoro (see iristi petioris	y. Enter th	e name, ci	ty, and state of	the colle	ge or
10		An organization that norm	ally receives: (1) mor	ro than 22 1/20/ of its o					
		activities related to its exe	mnt functions - cubi	eet to certain eventions	ipborr noi	n contibu	ions, members	inip tees, i	and gross receipts from
		income and unrelated hus	iness tavable incom	e flere pection 511 tout	s, anu (2) f	io more tri	an 33 1/3% of	its suppoi	rt from gross investment
		income and unrelated bus See section 509(a)(2). (Co	nmolete Part III \	e (less section 5 i i tax) i	TOTH DUST	lesses acq	uirea by the or	ganization	n after June 30, 1975.
11		An organization organized		elvaly to tast for public a	ofatu Caa		2004-1441		
12		An organization organized	and operated exclusion	sively for the handlit of	to porform	section o	oscoforto co		
	,	more publicly supported o	rganizations describ	ed in section 500(a)(1).	or coation	EOO(~)(O)	See marking F	irry out th	e purposes of one or
		lines 12a through 12d that	describes the type	of supporting organization	on and as	mplete lice	See section 5	.u9(a)(3), 1	Check the box in
а		Type I. A supporting org	anization operated	supervised or controlled	huite eu	unbiere illië	s rze, rzi, and	iizg. tththth	
		the supported organizat	ion(s) the power to re	eaper hade, or controlled earlarly appoint or cleet	a maioritu	pported of	gariization(s), t	ypicany by	y giving
		organization. You must	complete Part IV S	ections A and R	amajomy	OI III B UII E	octors or truster	es or the s	supporting
b		Type II. A supporting org			otion with	ite duppod	ad arganization		
		control or management	of the supporting are	isnization vected in the	come por	na suppon	estral er men	n(s), by na	aving
		organization(s). You mus	st complete Part IV	Sections A and C	samo pers	ons that c	Ontrol Of Inalia	ge me sul	эропеа
С		Type III functionally into			i in conne	ntion with	and functional	lu interna	mod codale
		its supported organization	on(s) (see Instruction	s) Vou must complete	Dort IV C	ontions A	D and E	y integrat	ea with,
d		Type III non-functional	v integrated. A sunr	ontina organization one	rated in o	ecuons A,	U, and E.		!((-)
		that is not functionally in	tegrated. The organi	zation generally must sa	tiefu a die:	tribution ro	wiiii iis suppon	led organi	ization(s)
		requirement (see instruct	tions). You must con	unlete Part IV Section	c A and D	and Dord	yunemen anu v	an attent	uveness
e		Check this box if the orga	anization received a	written determination fr	am tha IDS	, anu rari Sthat it ia	V. Tunal Tunal	11 Trans - 111	
		functionally integrated, o	r Type III non-functio	mally interreted support	ing organi	ization	a type i, type i	ı, туре ш	
f	Enter	the number of supported	organizations	many integrated support	ing Organi	zauon.			
q	Provi	de the following information	about the supports	ed organization(e)	***********				,
	(i)	Name of supported	(ii) EIN	(III) Type of organization	(iv) is the org	anization Histor ning document?	(v) Amount of r	nonetary	(vi) Amount of other
		organization	[(described on lines 1.10 above (see instructions))	Yes	No No	support (see ins		support (see Instructions)
				above (see instructions))					
					}				
								····	
	·	**************************************				· · · · · · · · · · · · · · · · · · ·			
						1			
		, , , , , , , , , , , , , , , , , , ,							
									•
otal			3.5.5.5.4.5.7.3.						· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2017 ARC OF NORTHERN VIRGINIA, INC 54-0675506 Page 2

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

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

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A Part II line 14 15 Sept. It is a second to the proper in the second in the sec	Se	ction A. Public Support	,,,				····	
1 Giffs, grants, contributions, and membership less received. (Do not include any "unusual grants.") 2 Tax revenues leviad for the corpanization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its expe	Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	/A\ 2016	(2) 2017	1 40 7 41
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8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	(organization meets the "facts-and-circul	mstances" test. Th	e organization qua	lifies as a publicly	supported organi	ization	▶ □
	<u>8 l</u>	Private foundation. If the organization	<u>did not check a bo</u>	x on line 13, 16a, [.]	16b, 17a, or 17b, c	heck this box and	see instructions	

Schedule A (Form 990 or 990-EZ) 2017 ARC OF NORTHERN VIRGINIA, INC 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.)

Se	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to]		
	the organization without charge						
6	Total, Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			Sulfa et la l		NAME AND ASSESSMENT	
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) ► 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties.					:	
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.					ľ	
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			•		
	check this box and stop here			*************************		-378-4111-1111-111-111-111-1-1-1-1-1-1-1-1-	<u> </u>
-	ction C. Computation of Public		·····			· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2017 (lin					15	%
	Public support percentage from 2016					16	%
	ection D. Computation of Investment Income Percentage 7 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))						
						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2017, if the c						
_	more than 33 1/3%, check this box and						
b	33 1/3% support tests - 2016. If the c						
	line 18 is not more than 33 1/3%, chec						, harmonia
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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 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.)

