EXTENDED TO NOVEMBER 16, 2015

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	or the	e 2014 calendar year, or tax year beginning a	ind ending		
Вс	heck if	C Name of organization		D Employer ident	ification number
	Addre chang				
]Name chang	Doing business as	· · · · · · · · · · · · · · · · · · ·	74-	1342667
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per
]Final return	8001 CENTRE PARK DRIVE	100	512	<u>-454-6694</u>
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,259,762.
]Amen	AUSTIN, TX 78754		H(a) Is this a group	
	Application	Finante and address of philoparonicer.AMI MIZCHED		for subordinat	es? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinate	s included? Yes No
IT	ax-ex	empt status: X 501(c)(3)	(1) or 527		a list. (see instructions)
		te: WWW.THEARCOFTEXAS.ORG		H(c) Group exempt	tion number
ΚF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1966	M State of legal domicile: TX
	rt I	Summary		., .	
_	1	Briefly describe the organization's mission or most significant activities: THI	ARC OF	TEXAS IS	THE OLDEST
Activities & Governance		AND LARGEST NONPROFIT, VOLUNTEER ORGANI			
Ē	2	Check this box if the organization discontinued its operations or dis			
Š	3				1
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1			4 16
8	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5 21
ij	6	Total number of volunteers (estimate if necessary)			
ਰਿੰ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			'a 0.
⋖	i	Net unrelated business taxable income from Form 990-T, line 34		<u> </u>	-21,432.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		411,709	
ng.	9	Program service revenue (Part VIII, line 2g)	· · · · · · · · · · · · · · · · · · ·	4,235,206	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		31,622	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	r	173,537	
1	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1:		4,852,074	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
20	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		2,153,149	
ŝ		Professional fundraising fees (Part IX, column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·	0	
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	476	_	-
ᄍ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,667,994	909,773.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4.821.143	
		Revenue less expenses. Subtract line 18 from line 12		30,931	
SS	19	nevenue less expenses, Subtract line to incrimine 12		ginning of Current Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,972,315	
See See	20			769,772	
	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,202,543	
H.	rt II	Signature Block		3,202,343	0 2,334,4300
		Ities of perjury, I declare that I have examined this return, including accompanying sche	dulae and etatem	ante and to the heet of	my knowledge and helief it is
		thes of perjuly, i declare that i have examined this return, including accompanying schemation of preparer (other than officer) is based on all information of			my knowledge and belief, it is
uue,	COITE	is, and complete. Decidington of preparer (other than onicer) is based on an information of	n winch preparer	lias ally killowicuge.	
C:		Signature of officer		Date	
Sign		AMY MIZCLES, EXECUTIVE DIRECTOR			
Her	B	Type or print name and title			
			<u> </u>	Date Check	PTIN
Paid	ı	Print/Type preparer's name Preparer's signature WARD S. PYNN WARD S. PYNN		1/14/15 if self-ems	 1
	arer	Firm's name WARD S. PYNN	[-L	Firm's EIN	
Use		Firm's address 5918 W. COURTYARD DR., SUITE	500	i iiii a cili p	, 14 000TT00
J00	J.11.7	AUSTIN, TX 78730	, , ,	Phone no 5	12-258-9670
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2014) THE ARC OF T Part IV Checklist of Required Schedules

			Yes	No
	to the acceptantian described in section E01/a/(2) or 4047/a/(1) (other then a private foundation)?		103	_,,,,,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
_	If "Yes," complete Schedule A	2	Λ	X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		х
	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	x	
_	during the tax year? If "Yes," complete Schedule C, Part II	-	<u> </u>	\vdash
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		X
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		v
	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			ا ب
	Schedule D, Part III	8		<u> X</u>
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?	ا ا		٠.,
	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			.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		•	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	₹.	X
	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	١	٠,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If *Yes,* complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		٠,
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		,,,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	1,7
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	\vdash	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
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			,.
	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			۱
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			🕶
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ [.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	├^-
<u>p</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ь

Form 990 (2014) THE ARC OF TEXAS

Part IV Checklist of Required Schedules (continued)

	Cite Cities of Frequency Continues		1	
	Did the executation was at most than \$5,000 of greats or other assistance to any demostic granting or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		┢┻
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
~~	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			 ^ -
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
		23		x
040	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	man and a same and a same	24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds of tax-exampt donds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
C	•	24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
20a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	-	
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
20	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_x_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1 .
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		l ˈ	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	Щ_

Form **990** (2014)

