

## Return of Organization Exempt From Income Tax

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

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

THE ARC OF TENNESSEE, INC.  
151 ATHENS WAY, SUITE 100  
NASHVILLE, TN 37228

## D Employer Identification Number

62-0639154

## E Telephone number

615-248-5878

G Gross receipts \$ 2,823,730.

## F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.THEARCTN.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation: 1952

M State of legal domicile: TN

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE GENERAL WELL-BEING OF ALL CITIZENS WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	75
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,955,212.	Current Year 1,946,577.
	9	Program service revenue (Part VIII, line 2g)	666,784.	875,952.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	818.	301.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,093.	900.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,628,907.	2,823,730.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,730,938.	1,909,783.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,824.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	787,871.	787,064.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,518,809.	2,696,847.
	19	Revenue less expenses. Subtract line 18 from line 12	110,098.	126,883.
	Not Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 944,652.
21		Total liabilities (Part X, line 26)	409,373.	493,134.
22		Net assets or fund balances. Subtract line 21 from line 20	535,279.	656,795.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	<i>Carrie Hobbs Guiden</i>	Date	11/9/2011	
	Type or print name and title.	Carrie Hobbs Guiden, Executive Director			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	
	SARAH C. HARDEE, CPA	<i>Sarah Hardee, CPA</i>	11-8-11	P00546174	
	Firm's name	PATTERSON, HARDEE & BALLENTINE PC			
	Firm's address	1889 GENERAL GEORGE PATTON DR. SUITE #200 FRANKLIN, TN 37067			
				Firm's EIN	45-0784806
				Phone no.	615-750-5537

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III. ☒ **X**

- 1 Briefly describe the organization's mission:  
TO PROMOTE THE GENERAL WELL-BEING OF ALL CITIZENS WITH INTELLECTUAL AND/OR  
DEVELOPMENTAL DISABILITIES.
- 
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If 'Yes,' describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If 'Yes,' describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:           ) (Expenses \$ 528,703. including grants of \$ 621,832.) (Revenue \$           )  
CLASS MEMBER ADVOCACY SERVICES (CMAS) - THE ARC TN PROVIDES INDIVIDUAL ADVOCACY  
SERVICES TO INDIVIDUALS WHO ARE PART OF THE DIDS SERVICE SYSTEM AND ARE IN ONE OF THE  
FOLLOWING PROTECTED CLASSES: ARLINGTON CLASS, SETTLEMENT CLASS, AT-RISK CLASS (ALL  
RELATED TO PAST LAWSUITS). ADVOCACY IS SPECIFIC TO A GIVEN SITUATION WHERE THE STAFF  
WORKS WITH ALL INVOLVED TO ADDRESS THE CONCERN AND ASSURE PROPER SUPPORTS ARE IN  
PLACE.

4b (Code:           ) (Expenses \$ 440,844. including grants of \$           ) (Revenue \$           )  
SUPPORT BROKERAGE - THE ARC TN PROVIDES SUPPORT BROKERAGE SERVICES TO INDIVIDUALS IN  
THE DIDS SELF-DETERMINATION WAIVER THAT HELPS THEM TO LOCATE, ACCESS AND COORDINATE  
THEIR OWN SERVICES RATHER THAN RELYING ON TRADITIONAL PROVIDERS.

4c (Code:           ) (Expenses \$ 341,908. including grants of \$ 402,134.) (Revenue \$           )  
ADVOCACY, EDUCATION AND PUBLIC AWARENESS - THE ARC TN PROVIDES INFORMATION AND  
REFERRAL TO ANYONE WHO CONTACTS THE OFFICE SEEKING ASSISTANCE, INDIVIDUAL ADVOCACY AS  
NEEDED, AND TRAINING/WORKSHOPS/CONSULTATION ON IN A VARIETY OF AREAS INCLUDING  
SELF-DETERMINATION, PERSON-CENTERED PRACTICE, SELF-ADVOCACY, AND OTHERS. WE ALSO  
CONDUCT PATHS (PLANNING ALTERNATIVE TOMORROWS WITH HOPE) FOR INDIVIDUALS AND  
ORGANIZATIONS UPON REQUEST.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O  
 (Expenses \$ 949,346. including grants of \$ 832,750.) (Revenue \$           )