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1-6	rt IV Supporting Organizations (continued)	77014-14-14-14-14-14-14-14-14-14-14-14-14-1	·	τ
44	the the every instance account of a sittle annual fluid of the state o	, , , , , , , , , , , , , , , , , , , 	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			1
h	A family member of a person described in (a) above?	11a	ļ	
		11b		
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	İ	<u> </u>
	Alon Di 1900 i odpporting organizationo			Γ
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	The state of	Yes	No
٠	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1, 11, 1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	$-\lambda$	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Å,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			l
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
_	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,			l
	supervised, or controlled the supporting organization.			
Sec	etion C. Type II Supporting Organizations	2	J	
	The state of the s	,	`	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	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		1	
	the supported organization(s),			
Sec	tion D. All Type III Supporting Organizations	1 1		
			V	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	N 5.	Yes	No
	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		4	
	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		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		}	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	``		- `-
	supported organizations played in this regard,	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	9		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Ins	tructione\		
а	The organization satisfied the Activities Test. Complete line 2 below.	a actions _j .		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government enti	tv (see instructions)	١	
2	Activities Test. Answer (a) and (b) below.	· ·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	V 35 S		140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.0		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		İ	
	reasons for the organization's position that its supported organization(s) would have engaged in these			:
	activities but for the organization's involvement.	a _b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		 -
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-:	į
_	trustees of each of the supported organizations? Provide details in Part VI.	0-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
32025		3b A (Form 990 or 990		2017
	Schedule /	っしいいい つきし ロージタに	/- LEAD 2	ZU1/

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			-0675506 Page 6
Ь.	- spear - should have a state of the spear o			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. A
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	ompiete s	(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		William I was a second of the
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	1		
	instructions for short tax year or assets held for part of year):	• 5		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	, ,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		· · · · · · · · · · · · · · · · · · ·
3	Subtract line 2 from line 1d	3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		· · · · · · · · · · · · · · · · · · ·
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	And the state of	• • • • • • • • • • • • • • • • • • • •
4	Enter greater of line 2 or line 3	4	110000000000000000000000000000000000000	
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	10 10 40 A 10 A 10 A 10 A 10 A 10 A 10 A	
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting organi	ization (see

Instructions).

Sch Pæ	edule A (Form 990 or 990-EZ) 2017 ARC OF NORTH art V Type III Non-Functionally integrated 50	ERN VIRGINIA, 1	INC	<u>54-0675506 Page 7</u>
L	Irt V Type III Non-Functionally Integrated 50 tion D - Distributions	is(a)(3) Supporting Org	anizations (continued)	
1	Amounts paid to supported organizations to accomplish ex	vemot nurnosee		Current Year
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity	whi harboses or subhorred		
3	Administrative expenses paid to accomplish exempt purpo	see of supported organization	20	
4	Amounts paid to acquire exempt-use assets	ses of supported organization	15	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		***************************************	
8	Distributions to attentive supported organizations to which	the organization is responsible	^	
-	(provide details in Part VI), See instructions.	the organization is responsiv	e	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	and a dividual dividual by this a difficult		213	
Sect	tion E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
500	aon E - Distribution Anocations (see instructions)	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-	TO DESCRIPTION OF THE		
L				
3	able cause required- explain in Part VI). See instructions.		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Excess distributions carryover, if any, to 2017		23 2 3 3 3 4 4 5 5 5 5 5	
_ <u>a</u>	From 2013			
		2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	From 2014 From 2015			<u>,</u>
	From 2016			
	Total of lines 3a through e		Solve Service	
	Applied to underdistributions of prior years			
<u>. h</u>	Applied to 2017 distributable amount	3, 4 14 14 44 4 7 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5		, , , , , , , , , , , , , , , , , , , ,
_ !	Carryover from 2012 not applied (see instructions)			
ᆜ_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		and the second second second second	
4	Distributions for 2017 from Section D,			
	line 7: \$	N 45 15 2 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4 14 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA
	Applied to underdistributions of prior years			1. The second se
	Applied to 2017 distributable amount	`		
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	<u> </u>	3	And the second s
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			13/10/14/16/1
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			THE PROPERTY OF STREET
	Excess from 2015			
	Excess from 2016			The second section is a second
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Scriedule A	(Form 990 or 990 E.	2) 2017 ARC	OF NU	KTHEKN	VIRGIN.	A, INC	54-0	675506 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Section D, lines 5, (See Instructions.)	Information lines 1, 2, 3b, 3 tion D, lines 2 a 6, and 8; and P	Provide to the second of the s	the explanati 5a, 6, 9a, 9b, V, Section E, on E, lines 2,	ons required by 9c, 11a, 11b, a lines 1c, 2a, 2b , 5, and 6. Also	Part II, line 10; Pa nd 11c; Part IV, Se o, 3a, and 3b; Part complete this part	rt II, line 17a or 17b; Part ction B, lines 1 and 2; Pa V, line 1; Part V, Section I for any additional Informa	III, line 12; rt IV, Section C,
	(CCC mendonona.)							——————————————————————————————————————
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organizati	on	Employer identification number			
	ARC OF NORTHERN VIRGINIA, INC	54-0675506			
Organization type (chec	k one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation				
Check if your organizatio Note: Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.			
General Rule					
For an organizat property) from a	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalling one contributor. Complete Parts I and II. See instructions for determining a contributor.	ng \$5,000 or more (in money or or's total contributions.			
Special Rules					
sections 509(a)(any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo i) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 ttor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo Z, line 1. Complete Parts I and II.	a, or 16b, and that received from			
year, total contril	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from putions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductions of more than animals. Complete Parts I, II, and III.	n any one contributor, during the cational purposes, or for			
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled refere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it let, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc.,			
out it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990, 990-EZ, or 990-PF), Form 990-PF, Part I, Ilne 2, to			
HA For Paperwork Red	uction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)			