Pai	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 40			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r		1		
	(gambling) winnings to prize winners?		10	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			}	
	filed for the calendar year ending with or within the year covered by this return	2a 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a	Ì		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country: ▶		1	ļ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).	}		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer		5b	ļ	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		l _		
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		l		
	were not tax deductible?	••••••	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).	mines are vided to the newer?	 		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				-
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was a service of the property for		7b		-
Ç	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		"		
a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				İ
	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	 	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	İ	
D	Enter the amount of reserves the organization is required to maintain by the states in which the	136			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c	1		(
	many the state of	[100]	14a	 	X
	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu		14b		<u>_</u>

74-1342667 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a16	:		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		İ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•-	more members of the governing body?	7a	х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7ь	X I	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		:	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	ļ
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		i	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 10	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le .	
18	for public inspection. Indicate how you made these available. Check all that apply.	v anat		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	AMY MIZCLES - 512-454-6694			
	8001 CENTRE PARK DRIVE, SUITE 100, AUSTIN, TX 78754			

12011114 134652 ARCOFTX

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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			Pos				(D) Reportable	(E) Reportable	(F) Estimated
ITERIO EITO TINO	hours per	box	, unle	as pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi				or/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	9 9	ᆲ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	age a	Institutional bustee		翼	mpen		(***27 1035 141130)		and related
	below	100	utton	,	Key employee	2 2 2	₌			organizations
	line)	igi.	Tage 1	Officer	<u>\$</u>	Highest compensated employee	Роти			
(1) CAROL MAXWELL	1.00	Γ								
PAST PRESIDENT		X	_		<u> </u>	ļ		0.	0.	0.
(2) CHARLIE HUBER	1.00								_	_
PRESIDENT		X		X	_	$oldsymbol{oldsymbol{oldsymbol{eta}}}$	<u> </u>	0.	0.	0.
(3) JOHN SCHNEIDER	1.00							_	_	_
VICE PRESIDENT		X	<u> </u>	X	_	<u> </u>	_	0.	0,	0.
(4) LUCERO PEREZ	1.00	1							_	_
DIRECTOR		X	_	<u> </u>	_	_	<u> </u>	0.	0.	0.
(5) NANCY LEPLEY	1.00	l		 	1					
TREASURER		X	<u> </u>	X	<u> </u>	ــ	<u> </u>	0.	0.	0.
(6) CHARLES WEISINGER	1.00	∤								
DIRECTOR		X	_		├	├_	<u> </u>	0.	0.	0.
(7) TERRI SCHONFELD	1.00	∤							_	
SECRETARY	1 00	X		X	⊢	├		0.	0.	0.
(8) MOLLY BELL	1.00	 		1				1	0.	^
DIRECTOR	1 00	X	-	-	╁	╁	<u> </u>	0.	V •	0.
(9) DR.CYNTHIA PEACOCK	1.00	x						0.	0.	0.
DIRECTOR	1.00	₽	┢		-	┼		0.	0.	
(10) LETTITIA MCPHERSON	1.00	x						0.	0.	0.
DIRECTOR (11) WINDOW	1.00	┢	 	 	\vdash	╁╌	\vdash	0.		•
(11) KENDRA KERBOW	1.00	X						0.	0.	0.
TX ADVOCATE PRESIDENT (12) STEVE ENDERS	1.00	1		\vdash	T	\vdash	-			
DIRECTOR	1.00	\mathbf{x}			ļ		l	0.	0.	0.
(13) BARBI BEARD-WOLFE	1.00	-	\vdash			\vdash		_		
DIRECTOR		x						0.	0.	0.
(14) HIMESH GANDHI	1.00					Π				
DIRECTOR		X			<u> </u>			0.	0.	0.
(15) DAVID HORTON	1.00					[_				
DIRECTOR		X	<u> </u>	<u> </u>	<u></u>	<u> </u>		0.	0.	0.
(16) AMY MIZCLES	45.00									_
EXECUTIVE DIRECTOR		<u> </u>	<u> </u>	X	_	<u> </u>	<u> </u>	101,917.	0.	0.
(17) AMY MERIDA	45.00	{						40 440	ا ۾ ا	_
CPO		<u> </u>	<u> </u>	X	<u> </u>			43,419.	0.	0 . Form 990 (2014

432007 11-07-14

Form **990** (2014)

ARCOFTX1

	(A) Name and title	(B) Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensatio		
		hours for related organizations below line)	Individual trustee or director	Institutional Dustee	Officer	Кеу етрізуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	1	fr org and	om the anizat d relate anizati	e ion ed
						_								
						<u> </u>								
													·	
			_			_		_						
	Sub-total Total from continuation sheets to Part V								145,336.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	145,336. eceived more than \$100	•	0. e			0.
	compensation from the organization								his hook oo an on oak al a				Yes	No
	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual	••••				•••••			•••••		3		Х
	and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	° co	mple	ete S	Sche	edule	e J f	or such individual			4		Х
	rendered to the organization? If "Yes," continue to the organization? If "Yes," continue to the organization?	•				-			ed organization or indiv	iddai foi services	,,.	5		X
1	Complete this table for your five highest countries the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business			ONE		VILI 1	<u> </u>		(B) Description of		C	(Compe		n
_							-	1						
				-			-							