4e Total program service expenses 2,260,801.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.....	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).....	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.....	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....	<b>11 a</b> X	
<b>b</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.....	<b>11 b</b>	X
<b>c</b> Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.....	<b>11 c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	<b>11 d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	<b>11 e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	<b>11 f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.....	<b>12 a</b> X	
<b>b</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, XII, and XIII is optional.....	<b>12 b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?.....	<b>14 a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV.....	<b>14 b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.....	<b>16</b>	X
<b>17</b> 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 (see instructions).....	<b>17</b>	X
<b>18</b> 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.....	<b>18</b>	X
<b>19</b> 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.....	<b>19</b>	X
<b>20 a</b> Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.....	<b>20</b>	X
<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).....	<b>20 b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?.....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. ....	<b>1 a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1 c</b>		
<b>2 a</b> 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. ....	<b>2 a</b> 75		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....	<b>3 b</b>		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .....	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year. ....	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? .....	<b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. ....	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders. ....	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. ....	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand. ....	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. ....	<b>14 b</b>		



**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. .... <b>1 a</b> 26		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent, .... <b>1 b</b> 26		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? .... <b>SEE SCHEDULE O</b>	<input checked="" type="checkbox"/> X	
<b>3</b> 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? .....		<input checked="" type="checkbox"/> X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		<input checked="" type="checkbox"/> X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<input checked="" type="checkbox"/> X
<b>6</b> Does the organization have members or stockholders? ... <b>SEE SCHEDULE O</b> .....	<input checked="" type="checkbox"/> X	
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .... <b>SEE SCHEDULE O</b> .....	<input checked="" type="checkbox"/> X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<input checked="" type="checkbox"/> X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<input checked="" type="checkbox"/> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<input checked="" type="checkbox"/> X	
<b>9</b> Is there any officer, director or 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. ....		<input checked="" type="checkbox"/> X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Does the organization have local chapters, branches, or affiliates? .....	<input checked="" type="checkbox"/> X	
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<input checked="" type="checkbox"/> X	
<b>11 a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? ....	<input checked="" type="checkbox"/> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>		
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13. ....	<input checked="" type="checkbox"/> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<input checked="" type="checkbox"/> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. ....	<input checked="" type="checkbox"/> X	
<b>13</b> Does the organization have a written whistleblower policy? .....	<input checked="" type="checkbox"/> X	
<b>14</b> Does the organization have a written document retention and destruction policy? .....	<input checked="" type="checkbox"/> X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. <b>SEE SCHEDULE O</b> .....	<input checked="" type="checkbox"/> X	
<b>b</b> Other officers of key employees of the organization. ....	<input checked="" type="checkbox"/> X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		<input checked="" type="checkbox"/> X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► NONE

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website      ☒ Another's website      ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. **SEE SCHEDULE O**

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► NICOLE DAVIDSON 151 ATHENS WAY, SUITE 100 NASHVILLE TN 37228 615-248-5878