Employer identification number

ARC OF NORTHERN VIRO	FINIA, INC	54-0675506

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ltional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>29,352.</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
4			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

ARC OF NORTHERN VIRGINIA, INC

54-0675506

(a) No. (b) Part I Secription of noncesh property given Secription of noncesh propert	Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is needed.	
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Name of orga	anization		Employer identification number				
ARC OF	NORTHERN VIRGINIA, IN	IC.	54-0675506				
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	tributions to organizations described in columns (a) through (e) and the following us, charitable, etc., contributions of \$1,000 or le	section 501(c)(7), (8), or (10) that total more than \$1,000 for				
(a) No. from	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(0) 000 01 5.11	(a) Decomption of not great a note				
		(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				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(0) \$10							
(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, ar	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, an	od ZIP + 4	Relationship of transferor to transferee				
-							

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

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

2017 Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organiz 	ations: Complete Part III.			
Name of organization			Emp	oloyer identification number
ARC OF	NORTHERN VIRGIN	IA, INC		54OC7EEOC
Part I-A Complete if the or	ganization is exempt ur	nder section 501(c) or is a section 527 (organization.
Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	itures		▶ 9	\$
Part I-B Complete if the or	ganization is exempt un	der section 501(c	c)(3).	VIII
 Enter the amount of any excise tax 	cincurred by the organization up	nder section 4955	>	0.
2 Enter the amount of any excise tax	⟨ Incurred by organization mana	gers under section 49!	55	, a
3 If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this vear?		Von Na
4a vvas a correction made?	************************************	• • • • • • • • • • • • • • • • • • • •	***************************************	Yes No
bil res, describe in Partiv.				
Tarti-O Complete II the Or	ganization is exempt un	der section 501(d	c), except section 501	(c)(3).
1 Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	oction activities > \$	3
2 Enter the amount of the filling organ	nization's funds contributed to d	other organizations for	section 527	
exempt function activities 3 Total exempt function expenditures	a Add lines t and a Fatania		······································	
line 17b 4 Did the filing organization file Form	1120-DOL for this year?	-	> \$	Yes No
made payments. For each organization contributions received that were propolitical action committee (PAC). If	mployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	EIN) of all section 527 p aid from the filing organ a separate political or vide information in Par	political organizations to which nization's funds. Also enter the ganization, such as a separa nt IV.	ch the filing organization
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filling organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	-			

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

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

Part II-A Complete if the or section 501(h)).	rganization is exe	mpt under section	NIA, INC on 501(c)(3) and fi	54-0 led Form 5768 (e	l675506 Page 2 lection under
expenses, and sh	zation belongs to an aff are of excess lobbying	expenditures).		d group member's nam	ne, address, EIN,
Lin	zation checked box A a nits on Lobbying Expe nditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in b Total lobbying expenditures to in c Total lobbying expenditures (add d Other exempt purpose expenditure e Total exempt purpose expenditure	fluence a legislative boo lines 1a and 1b) res	dy (direct lobbying)			
 Lobbying nontaxable amount. En 	ter the amount from the	following table in bo	th columns.		
If the amount on line 1e, column (a) Not over \$500,000 Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1, Over \$1,500,000 but not over \$1, Over \$17,000,000 g Grassroots nontaxable amount (e	or (b) is: The lob 20% of 00,000 \$100,00 500,000 \$175,00 7,000,000 \$225,00 \$1,000,0	bying nontaxable an the amount on line 1e 0 plus 15% of the ex 0 plus 10% of the ex 0 plus 5% of the exc	cess over \$500,000.		
h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organizations to	ro or less, enter -0 o or less, enter -0 ero on either line 1h or l s year?	ine 1I, did the organiz	ation file Form 4720 section 501(h) have to complete all		Yes No
	Lobbying Expen	ditures During 4-Ye	ar Averaging Period		***************************************
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))				QODES!	
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017 ARC OF NORTHERN VIRGINIA, INC 54-0675506 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)).