Form 990 (2014) THE ARC
Part VIII | Statement of Revenue

-	Check if Schedule O contains a response	or note to any lin		T (0)		<u></u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
₽ 1 a	Federated campaigns 1a					
5 b	Membership dues 1b					
Ĕ c	6					
b d	Related organizations 1d					
Ē e	Government grants (contributions) 1e	94,153.				
<u> </u>	All other contributions, gifts, grants, and			ļ		
第	similar amounts not included above 1f	88,974.		i		
	Noncash contributions included in lines 1a-1f: \$					
<u>آھ</u>	Total. Add lines 1a-1f	>	183,127.			
		Business Code				
2 a	MASTER POOL TRUST FEES	900099	975,738.	975,738.		
6 b	HOUSEHOLD RECYCLING	900099	552,776.			
[ANNUAL CONFERENCE	900099	351,859.	351,859.		
Revenue c d e						
e						
f	All other program service revenue					
	Total. Add lines 2a-2f		1,880,373.			
3	Investment income (including dividends, intere	st, and				
1	other similar amounts)		21,556.			21,556.
4	Income from investment of tax-exempt bond p	_				_
5	Royalties	<u></u>				
	(i) Real	(ii) Personal				
6 a						
b	Less: rental expenses			}		
c	Rental income or (loss) 124,614.					
d	Net rental income or (loss)	<u></u>	124,614.	124,614.		
7 a	Gross amount from sales of (i) Securities	(ii) Other		1		
	assets other than inventory					
b	Less: cost or other basis					
	and sales expenses					
0	Gain or (loss)					
d	Net gain or (loss)	, •				
ջ 8 a	Gross income from fundraising events (not					
	including \$ of					
<u> </u>	contributions reported on line 1c). See					
5	Part IV, line 18a		ł			İ
	Less: direct expensesb					
` c	•	······		 		-
9 a	Gross income from gaming activities. See					
	Part IV, line 19a		ļ			ŀ
	Less: direct expenses b	L	ł			
	, , ,	···········				
10 a	Gross sales of inventory, less returns]		į
	and allowancesa		1			
	Less: cost of goods soldb		1			
<u> </u>	Net income or (loss) from sales of inventory	hi On do				
4.4		Business Code 900099	50,092.	50,092.		1
1 .	OTHER INCOME	300033	30,034.	30,032.		
6			 	 		
	All other revenue			 		1
	All other revenue		50,092.	-		
12	Total revenue. See instructions.		2.259.762	2,055,079.	0	. 21,556.
2009	reservered, ood mondends.					Form 990 (2014)

Form 990 (2014) THE ARC OF TE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in (A)		(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
_	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,	145,336.	132,376.	12,960.	
	trustees, and key employees	143,336.	132,370.	12,300.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	556,633.	507,148.	49,485.	
	Other salaries and wages	220,033.	JU11140 •	49,4030	
_	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	124,265.	111,895.	12,370.	
	Payroll taxes	45,432.	39,119.	6,313.	
	Fees for services (non-employees):	43,4321	33,113.	0,313.	
	Management				
	Legal				
	Accounting				.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch O.)	177,418.	166,362.	8,699.	2,357
	Advertising and promotion	16,645.	16,492.	112.	41.
	Office expenses	89,446.	81,489.	6,904.	1,053.
	Information technology		•		
	Royalties				
	Occupancy	139,597.	126,938.	8,688.	3,971.
	Travel	72,898.	72,487.	76.	335.
	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	24,760.	24,760.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	91,472.	68,626.	22,846.	
	Insurance	28,315.	21,785.	6,530.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	MISCELLANEOUS EXPENSES	91,459.	38,138.	53,321.	
	REPAIRS & MAINTENANCE	42,022.	34,918.	7,104.	
	LOCAL CHAPTER PROFIT SH	35,214.			35,214.
	VEHICLE & EQUIPMENT REN	29,331.	28,549.	782.	
	All other expenses	71,196.	68,685.	2,006.	505.
	Total functional expenses. Add lines 1 through 24e	1,781,439.	1,539,767.	198,196.	43,476.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	473,095.	1	655,457.
	2	Savings and temporary cash investments	12,706.	2	11,672.
	3	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net	314,147.	4	322,679.
	5	Loans and other receivables from current and former officers, directors,	33,133.		
	•	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	,	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L	,	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	.,, ,, , , , , , , , , , , , , , , , , 	8	
	9	Prepaid expenses and deferred charges	23,825.	9	56,799.
	10a				
		basis. Complete Part VI of Schedule D 10a 2,880,948.			
	h	Less: accumulated depreciation 10b 1,127,991.	1,831,059.	10c	1,752,957.
	11	Investments - publicly traded securities	1,317,483.	11	1,365,237.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,972,315.	16	4,164,801.
	17	Accounts payable and accrued expenses	152,884.	17	100,021.
	18	Grants payable		18	
	19	Deferred revenue	23,685.	19	57,016.
	20	Tax-exempt bond liabilities		20	
ı	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ę,	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
api		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties	583,012.	23	496,498.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	•		
		parties, and other liabilities not included on lines 17-24). Complete Part X of		ĺ	
		Schedule D	10,191.		<u> 156,776.</u>
	26	Total liabilities. Add lines 17 through 25	769,772.	26	810,311.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
Ş		complete lines 27 through 29, and lines 33 and 34.			
ᇎ	27	Unrestricted net assets	3,189,839.	27	3,341,786.
ğ	28	Temporarily restricted net assets	12,704.	28	12,704.
힐	29	Permanently restricted net assets	-	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	
As.	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2 000 540	32	2 254 400
-	33	Total net assets or fund balances	3,202,543.	33	3,354,490.
	34	Total liabilities and net assets/fund balances	3,972,315.	34	4,164,801. Form 990 (2014)