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII. ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE O										
(1) GLENDA BOND PRESIDENT	5	X		X				0.	0.	0.
(2) HOLLY LU CONANT REES VICE PRESIDENT	5	X		X				0.	0.	0.
(3) MERRY JENSEN REGIONAL VP	5	X						0.	0.	0.
(4) RON BUTLER BOARD MEMBER	5	X		X				0.	0.	0.
(5) RUTH ROBERTS PAST PRESIDENT	5	X						0.	0.	0.
(6) MADELINE NICHOLS CHAPTER REP	5	X						0.	0.	0.
(7) KATIE POWERS REGIONAL VP	5	X						0.	0.	0.
(8) MERLE SMITH CHAPTER REP	5	X						0.	0.	0.
(9) DONALD REDDEN CHAPTER REP	5	X						0.	0.	0.
(10) MEGAN HART CHAIRPERSON	5	X						0.	0.	0.
(11) CAROL GREENWALD CHAIRPERSON	5	X						0.	0.	0.
(12) DORIA PANVINI CHAIRPERSON	5	X						7,140.	0.	0.
(13) ASHLEY COULTER CHAIRPERSON	5	X						0.	0.	0.
(14) LUKE RANDALL SECRETARY	5	X		X				0.	0.	0.
(15) JOHN LEWIS TREASURER	5	X						0.	0.	0.
(16) OMEGBHAI URIRI BOARD MEMBER	1	X						0.	0.	0.
(17) GREG MCCORD BOARD MEMBER	0	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY JORDAN BOARD MEMBER	5	X						0.	0.	0.
(19) ELISE MCMILLAN BOARD MEMBER	5	X						0.	0.	0.
(20) ANTHONY RUCKER BOARD MEMBER	0	X						0.	0.	0.
(21) MAGGIE MASIMORE CHAPTER REP	1	X						0.	0.	0.
(22) LOIS DAVIS CHAPTER REP	1	X						0.	0.	0.
(23) NORMAN TENENBAUM BOARD MEMBER	1	X						0.	0.	0.
(24) MALESSA FLEENOR CHAPER REP	1	X						0.	0.	0.
(25) SHARON BOTTORFF CHAPTER REP	0							0.	0.	0.
(26) CARRIE HOBBS GUIDEN EXECUTIVE DIREC	40			X				95,117.	0.	0.
(27)										
(28)										
(29)										
<b>1 b Sub-total</b>								102,257.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A.</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								102,257.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	<b>3</b>	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	<b>4</b>	X
5 Did any person listed on line 1a receive or accrue compensation from any <b>unrelated</b> organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	<b>5</b>	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns.....	<b>1a</b>				
	<b>b</b> Membership dues.....	<b>1b</b>	5,833.			
	<b>c</b> Fundraising events.....	<b>1c</b>	2,107.			
	<b>d</b> Related organizations.....	<b>1d</b>	9,525.			
	<b>e</b> Government grants (contributions).....	<b>1e</b>	1,856,716.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above....	<b>1f</b>	72,396.			
	<b>g</b> Noncash contributions included in lns 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f.....		1,946,577.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2a</b> CONTRACT REVENUE	Business Code 624100	865,952.	865,952.		
	<b>b</b> MEGACONFERENCE	561000	10,000.	10,000.		
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue...					
	<b>g Total.</b> Add lines 2a-2f.....		875,952.			
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts).....		301.		
<b>4</b> Income from investment of tax-exempt bond proceeds.....						
<b>5</b> Royalties.....						
<b>6a</b> Gross Rents.....		(i) Real (ii) Personal				
<b>b</b> Less: rental expenses.....						
<b>c</b> Rental income or (loss).....						
<b>d</b> Net rental income or (loss).....						
<b>7a</b> Gross amount from sales of assets other than inventory..		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses.....						
<b>c</b> Gain or (loss).....						
<b>d</b> Net gain or (loss).....						
<b>8a</b> Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18.....		<b>a</b>				
<b>b</b> Less: direct expenses.....		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events.....						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19.....		<b>a</b>				
<b>b</b> Less: direct expenses.....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities.....						
<b>10a</b> Gross sales of inventory, less returns and allowances.....		<b>a</b>				
<b>b</b> Less: cost of goods sold.....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue		Business Code				
<b>11a</b> OTHER REVENUE	900099	900.	900.			
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue.....						
<b>e Total.</b> Add lines 11a-11d.....		900.				
<b>12 Total revenue.</b> See instructions.....		2,823,730.	876,852.	0.	301.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	95,177.	91,370.	3,807.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,360,281.	1,141,828.	218,453.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	454,325.	397,752.	56,573.	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	12,000.		12,000.	
d Lobbying.	1,080.		1,080.	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.	77,325.	47,854.	29,471.	
12 Advertising and promotion.				
13 Office expenses.	37,882.	30,872.	6,306.	704.
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	271,908.	263,611.	8,203.	94.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	1,655.		1,655.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	8,755.		8,755.	
23 Insurance.	4,718.		4,718.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a INDIVIDUAL ASSISTANCE	92,112.	92,012.	100.	
b PA DIRECT SERVICES	75,656.	75,656.		
c COMMUNICATIONS	71,491.	54,601.	16,890.	
d EQUIPMENT RENTAL	63,843.	28,238.	35,605.	
e SUPPLIES	32,420.	22,058.	9,849.	513.
f All other expenses.	36,219.	14,949.	20,757.	513.
25 Total functional expenses. Add lines 1 through 24f.	2,696,847.	2,260,801.	434,222.	1,824.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing .....	401,812.	1	417,428.
	2 Savings and temporary cash investments .....	60,355.	2	60,536.
	3 Pledges and grants receivable, net .....	347,825.	3	425,359.
	4 Accounts receivable, net .....	83,320.	4	191,810.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	23,372.	9	26,843.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 160,187.		
	b Less: accumulated depreciation .....	10b 137,627.	22,574.	10c 22,560.
	11 Investments — publicly traded securities .....		11	
	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 .....	5,394.	15	5,393.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	944,652.	16	1,149,929.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	167,115.	17	222,353.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	242,258.	25	270,781.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	409,373.	26	493,134.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	501,166.	27	621,540.
	28 Temporarily restricted net assets .....	34,113.	28	35,255.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	535,279.	33	656,795.
34 <b>Total liabilities and net assets/fund balances.</b> .....	944,652.	34	1,149,929.	