	es," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.		Yes	No	Am	ount	
1 During the year, did the filing organization attempt to influence	foreign, national, state or	SAYA:	1,24	Service.		
local legislation, including any attempt to influence public opin	ion on a legislative matter					
or referendum, through the use of:		1,770				
a Volunteers?		<u> X</u>				
b Paid staff or management (include compensation in expenses	reported on lines 1c through 1i)?	. <u>X</u>				
c Media advertisements?			<u> </u>			
d Mailings to members, legislators, or the public?			X		·· ·· · · · · · · · · · · · · · · · ·	
e Publications, or published or broadcast statements?	***************************************	. <u>X</u>			47	
f Grants to other organizations for lobbying purposes?			X			
g Direct contact with legislators, their staffs, government officials	s, or a legislative body?	. <u>X</u>		2	2,390	
h Rallies, demonstrations, seminars, conventions, speeches, lect i Other activities?	tures, or any similar means?	·	X			
***************************************		· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Х			
j Total. Add lines 1c through 1i	adfear be a self a goar year				2,437	
b If "Yes," enter the amount of any tax incurred under section 49	cribed in section 501(c)(3)?	·	X			
c If "Yes," enter the amount of any tax incurred by organization r	712					
d If the filing organization incurred a section 4912 tax, did it file F	nanagers under section 4912	•	N. S (155)			
Part III-A Complete if the organization is exempt to 501(c)(6).	under section 501(c)(4), sec	tion 501(c)	(5), or se	ction		
Were substantially all (90% or more) dues received pendeduction.			,	Yes	No	
the state of the s	ble by members?	••••••••	1			
Did the organization make only in-house lobbying expenditures Did the organization agree to carry over lobbying and political of	of \$2,000 or less?		2			
Part III-B Complete if the organization is exempt u 501(c)(6) and if either (a) BOTH Part III-A, answered "Yes."	lines 1 and 2, are answere	d "No," OF	≀ (b) Part	: III-A, lin	e 3, is	
Dues, assessments and similar amounts from members Section 163(a) panelody of the label of the section			1			
2 Section 162(e) nondeductible lobbying and political expenditure expenses for which the section 527(f) tax was paid).	es (do not include amounts of poli	tical	177			
			1.7			
a Current year	*		2a			
b Carryover from last year c Total	***************************************		<u>2b</u>			
411114416411164141414141414141414141414			2c	***************************************		
4. If notices were sent and the amount on line to execute the amount of	ondeductible section 162(e) dues		3		·····	
does the organization scree to carryover to the responsible settle	bunt on line 3, what portion of the ex	(Cess				
expenditure next year?	nate of nondeductible lobbying and	political				
* *************************************	rentional	***************************************	4			
Part IV Supplemental Information	detions)		. 5		····	
· vi · i · · · · · · · · · · · · · · · ·				nd 2 (see		
Aggregate amount reported in section 6033(e)(1)(A) notices of n If notices were sent and the amount on line 2c exceeds the amount does the organization agree to carryover to the reasonable estin expenditure next year? Taxable amount of lobbying and political expenditures (see instriction) Part V Supplemental Information	ount on line 3, what portion of the ex nate of nondeductible lobbying and	cess political	4			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

-	ARC OF NORTHERN VI	RGINIA, INC	1	54-0675506
Р	art I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year		(-, -	and drief decodyled
2	Aggregate value of contributions to (during year)		····	
3	Aggregate value of grapts from (during year)		·······	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the geneta hold is decreed in	al # 1	
	are the organization's property, subject to the organization's e	volueivo logol control?	a tunas	<u></u>
6	Did the organization inform all grantees, donors, and donor ad	Visors in writing that went to a decide		Yes L. No
	for charitable purposes and not for the benefit of the donor or	dones advisor an Europe U	sed only	
	impermissible private henefit?	dollor advisor, or for any other purpose of	onferring	·
Pa	impermissible private benefit? Int II Conservation Easements. Complete if the orga	airellan annuari 194-19		Yes No
1		ilization answered "Yes" on Form 990, Pa	rt IV, line 7	•
•	Preservation of land for public use (e.g., recreation or edi			
	Protection of natural habitat		cally impo	rtant land area
	Preservation of open space	Preservation of a certific	ed historic	structure
2				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	a co <u>nserv</u>	ation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
8	Total number of conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	
IÇ.	Total acreage restricted by conservation easements	***************************************	2b	
C	Number of conservation easements on a certified historic struc	ture included in (a)	1 20	
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic structure	,	
	listed in the National Register	***************************************	2d	
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the o	rganization	during the tax
	year		-	•
4	Number of states where property subject to conservation easer	ment is located >		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it has	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conser	vation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation	1 easemen	ts during the year
	•			as during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170/b)(4VRVi)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	atement o	nd balance short and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes the	orgonizati	onio pagavetica for
	Conservation easements,			
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Othe	er Simils	r Accote
	Complete if the organization answered "Yes" on Form 99	0, Part IV. line 8.	, Ontine	A3563.
1a	If the organization elected, as permitted under SFAS 116 (ASC shiptorical transports and the size of t	958) not to report in its revenue statemen	+ on al h ala	
	historical treasures, or other similar assets held for public exhibit	ion education or research in furthers	t and pala	nce sneet works of art,
	the text of the footnote to its financial statements that describes	these items	of public	service, provide, in Part XIII,
ь	If the organization elected, as nermitted under SEAS 116 (ASC C	DEC) to seemed to the second to		
	If the organization elected, as permitted under SFAS 116 (ASC streasures, or other similar assets held for public exhibition, advantages	stion of report in its revenue statement and	d balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educated relating to these items:	ation, or research in furtherance of public	service, p	ovide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		🟲 \$	
2	thy resolutionada in total boo, rail X		Φ. Φ.	
-	If the organization received or held works of art, historical treasur	res, or other similar assets for financial gai	in, provide	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
ël L	Revenue included on Form 990, Part VIII, line 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🕨 \$	
	radata included in 1 on 1 990, Part X	********	🕨 \$	
пА	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		chedule D (Form 990) 2017