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

SCHEDULE A

(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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization THE ARC OF TEXAS 74-1342667 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) IXI An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally Integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your (described on lines 1-9 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) No Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Total

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

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

n) 🕨 (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
not					
					•
n·			ĺ		
to					:
	-				
i					
· ·					
			<u> </u>		
'					
				1	
. l					
,					
		 			
ine 4.	<u> </u>		·		<u> </u>
(a) 2010	(b) 2011	(6) 2012	(d) 2013	(e) 2014	(f) Total
	(6) 2011	(0) 20 12	(4) 2010	(0) 2014	17.55.2
			†		<u> </u>
_					İ
'					
		1			1

Iess		•			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	 	
in					
				-	
******	L	1	1		<u> </u>
					. —
stop here Public Support Pe	rcentage				
		column (f))		14	%
2013 Schedule A, Part	II, fine 14			15	%
the organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
the organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check to	his box
	_				
	ine 4. (a) 2010 (a) 2010 (a) 2010 (b) (a) 2010 (c) (a	(a) 2010 (b) 2011 (a) 2010 (b) 2011 (a) 2010 (b) 2011 (b) 2011 (c) (a) 2010 (b) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2010 (c) 2011 (c) (a) 2011 (c) (a) 2011 (d) (b) 2011 (d) 2011 (e) 2	in to to to to to to to to to to to to to	ine 4. (a) 2010 (b) 2011 (c) 2012 (d) 2013 (a) 2010 (b) 2011 (c) 2012 (d) 2013 (b) 2013 (d) 2013 (c) 2012 (d) 2013 (d) 2013 (e) 2016 (e) 2012 (d) 2013 (e) 2013 (e) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2016 (e) 2017 (e) 2018 (e) 201	in to to to to to to to to to to to to to