BAA

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	2,823,730.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	2,696,847.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	126,883.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	535,279.
5	Other changes in net assets or fund balances (explain in Schedule O) <b>..SEE..SCHEDULE..O..</b> .....	5	-5,367.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).....	6	656,795.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b Were the organization's financial statements audited by an independent accountant? .....	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: .....		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

BAA

Form 990 (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

THE ARC OF TENNESSEE, INC.

Employer identification number

62-0639154

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. \_\_\_\_\_
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
<b>11g (i)</b>		
<b>11g (ii)</b>		
<b>11g (iii)</b>		

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	2,277,345.	1,864,652.	2,250,318.	1,936,282.	1,929,112.	10,257,709.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5.	2,277,345.	1,864,652.	2,250,318.	1,936,282.	1,929,112.	10,257,709.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						10,257,709.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6.	2,277,345.	1,864,652.	2,250,318.	1,936,282.	1,929,112.	10,257,709.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,865.	1,215.	915.	818.	301.	5,114.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b.	1,865.	1,215.	915.	818.	301.	5,114.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	4,044.	8,012.	7,700.	5,600.		25,356.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,283,254.	1,873,879.	2,258,933.	1,942,700.	1,929,413.	10,288,179.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	99.7 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15.	<b>16</b>	99.7 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	0.1 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17.	<b>18</b>	0.1 %

**19a 33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒

**b 33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

THE ARC OF TENNESSEE, INC.

62-0639154

## PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
RENTAL INCOME		5,600.	7,700.	8,012.	4,044.
TOTAL	\$ 0.	\$ 5,600.	\$ 7,700.	\$ 8,012.	\$ 4,044.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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. ► See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THE ARC OF TENNESSEE, INC.

Employer identification number

62-0639154

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures..... ► \$

3 Volunteer hours.....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955..... ► \$ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955..... ► \$ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... ☐ Yes ☐ No

4a Was a correction made?..... ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities..... ► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities..... ► \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ► \$

4 Did the filing organization file **Form 1120-POL** for this year?..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.  
**B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

**Limits on Lobbying Expenditures**  
(The term 'expenditures' means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount .....					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					
<b>c</b> Total lobbying expenditures .....					
<b>d</b> Grassroots nontaxable amount .....					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					
<b>f</b> Grassroots lobbying expenditures .....					

BAA

Schedule C (Form 990 or 990-EZ) 2010

**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)).

	(a)		(b)
	Yes	No	Amount
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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities? If 'Yes,' describe in Part IV. . . .SEE. PART. IV.		X	
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.			
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?		X	

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is 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 expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