	nedule D (Form 990) 2017 ARC OF	NORTHERN V	IRGINIA,	INC		54-0	67550	6 Page
1	art III Organizations Maintaining	Collections of A	rt, Historical T	reasures, or	Other Si	milar Acc	ate/anni	
3	Osing the organization's acquisition, acces	sion, and other recor	ds, check any of the	e following that a	re a signific	ant use of it	s collectio	n items
	(Check all that apply):			_	ŭ			KOITID
ŧ	Public exhibition		d Loan or ex	change program	s			
ŀ	Scholarly research	•	1 1					
•	Preservation for future generations							
4	Provide a description of the organization's	collections and explai	in how they further	the organization	's exempt n	urnaea in Da	ort VIII	
5	During the year, did the organization solicit	or receive donations	of art, historical trea	asures or other s	eimilar accal	łe.	ut VIII.	
	to be sold to raise funds rather than to be n	naintained as part of	the organization's c	ollection?		ا	Yes	٠. ا
Pa	reported an amount on Form 990, Pa	igements. Compl	ete if the organization	on answered "Ye	s" on Form	990, Part IV	, line 9, o	<u>N</u>
12	Is the organization an agent, trustee, custoo		dlam e fan a a sault					
	on Form 990. Part X2	nan or other litteritiet	hary for contribution	ns or other asset	s not includ	led	_	
ŀ	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII		***************************************	******************		L	Yes	X N
	in 100, explain the anangement in Part XIII	and complete the to	llowing table:		·			
_	Poglaning halones						Amoun	t .
	Beginning balance	• • • • • • • • • • • • • • • • • • • •		•••••	<u>1</u> ,	С		
	Additions during the year		*********************		10	d		
6	Distributions during the year				1 10	8		
T ^-	crowny palarice				1 4			
28	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or ci	ustodial account	Jiahility?	X	Yes	No.
De	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	<u>planation has been</u>	provided on Pa	rt XIII	******	********	X
Га	rt V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Thro	ee years back	(e) Four	vears back
1a		24,990.	23,108.	27,5	I	29,266.		26,298
b	***************************************		,					20,250
C	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	3,160,	3,162.	-3,3	07.	1,209,		4 210
d	Grants or scholarships					1,203,	 	4,218
e	City of the second of the seco		**************************************			····	 	
	and programs	1.408.	1,280.	1 ,1	75	2 005		
f	Administrative expenses		<u> </u>	<u></u>	13.	2,885.		1,250
g	End of year balance	26,742.	24,990.	. 02.4				
2	Provide the estimated percentage of the curr	ent year end balance	//ino 10 column /o	23_1	08.	27,590.		29,266
а	Board designated or quasi-endowment	on your ond basance	%	n) neid as:				
b	Permanent endowment > 100.00	%	_70					
C		% %						
_	The percentages on lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posses	aid equal 100%.	Hamala a la la					
Ou	Are there endowment funds not in the posses by:	ssion or the organizar	tion that are held ar	nd administered	for the orga	nization	-	····
							1	Yes No
	1	**********************	***************************************	*************************	************		3a(i)	X
	(ii) Iolatod Olganizations						الحددا	X
	ii i es on ille da(ii), are the related organizat	ions listed as require	d on Schedule R?	•••••	***************		3b	
4_	Describe in Part XIII the intended uses of the	organization's endow	ment funds.					
rai								·
	Complete If the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	99 Form 990, Pai	t X, line 10.			
	Description of property	(a) Cost or oth basis (investme	er (b) Cost (or other (c) Accumula depreciatio	ited	(d) Book	value
1a	Land							
b	Buildings	_						
c	Leasehold improvements							· · · · · · · · · · · · · · · · · · ·
•	***************************************	·						
d	Equipment	ŀ	54	5 972	211	560	^ ^	200
d	EquipmentOther			5,972. 3,549.	34,6 13,2		22	,303. 341.

(6)(7) (8)(9)

40,232

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's llability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗶

	it All heconculation of Revenue per Audited Financial Statements With Revenue per R	54- eturr	0675506 Page 4
	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	2,044,182.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		2/022/2021
а	Net unrealized gains (losses) on investments 2a 411,721.		
b	Donated services and use of facilities		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е			410 041
3	Subtract line 2e from line 1	2e	418,541.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	1,625,641.
•	Investment expenses not included on Fermi con Decision in		
h	Other (Describe in Port VIII.)		
~	Other (Describe in Part XIII.) Add lines 4a and 4b 11,667.		
5		4c	<u>11,667.</u>
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_ 5	1,637,308.
1 (4)	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,939,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	_/ 0/7
3	Subtract line 2e from line 1	3	-4,847. 1,944,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-3-	1,344,370.
а	Investment evapores not included an Engage 200 Day VIII Para Ti		
ь	Other (Describe in Part XIII.)		
c		_ [
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	0.
Par	t XIII Supplemental Information.	5	1,944,570.
lines S	te 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 >	K, line 2; Part XI,
11100 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PAR	T IV, LINE 2B:		
			-
THE	ARC MAINTAINS DEPOSITS ON BEHALF OF INDIVIDUALS IN ITS GU	JARD	IANSHIP
AND	CASE MANAGEMENT PROGRAM. AMOUNTS ARE DISBURSED FROM THE	DEP	OSITS IN
<u>ACC</u>	ORDANCE WITH INDIVIDUAL AGREEMENTS WITH THE PARTICIPANTS.	TH	E ARC
REC	ORDS A LIABILITY FOR THE BALANCE OF THE DEPOSITS. THE DEP	OSI	TS OF
\$3,	288 ARE INCLUDED IN SAVINGS AND TEMPORARY CASH INVESTMENTS		
PAR'	r v, line 4:		
THE	ARC RECEIVED AN ENDOWMENT FROM RANDALL R. BURMESTER THAT	IS (CLASSIFIED
	PERMANENTLY RESTRICTED NET ASSETS. THESE FUNDS ARE MAINTA		
	ARATE INVESTMENT ACCOUNT. THE GRANTOR HAS RESRICTED THE U		
END(DWMENT SUBJECT TO FOLLOWING TERMS:		
732054	0-09-17 Sc	chedui	e D (Form 990) 2017