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,998,201,	3,801,875,	3,702,822,	3,658,517.	1,158,865.	16,320,280,
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	860,498.	844,376.	832,820.	988,398.	904,635.	4,430,727.
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						İ
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						<u></u>
A	Total. Add lines 1 through 5	4.858.699.	4,646,251,	4,535,642.	4,646,915.	2,063,500,	20,751,007.
_	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_0.
	amount on line 13 for the year						0.
	Public support (Subtract line 7c from line 6.)						20 751 007
	ction B. Total Support						
	indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	4,858,699,	4,646,251,	4,535,642,	4,646,915,	2,063,500.	20 751 007.
	Gross income from interest,	4,030,033,	9,090,231,	4,333,042,	4,040,313,	2,000,000.	20,702,00,1
100	dividends, payments received on						
	securities loans, rents, royalties	19,866.	25,573.	37,572.	31 622.	146,170.	260.803.
	and income from similar sources Unrelated business taxable income	19,000.	23,313.	31,312.	31,022.	140/1/01	20070001
ī	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	92,414.	74,014.	45 983	155 024	124,614.	492.049.
	***************************************	112,280.	99,587.			270,784.	
	Add lines 10a and 10b	112,200.	33,307.	03,333.	100,040.	210,104.	732,0321
"	activities not included in line 10b,				•		
	whether or not the business is	İ	'				
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	24 260	34,992.	20,976.	18,513.	50,092.	148,941.
	assets (Explain in Part VI.)	24,368.					
	Total support. (Add lines 9, 10c, 11, and 12.)	4,995,347.	4.780.830.	4 640 173	4,852,074.	2 384 376	21 652 800.
14	First five years. If the Form 990 is fo						
_	check this box and stop here				•••••		
	ction C. Computation of Publ					45	95.84 %
	Public support percentage for 2014 (16	95.84 % 97.17 %
16	Public support percentage from 2013					10.	31 · L 1 70
	ction D. Computation of Inve			20 12 polime (A)		17	3.48 %
	Investment income percentage for 20					18	2.37 %
18		zu 13 Schedule A,	rditiii, IITO 1/	on line 14 and line			
19:	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a	na stop here. The	organization qual	mes as a publicly s	supported organiz	auvii	
1	33 1/3% support tests - 2013. If the	organization did n	iot check a box of	i iine 14 oriine 192	i, and interiors mo	,, e u lan 33 1/376, i ortod organization	
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	00X ON IINB 14, 19	a, or 190, check tr			
4320	23 09-17-14				SCI	recine y (Louin 88)	0 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	-		ĺ
	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.	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	ŀ
	organization was described in section 509(a)(1) or (2).	2	-	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		ļ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		1	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	j		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1	1
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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			İ
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
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			ŀ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		l	ł
	purposes.	4c	Ī	
F.o.	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		\Box	
00	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		l	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		Ì	
	(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).	5a	Ì	
.	Type I or Type II only. Was any added or substituted supported organization part of a class already			
b	designated in the organization's organizing document?	5b	1	
_	The same of the same and the same of the s	5c		1
C	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- 55		
6	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	,,	6		
-	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial		\vdash	
7	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	ł	
_	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		-	ļ
8	If "Yes," complete Part I of Schedule L (Form 990).	8		
•		-	<u> </u>	
ya	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ľ	
	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
D		9ь		Ì
_	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	85		
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
40-	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	-	\vdash	
ıva	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		1	
	organizations)? If "Yes," answer (b) below.	10a	1]
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	
J	determine whether the organization had excess business holdings.)	10b	ł	1

	rt IV Supporting Organizations (continued)			
	- Cappersing of garinean control of the cappersing of garinean control of the cappersing of garinean control of the cappersing of garinean control of the cappersing of the ca		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
_	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		Ì	•
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		İ
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed	l		
	the supported organization(s).	1_1_		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ.—	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ļ	
	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	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_	<u> </u>	<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ructions	L	Γ
2	Activities Test. Answer (a) and (b) below.	r	Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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			ļ
	that these activities constituted substantially all of its activities.	2a	 	├
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	25	1	ł
_	activities but for the organization's involvement.	2b	t	\vdash
3	Parent of Supported Organizations. Answer (a) and (b) below.	l	1	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a]	
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	"	 	
Ь	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

ARCOFTX1

74-1342667 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	· · · · · · · · · · · · · · · · · · ·	<u> </u>
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4	<u>_</u> .	
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

b c

d Excess from 2013
e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 THE ARC OF TEXAS 74-13 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and F Also complete this part for any additional information. (See instructions).	42667 Page 8 art III, line 12.
Also complete this part for any additional information. (See instructions).	
Asso complete this part for any additional mornation. (See institutions).	
	·
	

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization			Emp	loyer identification number
	THE ARC	OF TEXAS			74-1342667
Pa	rt I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	organization.
	· · · · · · · · · · · · · · · · · · ·				
	Provide a description of the organization				
2	Political expenditures			> 9	·
3	Volunteer hours				
Pa	ert I-B Complete if the org	ganization is exempt unde	er section 501(c)	(3).	
	Enter the amount of any excise tax				<u> </u>
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 495	5 > \$	3
	If the organization incurred a section				
	Was a correction made?		•		
h	If "Yes." describe in Part IV.				
Pε	ort I-C Complete if the org	ganization is exempt unde	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	tion 527 exempt fund	ction activities	S
2	Enter the amount of the filing organ				
	exempt function activities	•••••		> \$	<u> </u>
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	- 1	
	line 17b			> \$	<u> </u>
	Did the filing organization file Form				
5	Enter the names, addresses and en	nployer identification number (EIN	l) of all section 527 p	olitical organizations to whi	ch the filing organization
	made payments. For each organiza	ition listed, enter the amount paid	from the filing organi	ization's funds. Also enter t	he amount of political
	contributions received that were pr				ate segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Parl	t IV.	η
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-	contributions received and promptly and directly
				Turius. Il florie, eriter -0	delivered to a separate
					political organization.
					If none, enter -0
					·
			-		
_	•				

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 THE ARC OF TEXAS 74-134266

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)).