\_\_ PART II-B, LINE 1I- OTHER ACTIVITIES DESCRIPTION \_\_

\_\_ THE ARC TN 990 SCHEDULE C PART II-B EXPLANATIONS \_\_

\_\_ 1A. THE ARC OF TENNESSEE REACHES OUT TO ITS VOLUNTEER MEMBERSHIP BASE TO ASSIST WITH \_\_

\_\_ INFLUENCING PUBLIC POLICY ON KEY ISSUES THAT AFFECT PEOPLE WITH INTELLECTUAL AND \_\_

DEVELOPMENTAL DISABILITIES. WHEN THERE IS A PIECE OF LEGISLATION THAT THE ARC

**Part IV** Supplemental Information (continued)**PART II-B, LINE 11 - OTHER ACTIVITIES DESCRIPTION (CONTINUED)**

SUPPORTS OR OPPOSES, AN "ACTION ALERT" IS SENT OUT TO MEMBERS OF THE ORGANIZATION WITH A LIST OF TALKING POINTS AND A REQUEST TO CONTACT THEIR LEGISLATORS. IT IS UP TO THE INDIVIDUAL MEMBER TO TAKE ACTION OR NOT, AND WHAT TO SAY TO THEIR LEGISLATORS. MANY FAMILIES USE THE TALKING POINTS PROVIDED AND THEN SHARE A PERSONAL STORY OF HOW THE LEGISLATION IMPACTS THEM OR A LOVED ONE.

THE ARC OF TENNESSEE ALSO HAS VOLUNTEERS THAT PARTICIPATE ON ITS GOVERNMENTAL AFFAIRS COMMITTEE THAT HELPS SHAPE THE LEGISLATIVE AGENDA FOR THE ORGANIZATION EACH YEAR.

1B. THE EXECUTIVE DIRECTOR IS A REGISTERED LOBBYIST FOR THE ARC OF TENNESSEE. THE ORGANIZATION ALSO CONTRACTS WITH A LOBBYIST TO HELP SUPPORT ITS ACTIVITIES. BOTH ARE PAID. THE ED IS A STAFF, THE OTHER IS A CONTRACTOR.

1D. THE ARC OF TENNESSEE SENDS COPIES OF ITS QUARTERLY NEWSLETTER TO MEMBERS OF THE TENNESSEE LEGISLATURE. THIS NEWSLETTER IS NOT POLITICAL IN NATURE BUT DOES SERVE TO EDUCATE THEM ON ISSUES RELATED PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. DURING LEGISLATIVE SESSIONS, THE ARC OF TENNESSEE MAY SEND OUT LETTERS TO LEGISLATORS ASKING FOR THEIR SUPPORT OR OPPOSITION TO VARIOUS PIECES OF LEGISLATION AND REASON(S) FOR THE REQUEST. THE ARC OF TENNESSEE MAY ALSO SEND LEGISLATIVE ALERTS TO MEMBERS (SEE 1A ABOVE) THAT INCLUDES TALKING POINTS RELATED TO THE SUPPORT OR OPPOSITION OF VARIOUS PIECES OF LEGISLATION AND A REQUEST TO CONTACT THEIR LEGISLATOR AND SHARE THEIR STORY. THE ARC OF TENNESSEE DOES NOT SEND MAILING OUT TO THE GENERAL PUBLIC.

1E. THE ARC OF TENNESSEE PUTS OUT A QUARTERLY NEWSLETTER THAT IS NOT POLITICAL IN NATURE. IT IS STORIES AND OTHER INFORMATION RELATED TO INDIVIDUALS WITH

**Part IV** Supplemental Information (continued)**PART II-B, LINE 1I - OTHER ACTIVITIES DESCRIPTION (CONTINUED)**

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THIS NEWSLETTER GOES TO MEMBERS OF THE ORGANIZATION AND TO LEGISLATORS. THE ARC OF TENNESSEE MAY SEND LETTERS TO LEGISLATORS (SEE 1D ) OR LEGISLATIVE ALERTS TO MEMBERS (SEE 1D). THE ED MAY OCCASIONALLY WRITE AN OP-ED FOR THE NEWSPAPER. THE ARC DOES NOT BROADCAST STATEMENTS VIA TV OR RADIO BUT MAY POST INFORMATION RELATED TO LEGISLATION ON ITS WEBSITE.