Schedule D (Form 990) 2017 ARC OF NORTHERN VIRGINIA, INC 54-067 Part XIII Supplemental Information (continued)	5506 Page 5
-FIVE PERCENT OF THE FAIR MARKET VALUE ON FEBRUARY 25 EACH YEAR MA	Y BE
WITHDRAWN ON THAT DATE	<u> </u>
-ANY WITHDRAWALS FROM THE ENDOWMENT MUST BE USED IN A MANNER THAT	CAUSES,
REWARDS, OR ENCOURAGES THE PROFESSIONAL DEVELOPMENT OF THE STAFF.	
-THE EXECUTIVE DIRECTOR OF THE ARC HAS FULL DISCRETION IN APPLYING	THE
DISRIBUTION AMOUNTS WITHIN THE TERMS OF THE ENDOWMENT.	
PART X, LINE 2:	
THE ARC IS REQUIRED TO MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN	N ITS
FINANCIAL STATEMENTS UNCERTAIN INCOME TAX POSITIONS THE ARC HAS TAKE	KEN IN
THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION OR EXPECTS TO TAKE	E ON AN
INCOME TAX RETURN. THE ARC RECOGNIZES THE TAX BENEFITS FROM UNCERT	PAIN
INCOME TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POS	SITION
WILL BE SUSTAINED ON EXAMINATION BY TAX AUTHORITIES. THE ARC RECOR	RDED NO
LIABILITY FOR UNCERTAIN INCOME TAX POSITIONS FOR ANY OPEN TAX YEARS	1.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SUBLEASE INCOME	10,285.
SPECIAL EVENT EXPENSES	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	11,667.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SUBLEASE INCOME	-10,285.
SPECIAL EVENT EXPENSES	-1,382.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-11,667.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.lrs.gov/Form990 for the latest instructions.

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

Name of the organization		······································				Employer ide	entification numbe
ARC OF	NORTHERN VIRGINIA	, II	1C			54-0675	5506
Part I Fundraising Activities required to complete this pa	Complete if the organization appro-	vered "	Yes" c	on Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
Indicate whether the organization ra A Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations	e Solicit f Solicit g Specia	ation of ation of al fundr	non-g gover aising	government grants rnment grants events			
2 a Did the organization have a written key employees listed in Form 990, F b if "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	Part VII) or entity in connection with ividuals or entities (fundraisers) purs	profess	ional	fundraising services?	>	Vac	: No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody irol of utions?	(iv) Gross receipts from activity	1 1	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
					a. v.		
Cotal	***************************************		•				
List all states in which the organization or licensing.	n is registered or licensed to solicit (contribu	itions	or has been notified	it is e	exempt from re	gistration
			**				

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

Sc.	nedu art	ile G (Form 990 or 990-EZ) 2017 ARC OF Fundraising Events. Complete if	NORTHERN VI	RGINIA, INC	rt IV line 18, or reports	-0675506 Page 2
		of fundraising event contributions and	gross income on Form 99	00-EZ. lines 1 and 6b. List	events with areas reco	io more man \$15,000 Sinte greater than \$5,000
	T		(a) Event #1	(b) Event #2	(c) Other events	ipis greater man \$5,000.
			'.	CORPORATE	NONE	(d) Total events
			ARCTOBERFES	FTEAM CHALLEN	MONE	(add col. (a) through
a.			(event type)	(event type)	(total number)	col. (c))
ž	1			(orom typo)	(total number)	
Revenue	1	Gross receipts	29,859	63,932.		93,791.
	2	Less: Contributions	19,182	47,769.		66,951.
	3	Gross income (line 1 minus line 2)	10,677	16,163.		26,840.
	4	Cash prizes				
60	5	Noncash prizes	47.	5,199.		5,246.
Direct Expenses	6	Rent/facility costs				
ag T	7	Food and beverages	889.	70.		959.
ā	i					757.
	8	Entertainment	400.			400.
	9	Other direct expenses	2,461.	10,134.		12,595.
	10	Direct expense summary. Add lines 4 throug	jh 9 in column (d)	***************************************	>	19,200.
لے	11.	Net income summary. Subtract line 10 from	line 3. column (d)		_	7,640.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
φ			(a) Bingo	(b) Pull tabs/instant	(a) Othor souther	(d) Total gaming (add
Revenue			(a) Dingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
é						
_	1_	Gross revenue				
အ	2	Cash prizes				
S.						
Š	3	Noncash prizes				
Direct Expenses		Rent/facility costs				
ă						
	5	Other direct expenses				
ŀ	6	Volunteer labor	Yes% No	Yes % [No [Yes % No	
İ	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net gaming income summary. Subtract line 7				
		1107			······ •	<u> </u>
9	Ente	r the state(s) in which the organization condu	cts gaming activities			
a	ls th	e organization licensed to conduct gaming ac	tivities in each of these a	tatas?		
h	f "N	o," explain:	mandes in each of these s	iales r	***************************************	Yes No
_						
•			<u> </u>			
0a \	Nere	any of the organization's gaming licenses re	voked, suspended, or ter	minated during the tax ye	ear?	Yes No
י נו	. T	es," explain:				
-						
SUBO	09-1	3-17				
-002	U#-1	9-17			Schedule G (For	n 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 ARC OF NORTHERN VIRGINIA, INC	54-0675506 Pag
11 5005 the organization conduct garning activities with nonmembers?	
The state of a market a granton policificative of the state of a market and the state of the sta	
to administer chantable gaming?	Yes
a The organization's facility b An outside facility	13a
The state of the s	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records;
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b if "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	
or garming revenue retained by the third party	amount
c If "Yes," enter name and address of the third party:	
Name ►	
Name ▶	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
7 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	F
retain the state gaming license? b Enter the amount of distributions required under state levels be distributed by a little by the state of the sta	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or specifically organization's own exempt activities during the tax year > \$	ent in the
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15c, 16, and 17h, as applicable. Also provide any additional formation.	
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	id Part III, lines 9, 9b, 10b, 15b,
The state of the s	
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Schedule G (Form 990 or 990 EZ) Part IV Supplemental Info	ARC OF NO	ORTHERN VI	<u>RGINIA, I</u>	NC	54-0675506 Page 4
Tare if Cappientental into	iniation (continue	<u>a)</u>			
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Employer identification number 54-0675506 Open to Public Inspection OMB No. 1545-0047 2017 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. ARC OF NORTHERN VIRGINIA, INC Part I General Information on Grants and Assistance Name of the organization Department of the Treasury internal Revenue Service SCHEDULE (Form 990)