the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? X Allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	es	No	Amo	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				unt
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? X				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
		X		
h Rallies demonstrations seminars conventions speeches lectures or any similar means?				
Ti Tiestos, comonatationa, communa, conventiona, apocarico, nacional and any annual meaner		X		
i Other activities?		Х		
j Total. Add lines 1c through 1i				0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912	1			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	01(c)(5), or se	ction	
501(c)(6).			Yes	No
4. Mars substantially all (000/ or mars) dues received pendeductible by members?		1		
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
	• • • • • • • • • • • • • • • • • • • •			
		···		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year		2a		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	•••••	2a		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total		2a 2b 2c		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2a 2b 2c		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	•••••••	2a 2b 2c		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	al	2a 2b 2c 3		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	al	2a 2b 2c 3		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ARC OF TEXAS

Employer identification number 74-1342667

Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ful	nds
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pai		· · · · · · · · · · · · · · · · · · ·
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	v important land area
	Protection of natural habitat Preservation of a certified h	
	Preservation of open space	
_	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
2		
	day of the tax year.	Held at the End of the Tax Year
_	Tetal number of concentration appropriate	
8	Total number of conservation easements Total acreage restricted by conservation easements	
b		
C	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	mization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
_	violations, and enforcement of the conservation easements it holds?	the was No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
Boi	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Fai	and -	Ommai Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	and belongs about works of ort
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	i public service, provide, in Part Alli,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	~ ¢
	(i) Revenue included in Form 990, Part VIII, line 1	L .
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	► ¢
8	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

4 • Danasiakias			line 11b. See Form 990, F		
(a) Description of security of	Category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or en	d-of-year market value
1) Financial derivatives .					
Closely-held equity inte	rests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal For	m 990, Part X, col. (B) line 12.)				
Part VIII Investment	ts - Program Related.				
Complete if th	e organization answered "Yes"	to Form 990, Part IV,	line 11c. See Form 990, F	Part X, line 13.	
(a) Description	on of investment	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market value
(1)		·			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					·
(9)					
Total. (Col. (b) must equal For	m 990, Part X, col. (B) line 13.)				
Part IX Other Asse	ets.				
Complete if th	e organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990. F	Part X, line 15.	
Complete # til			1815 114. 000 1 0111 000, 1		
Complete ii ti		Description	1110 7 TO. COO T CITT COO, T		(b) Book value
(1)					(b) Book value
			into rio. coo i dim coo,		(b) Book value
(1) (2)					(b) Book value
(1)					(b) Book value
(1) (2) (3)					(b) Book value
(1) (2) (3) (4)					(b) Book value
(1) (2) (3) (4) (5)					(b) Book value
(1) (2) (3) (4) (5) (6)					(b) Book value
(1) (2) (3) (4) (5) (6) (7)					(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) ual Form 990, Part X, col. (B) line	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq	(a) ual Form 990, Part X, col. (B) line	Description			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq.	(a) ual Form 990, Part X, col. (B) line	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal part X Other Liab Complete if the complete if the complete if the complete compl	ual Form 990, Part X, col. (B) line	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal part X Other Liab Complete if the complete if the complete if the complete compl	ual Form 990, Part X, col. (B) line illities. e organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See Form		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq. Part X Other Liab Complete if the	ual Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es	Description	line 11e or 11f. See Form		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equivariant (complete if the complete l Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es	e 15.)to Form 990, Part IV	line 11e or 11f. See Form			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equivalent X Other Liab Complete if the complete	ual Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es DEPOSITS	9 15.)to Form 990, Part IV	line 11e or 11f. See Form (b) Book value 7,516.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must eq. Part X Other Liab Complete if th 1. (1) Federal income tax (2) SECURITY I (3) EMPLOYEE V (4) DUE TO UNI	ual Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es DEPOSITS /ACATION PAYABLE	9 15.)to Form 990, Part IV	line 11e or 11f. See Form (b) Book value 7,516. 33,883.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must eq. Part X Other Liab Complete if th (1) Federal income tax (2) SECURITY I (3) EMPLOYEE V (4) DUE TO UNI (5)	ual Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es DEPOSITS /ACATION PAYABLE	9 15.)to Form 990, Part IV	line 11e or 11f. See Form (b) Book value 7,516. 33,883.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal to the complete if the comp	ual Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es DEPOSITS /ACATION PAYABLE	9 15.)to Form 990, Part IV	line 11e or 11f. See Form (b) Book value 7,516. 33,883.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal part X Other Liab Complete if the 1. (1) Federal income tax (2) SECURITY I (3) EMPLOYEE V (4) DUE TO UNI (5) (6) (7)	ual Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es DEPOSITS /ACATION PAYABLE	9 15.)to Form 990, Part IV	line 11e or 11f. See Form (b) Book value 7,516. 33,883.		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal to the complete if the comp	ual Form 990, Part X, col. (B) line ilities. e organization answered "Yes" (a) Description of liability es DEPOSITS /ACATION PAYABLE	9 15.)to Form 990, Part IV	line 11e or 11f. See Form (b) Book value 7,516. 33,883.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	ner Return	O / Page 4
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		por noturn.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		
- a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		1 1	·
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 3201 E	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		es per Keturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		<u> </u>	
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities			
þ	Prior year adjustments		 	
Ç	Other losses			
d				
е 3	Subtract line 2e from line 1			•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	•	4c	
5				
ے۔	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV, lines 1b and 2b; Par	t V, line 4; Part X, line 2;	Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			
<u>PAI</u>	RT X, LINE 2:		<u> </u>	
THI	E ORGANIZATION IS EXEMPT FROM FEDERAL INCO	OME TAXES UND	ER SECTION	
<u>50:</u>	1(C)(3) OF THE INTERNAL REVENUE CODE. UNI	RELATED BUSIN	ESS INCOME 1	.s
SU	BJECT TO FEDERAL INCOME TAX.	<u>.</u>		
			N T N	TOYO
THI	<u>E ORGANIZATION RECOGNIZES THE TAX BENEFITS</u>	S FROM UNCERT	AIN TAX POSI	TIONS
ONT	TO THE TO WORD ITVELV MUNN NOM MUNM MUR	MAY DOCTMION	פס דודש סס	
ONI	LY IF IT IS MORE LIKELY THAN NOT THAT THE	TAX POSITION	12 MITT DE	
CIT	STAINED ON EXAMINATION BY THE TAXING AUTHO	אסגע פארשר	ים איי איי מיי	WNTCAT.
30.	STATUED ON EXAMINATION BY THE TAXING AUTIN	AKTITED, DESE	D ON THE TEC	· imitcun
MEI	RITS OF THE POSITIONS. THE TAX BENEFITS I	RECOGNIZED IN	THE CONSOL	DATED
FI	NANCIAL STATEMENT FROM SUCH POSITIONS ARE	MEASURED BAS	ED ON THE LA	RGEST
BEI	NEFIT THAT HAS A GREATER THAN 50% LIKELIHO	OOD OF BEING	REALIZED UPO)N
UL'	FIAMTE SETTLEMENT.			
TH	E ORGANIZTAION IS GENERALLY NO LONGER SUB-	JECT TO TAX E		
43205 10-01-			Schedule D (Fe	orm 990) 2014