1G. THE ARC OF TN ED AND ITS LOBBYIST MEET REGULARLY WITH LEGISLATORS AND THEIR STAFF DURING LEGISLATIVE SESSION AND SOMETIMES OUTSIDE OF SESSION. THE ARC OF TN KEY STAFF MEETS REGULARLY WITH STATE STAFF IN VARIOUS DEPARTMENTS SUCH AS THE DIVISION OF INTELLECTUAL DISABILITIES SERVICES AND TENNCARE TO DISCUSS TOPICS OF CONCERN RELATED TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THIS CONTACT IS OFTEN IN PERSON AND ALSO VIA THE PHONE AND EMAIL.

1H. THE ARC OF TENNESSEE PARTICIPATES IN DISABILITY DAYS ON THE HILL AT LEGISLATIVE PLAZA. THREE DAYS ARE SET ASIDE EACH LEGISLATIVE SESSION (FOR MIDDLE, WEST, EAST REGIONS) FOR DISABILITY ORGANIZATIONS TO HAVE TABLES THAT DISPLAY INFORMATIONAL MATERIALS AND TO HAVE CONVERSATIONS WITH PASSERSBY. INDIVIDUALS ARE ENCOURAGED TO MAKE APPOINTMENTS WITH THEIR LEGISLATORS TO GET TO KNOW THEM AND TO SHARE THEIR PERSONAL STORIES. AT TIMES THERE ARE SPECIFIC ISSUES WE ASK INDIVIDUALS TO DISCUSS WITH LEGISLATORS AND OTHER TIMES THERE ARE NOT. INDIVIDUALS CHOOSE THEIR TOPICS. THESE DAYS ARE EDUCATIONAL IN NATURE AND DO NOT INCLUDE RALLIES OR DEMONSTRATIONS OF ANY SORT.

**Part IV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

THE ARC OF TENNESSEE, INC.

62-0639154

**Part I 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 contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(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:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance.....	1c
d Additions during the year.....	1d
e Distributions during the year.....	1e
f Ending balance.....	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations.....

(ii) related organizations.....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....				
e Other.....		160,187.	137,627.	22,560.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,560.

BAA

Schedule D (Form 990) 2010

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

**Part VIII Investments—Program Related.** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

**Part IX Other Assets.** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

**Part X Other Liabilities.** (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) CAPITALIZED LEASE OBLIGATIONS	5,206.	
(3) DEFERRED REVENUES	265,575.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶		270,781.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

1	Total revenue (Form 990, Part VIII, column (A), line 12) .....	2,823,730.
2	Total expenses (Form 990, Part IX, column (A), line 25) .....	2,696,847.
3	Excess or (deficit) for the year. Subtract line 2 from line 1. ....	126,883.
4	Net unrealized gains (losses) on investments. ....	
5	Donated services and use of facilities. ....	3,333.
6	Investment expenses. ....	
7	Prior period adjustments. ....	
8	Other (Describe in Part XIV)... <b>SEE. PART. XIV</b> .....	-8,700.
9	Total adjustments (net). Add lines 4 through 8. ....	-5,367.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. ....	121,516.

<b>1</b>	Total revenue, gains, and other support per audited financial statements.....		<b>1</b>	2,871,306.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments.....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities.....	<b>2b</b>	47,576.	
<b>c</b>	Recoveries of prior year grants.....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV).....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	47,576.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	2,823,730.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investments expenses not included on Form 990, Part VIII, line 7b.....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV.).....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.).....		<b>5</b>	2,823,730.

<b>1</b>	Total expenses and losses per audited financial statements.....	<b>1</b>	2,741,090.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities.....	<b>2a</b>	44,243.
<b>b</b>	Prior year adjustments.....	<b>2b</b>	
<b>c</b>	Other losses.....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.).....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	44,243.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	2,696,847.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investments expenses not included on Form 990, Part VIII, line 7b.....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.).....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.).....	<b>5</b>	2,696,847.

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.



2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

THE ARC OF TENNESSEE, INC.

62-0639154

SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNALLOCATED PAYMENTS TO AFFILIATES.....	\$	-8,700.
TOTAL	\$	<u>-8,700.</u>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

THE ARC OF TENNESSEE, INC.