1(a) Name and address of organization (b) EIN (d) Rosection and address of organization (d) Amount of (e) Amount o	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Somestic Organ 5.000, Part II cal	izations and Domest	ic Governments.	complete if the organic	anization answered "	res" on Form 990, Part	IV, line 21, for any
Errier total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed to the file 1 table For Paperwork Reduction Act Notice, see the Instructions for Form coon	1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for						other		
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form con								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form oon								
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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form con								
Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form con	Enter total number of session End (Alm)							
	Enter total number of other organizations list	government org sted in the line 1	janizations listed in the table	line 1 table				
		ee the Instruction	ons for Form 990.	***************************************				Schodulo I (Eorm 000) (nove)

ARC OF NORTHERN VIRGINIA, INC

Page 2

54-0675506

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. Schedule I (Form 990) (2017)

Part III

(f) Description of noncash assistance INDIVIDUALS WITH DISABILITIES TO LEARN HOW TO TRAVEL SAFELY FRANSITION PLANNING AND SERVICES TO ASSIST WITH UBSCRIPTIONS TO ONEDER PAYMENTS FOR GOODS AND SOFTWARE PLATFORM FOR IMPLEMENTATION (e) Method of valuation (book, FMV, appraisal, other) INDIVIDUAL GRANT RECIPIENTS APPLY FOR GRANTS OR ARE IDENTIFIED AS POTENTIAL USE OF GRANT FUNDS ARE DETERMINED IN THE AWARD Part IV Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. FOLLOW UP WITH THE AWARDEES IS DONE TO PROMOTE SUCCESS OF THE 22,350, ACTUAL COST 1,776 ACTUAL COST (d) Amount of non-cash assistance o ۵, (c) Amount of cash grant (b) Number of recipients 300 ADULTS WITH DISABILITIES ADM CHRONIC ILLNESSES TO LIFE ENRICHMENT AWARDS (LEAP) TO YOUTH AND YOUNG TRAVEL SAFELY AND INDEPENDENTLY USING TRAVELMATE ASSIST IN TRANSITION PLANNING AND IMPLEMENTATION SUBSCRIPTIONS TO ONEDER SOFTWARE PLATFORM FOR INDIVIDUALS WITH DISABILITIES TO LEARN HOW TO (a) Type of grant or assistance AWARDEES BY CASE WORKERS. LINE 2: PROCESS. PART I, GRANTS

(F) DESCRIPTION OF NON-CASH ASSISTANCE: SUBSCRIPTIONS TO ONEDER SOFTWARE PLATFORM FOR INDIVIDUALS WITH DISABILITIES TO LEARN HOW TO TRAVEL SAFELY

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

732102 11-01-17

Schedule I (Form 990) (2017)

Sched Part	ule I (Form 990) IV Supplemental In	ARC O	F NORTHERN	VIRGINIA,	INC	54-0675506 Page 2
AND	INDEPENDENTLY	USING	TRAVELMATE		**************************************	
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	MANAGEMENT CONTRACTOR					
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			· · · · · · · · · · · · · · · · · · ·			

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

2017 Open to Public Inspection

ARC OF NORTHERN VIRGINIA, INC

Employer identification number 54-0675506

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

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization ARC OF NORTHERN VIRGINIA, INC	Employer Identification number 54-0675506
THE OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE ELECTE	D BY THE GENERAL
MEMBERSHIP AT THE ANNUAL MEMBERSHIP MEETING.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS HAS RECEIVED AND REVIEWED THE FORM	990 AND THE
EXECUTIVE COMMITTEE APPROVED IT PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS APPROVED BY	THE BOARD OF
DIRECTORS AS PART OF THE ANNUAL BUDGET PROCESS. THE BOARD	O OF DIRECTORS
REVIEWS EXECUTIVE COMPENSATION FROM OTHER NOT-FOR-PROFIT (
ARE SIMILAR IN SIZE AND MISSION TO THE ARC OF NORTHERN VI	RGINIA.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STATEMENTS
AVAILABLE UPON WRITTEN REQUEST.	
,	