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization 74-1342667 THE ARC OF TEXAS FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMITTED TO CREATING OPPORTUNITIES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO BE INCLUDED IN THEIR COMMUNITIES AND TO MAKE CHOICES WHICH AFFECT THEIR LIVES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIVES. FORM 990, PART VI, SECTION A, LINE 6: THE ARC HAS INDIVIDUAL MEMBERS AND AFFILIATED LOCAL CHAPTERS. MEMBERS MUST HAVE PAID THEIR ANNUAL DUES AND BE IN GOOD STANDING WITH A LOCAL CHAPTER. A LOCAL CHAPTER IS DEFINED AS A NON-PROFIT ORGANIZATION OF FAMILIES AND FRIENDS WITH INTELLECTUAL AND DEVELOPMENTAL DIABILITES. ONLY LOCAL CHAPTERS IN GOOD STANDING ARE ENTITLED TO VOTING PRIVILEGES IN THE ARC. FORM 990, PART VI, SECTION A, LINE 7A: THE CONGRESS OF DELEGATES SHALL CONSTITUTE THE VOTING BODY OF THE ARC. ΙT IS COMPRISED OF MEMBERS WHO HAVE BEEN APPOINTED AS DELEGATES BY LOCAL CHAPTERS AND EACH MEMBER OF THE BOARD OF DIRECTORS OF THE ARC. THE CONGRESS OF DELEGATES ELECT OFFICERS, ELECT MEMBERS OF THE BOARD OF DIRECTORS, ELECT DIRECTORS-AT-LARGE, ELECT MEMBERS OF THE NOMINATING COMMITTEE, AND ACT ON ANY OTHER BUSINESS THAT MAY APPROPRIATELY COME BEFORE THE CONGRESS OF DELEGATES. FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS MAKE GOVERNANCE DECISIONS FOR THE ARC. THE