Employer identification number

62-0639154

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

PEOPLE TALKING TO PEOPLE (PTP) - ASSISTS THE DIVISION OF INTELLECTUAL DISABILITIES SERVICES (DIDS) WITH QUALITY ASSURANCE AND QUALITY IMPROVEMENT BY EMPOWERING SERVICE RECIPIENTS TO GIVE HONEST FEEDBACK REGARDING THE SERVICES THEY RECEIVE THROUGH PARTICIPATION IN A SURVEY THAT COVERS FOUR KEY AREAS: CHOICE AND CONTROL; RESPECT AND DIGNITY; ACCESS TO CARE; COMMUNITY INCLUSION.

SUPPORT BROKERAGE FOR CHOICES WAIVER - THE ARC OF TENNESSEE CONTRACTED WITH PPL TO PROVIDE SUPPORT BROKERAGE SERVICES TO INDIVIDUALS WHO CHOOSE TO SELF-DIRECT THEIR SERVICES ON THE NEW CHOICES WAIVER ADMINISTERED THROUGH TENNCARE. THE PROJECT BEGAN APRIL 1, 2010 AND ALREADY HAS OVER 100 REFERRALS BEING PROCESSED. THE ARC OF TENNESSEE WILL PROVIDE SUPPORT BROKERAGE IN MIDDLE AND WEST TENNESSEE.

PARTNERS IN POLICY MAKING - THE ARC OF TENNESSEE PROVIDES ADMINISTRATIVE SUPPORT TO THE TENNESSEE COUNCIL ON DEVELOPMENTAL DISABILITIES' PARTNERS IN POLICY MAKING PROJECT SO THAT PROJECT EXPENSES ARE REIMBURSED IN A TIMELY FASHION.

SECONDARY TRANSITION PROJECT - HELPS FAMILIES AND STUDENTS PREPARE FOR THE SIGNIFICANT CHALLENGES OF SECONDARY TRANSITION. THE ARC TN STAFF ASSISTS FAMILIES, STUDENTS AND EDUCATORS TO GAIN KNOWLEDGE OF THE PROCESS, RESOURCES AND OPPORTUNITIES IN LOCAL COMMUNITIES ACROSS THE STATE AND ON THE INTERNET THROUGH WORKSHOPS AND DEVELOPMENT OF EDUCATIONAL MATERIALS.

PASS PROJECT (PERSONAL ASSISTANCE SUPPORTS AND SERVICES) - ENHANCES COMMUNITY SUPPORTS BY DEMONSTRATING A MODEL OF SELF-DIRECTED PERSONAL ASSISTANCE THROUGH THE PROVISION OF TOOLS, MENTORING AND TRAININGS TO ALLOW INDIVIDUALS WITH DISABILITIES

Name of the organization

THE ARC OF TENNESSEE, INC.

Employer identification number

62-0639154

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

TO MANAGE AND CONTROL THEIR OWN CARE.

DIRECT SUPPORT PROFESSIONALS OF TENNESSEE - THE ARC OF TENNESSEE PROVIDES SUPPORT AND DIRECTION TO THE DIRECT SUPPORT PROFESSIONALS OF TENNESSEE PROJECT THAT IS FUNDED THROUGH THE DIVISION OF INTELLECTUAL DISABILITIES SERVICES (DIDS). THE GOAL OF THIS PROJECT IS TO CREATE A STAND-ALONE 501(C)3 ORGANIZATION THAT BECOMES "THE VOICE" OF ALL DSPS IN TENNESSEE. ACTIVITIES OF THIS PROJECT INCLUDE DSP RECOGNITION, GRASS ROOTS MOBILIZATION, AND DEVELOPMENT OF TRAINING OPPORTUNITIES.

LEGISLATIVE MONITOR - THE ARC TN PUBLISHES A MONTHLY NEWSLETTER FOCUSING ON STATE AND FEDERAL LEGISLATION PERTINENT TO PEOPLE WITH DISABILITIES. DURING LEGISLATIVE SESSION THERE ARE WEEKLY UPDATES AND PHONE CALLS TO HELP KEEP PEOPLE CURRENT WITH RECENT DEVELOPMENTS.

YOUTH LEADERSHIP FORUM - THE ARC OF TENNESSEE PROVIDES ADMINISTRATIVE SUPPORT TO THE TENNESSEE COUNCIL ON DEVELOPMENTAL DISABILITIES' YOUTH LEADERSHIP FORUM PROJECT SO THAT PROJECT EXPENSES ARE REIMBURSED IN A TIMELY FASHION.