(g) Section 512(b)(13) Employer identification number 54-0675506 £ Open to Public Inspection OMB No. 1545-0047 controlled entity? × 2017 Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. £ Direct controlling entity End-of-year assets <u>©</u> status (if section Public charity 501(c)(3)) INE 11A Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code 9 Go to www.irs.gov/Form990 for instructions and the latest information. section 501(0)(3) € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. TRGINIA ARC OF NORTHERN VIRGINIA, INC TO SUPPORT THE ARC OF Primary activity Primary activity NORTHERN VIRGINIA 2 FOUNDATION OF THE ARC OF NORTHERN VIRGINIA 54-1547443, 2755 HARTLAND ROAD, STE 200 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity VA 22043 Name of the organization Department of the Treasury Internal Revenue Service FALLS CHURCH SCHEDULER (Form 990) Part Part

Schedule R (Form 990) 2017

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

Schedule R (Form 990) 2017 ARC OF NORTHERN VIRGINIA, INC

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 54-0675506 Part III

Page 2

(4)	(4)	,) out.							į	
Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Pradominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		Code V-UBI amount in box 20 Schedule	(j) General or managing partner?	General or Percentage managing ownership
							Ses No	K-1 (Form 1065)	Kes No	
									47	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	anizations Taxable a	s a Corpor g the tax y	ration or Trust, Colear.	mplete if the organizati	on answered "Yes	" on Form 990, P	art IV, line 34,	because it had o	ine or mor	e related
(a) Name, address, and EIN of related organization		Prima	(b) Primary activity	(c) (d) Legal domicile Direct controlling (state or foreign country)	(e) Type of entity (C corp., S corp., or trust)	entity Share of total income st)	of total	(g) Share of Penend-of-year ow	(h) Percentage ownership	Section S12(0)(13) controlled entity?
										No.
732162 09-11-17				43				Schedule R (Form 990) 2017	R (Form S	90) 2017

Schedule B (Form 990) 2017 ARC OF NORTHERN VIRGINIA, INC

Page 3 Yes No M × 54-0675506 φ 5 + þ 드 4 Ē 루 7 유 <u>}=</u> \$ Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Gifft, grant, or capital contribution from related organization(s) 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Part V Iransactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. m Performance of services or membership or fundraising solicitations by related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. s. Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution to related organization(s)

(c) Method of determining amount involved	CASH	FMV	CA CH	CASH	CASH	CASH
(c) Amount involved	29,352,CASH	359,756.FMV	2.407.Сасн	11.875.CASH	265,469.CASH	2,118,CASH
(b) Transaction type (a-s)	U	H	o	R	Þ	Ъ
(a) Name of related organization	(1) FUUNDATION OF THE ARC OF NORTHERN VIRGINIA	(2) FOUNDATION OF THE ARC OF NORTHERN VIRGINIA	(3) FOUNDATION OF THE ARC OF NORTHERN VIRGINIA	(4) FOUNDATION OF THE ARC OF NORTHERN VIRGINIA	(6) FOUNDATION OF THE ARC OF NORTHERN VIRGINIA	(6) FOUNDATION OF THE ARC OF NORTHERN VIRGINIA

Schedule R (Form 990) 2017

INC	le R (Form 990), Part V, line 2)
N VIRGINIA	zations (Schedu
F NORTHER	fith Related Organi
ARC OF	of Transactions V
Schedule R (Form 990)	Part V Continuation

54-0675506

(p)	Method of determining amount involved		11.17																
(c) Amount involved		15.320 CACH																	
(b) Transaction	type (a-r)	S																	
(a) Name of other organization	FOUNDATION OF THE ARC OF MODERNESS	3	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(11)	(18)	(19)	(50)	(21)	(22)	(23)	(24)

732225 04-01-17

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Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)										
Name, address, and EIN	(D)	(0)	()	(e)	£	(6)	ε	ε	8	3
of entity	timed y activity	(state or foreign country)	Fredominant income (related, unrelated, excluded from tax unceptions 519 510.	e partners sec. 501(c)(3) der orgs.?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Districtions Code V-UBI General or Percentage allocators of Schedille K-1 partner ownership	General or managing partner?	Percentage ownership
			(+) C-21 C cilonage	Yes No	911001	assets	Yes No	(Form 1065)	Yes No	
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Part VII Supplemental Information.	54-0675506 Page 8
Provide additional information for responses to questions on Schedule R. See instructions.	
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Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 . Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990 T (including 1120 C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print ARC OF NORTHERN VIRGINIA, INC 54-0675506 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for Social security number (SSN) 2755 HARTLAND ROAD, NO. 200 filing your return, See City, town or post office, state, and ZIP code. For a foreign address, see instructions. FALLS CHURCH, VA 22043 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION The books are in the care of ► 2755 HARTLAND ROAD, NO. 200 - FALLS CHURCH, VA 22043 Telephone No. ► 703-532-3214 Fax No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _. If this is for the whole group, check this box ▶ 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for. request an automatic 6-month extension of time until MAY 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year__ ► X tax year beginning <u>JUL</u> 1, 2017 , and ending JUN 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ____ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. <u>3b</u> 0. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

> MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

LHA