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

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

Page 2 Schedule O (Form 990 or 990-EZ) (2014) **Employer identification number** Name of the organization THE ARC OF TEXAS 74-1342667 MEMBERSHIP HAS THE RIGHT TO VOTE ON ANY DECISION MADE BY THE BOARD BUT GENERALLY DEFER TO THE BOARD'S DECISIONS. SINCE INCEPTION, THE MEMBERSHIP HAS NOT COLLECTIVELY VOTED TO CHANGE ANY BOARD GOVERNANCE DECISION. FORM 990, PART VI, SECTION B, LINE 11: THE DIRECTORS REVIEW FORM 990 PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS AND OFFICERS DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS AND RECUSE THEMSELVES FROM VOTING ON ANY MATTERS WITH WHICH THEY HAVE A CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS OF DETERMINING COMPENSATION FOR THE ARC OF TEXAS INCLUDES COLLECTION OF COMPARABLE DATA (COMPARABLE POSITIONS OF COMPARABLE ORGANIZATIONS OBTAINED FROM PUBLISHED SALARY SURVEY REPORTS) THAT IS REVIEWED AND DISCUSSED BY THE EXECUTIVE COMMITTEE COMPRISED OF BOARD MEMBERS. ONCE MADE, THE BOARD'S DECISION IS DOCUMENTED AND NO INDIVIDUAL WITH A CONFLICT OF INTEREST IS INVOLVED IN THE DECISION. ALL COMPENSATION DECISIONS FOR OTHER EMPLOYEES ARE MADE BY THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 18: UPON WRITTEN REQUEST, THESE DOCUMENTS WILL BE MADE AVAILABLE FOR PUBLIC INSPECTION. FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST, THESE DOCUMENTS WILL BE MADE AVAILABLE FOR PUBLIC INSPECTION.

ARCOFTX1

Name of the organization THE ARC OF TEXAS	Employer identification number 74-1342667
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TO ADJUST BEGINNING EQUITY DUE TO ABANDONMENT OF HHR	
PROGRAM	-346,208.
	
	· · ·
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization THE ARC OF TEX	Kas				E	mployer identific 74-13426		ımber
Part I Identification of Disregarded Entities Complete	e if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	ne, address, and EIN (if applicable) Primary activity		(d) or Total inco	(e) me End-of-year	ar assets Direc		(f) Direct controlling entity	
						ļ		
	-				············ <u>-</u>			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more	re related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dir	(f) rect controlling entity)) 12(b)(13) olled ity?
		<u> </u>		501(c)(3))			Yes	No
TARC GROUP HOME #5 INC - 74-2513014 8001 CENTRE PARK DRIVE 100 AUSTIN TX 78754	HUD HOUSING FOR PEOPLE WITH DEVELOPMENT DISABILITIES	TEXAS	501(C)(3)	LINE 9	YES			x
ASSOCIATION FOR TEXAS ADVOCATES - 74-2356460								
8001 CENTRE PARK DRIVE 100 AUSTIN TX 78754	WITH DEVELOPMENTAL DISABILITIES.	TEXAS	501(C)(3)	LINE 9	YES			x
	510731211120,		501(67(37		100_			
	1		<u> </u>				l	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	n) ortionale tions?	20 of Schedule	Gener mana partr	n: ~ D4	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
							1		
		{							
						<u></u>	<u> </u>		Ь
								l	
							ļ		<u> </u>
								1	
		L					<u> </u>	<u> </u>	└
					.				<u> </u>
T1 199						1			
						1			
							<u> </u>	<u></u>	<u> </u>

Page 3

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

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
During the tax year, did the organization engage in any of the following transa		_		1a		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						X
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)					┼	
					X	
e Loans or loan guarantees by related organization(s)				<u>1e</u>		X
f Dividends from related organization(s)	····			1f		X
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)						X
j Lease of facilities, equipment, or other assets to related organization(s)						X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
Performance of services or membership or fundraising solicitations for related organization(s)						Х
m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					х	
o Sharing of paid employees with related organization(s)						Х
p Reimbursement paid to related organization(s) for expenses				1p		x
q Reimbursement paid by related organization(s) for expenses						X
r Other transfer of cash or property to related organization(s)				1r		x
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)						Х
2 If the answer to any of the above is "Yes," see the instructions for information						
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amou	int involved		
n ASSOCIATION FOR TEXAS ADVOCATES	D	94,417.	CASH			
2)						
21						
						
4)						
5)						
a)						
<u> </u>						

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.

(e) Are all (f) (g) (h) (a) (b) (c) (related, unrelated, excluded from tax under sections 512-514) Disproportionate amount in box 20 managing partner? of Schedule K-1 Name, address, and EIN Primary activity Legal domicile Share of Share of (state or foreign total end-of-year of entity country) income assets Yes No (Form 1065) Yes No

Schedule R (Form 990) 2014	THE ARC OF TEXAS	74-1342667 Page 5
Schedule R (Form 990) 2014 Part VII Supplemental Info	ormation	
Provide additional infor	rmation for responses to questions on Schedule R (see instructions).	
Piovide additional linor	matter for responses to departure on deficable in face manded ones.	
		·