WALMART/THE ARC US SCHOOL TO COMMUNITY TRANSITION GRANT - THE ARC TN WILL PROVIDE SELF-DIRECTED IEP TRAINING TO STUDENTS, PARENTS AND EDUCATORS IN 3 SCHOOLS OVER THE COURSE OF THE NEXT 3 YEARS AND COLLECT DATA TO DETERMINE IF THIS TRAINING RESULTS IN IMPROVED OUTCOMES IN THE AREAS OF SELF-DETERMINATION, EMPLOYMENT, POST-SECONDARY AND INDEPENDENT LIVING.

MEGA CONFERENCE IS AN ANNUAL CONFERENCE FOR WHICH WE RECEIVE SPONSORSHIP SUPPORT FROM THE TN COUNCIL ON DEVELOPMENTAL DISABILITIES.

Name of the organization

THE ARC OF TENNESSEE, INC.

Employer identification number

62-0639154

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

GNRC - GNRC IS A STATE-FUNDED PILOT PROJECT THROUGH THE COMMISSION ON AGING AND DISABILITY AND THE GREATER NASHVILLE REGIONAL COUNCIL ON AGING TO ALLOW INDIVIDUALS WITH DISABILITIES TO SELF-DIRECT THEIR LONG-TERM SUPPORTS AND SERVICES IN THEIR HOME. THE ARC PROVIDES SUPPORT BROKERAGE SERVICES FOR THE TEN INDIVIDUALS IN THIS PROGRAM AND PPL PROVIDES FISCAL ADMINISTRATOR SERVICES. THOUGH EACH INDIVIDUAL IN THE PROGRAM HAS A FAIRLY SMALL BUDGET, THERE IS SIGNIFICANT FLEXIBILITY IN THE WAY THE FUNDS CAN BE UTILIZED FOR THE INDIVIDUAL.

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

RUTH ROBERTS AND MERRY JENSEN ARE SISTERS. RUTH HAS BEEN ON OUR BOARD OF DIRECTORS FOR SEVERAL YEARS. WE RECRUITED MERRY BECAUSE SHE IS A SELF-ADVOCATE AND REPRESENTS THE PRIMARY POPULATION OUR ORGANIZATION SUPPORTS. OUR BY-LAWS ENCOURAGE PARTICIPATION BY FAMILY MEMBERS AND SELF-ADVOCATES. SELF-ADVOCATES OFTEN REQUIRE THE SUPPORT OF ANOTHER INDIVIDUAL TO FULLY PARTICIPATE AND UNDERSTAND THE BOARD ACTIVITIES. RUTH PROVIDES THIS SUPPORT TO MERRY.

**FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER**

THE ARC IS A MEMBERSHIP ORGANIZATION.

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY**

THE NOMINATING COMMITTEE PRESENTS THE SLATE OF NOMINEES FOR OFFICE POSITIONS ON THE BOD AND THE MEMBERSHIP VOTES ON IT.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE BUDGET FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE 990 BEFORE FILING.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT**

ALL MANAGEMENT SALARIES ARE PUT THROUGH THE BUDGET FINANCE COMMITTEE FOR APPROVAL.

Name of the organization

THE ARC OF TENNESSEE, INC.

Employer identification number

62-0639154

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DOCUMENTS ARE MADE AVAILABLE ON THE COMPANY'S WEBSITE AND UPON REQUEST.

**FORM 990, PART VII - COMPENSATION EXPLANATION****DORIA PANVINI**

DORIA PANVINI IS A CONTRACT STAFF AT THE ARC. SHE WORKS ON THE LEGISLATIVE MONITOR.

OUR BY-LAWS ALLOW PART-TIME AND/OR CONTRACT STAFF TO BE BOARD MEMBERS, HOWEVER, THESE

INDIVIDUALS EXCUSE THEMSELVES FROM VOTING ON ANY MATTERS RELATED TO THE FINANCES OF

THE ORGANIZATION. DORIA IS ONLY PAID FOR HER WORK ON THE LEGISLATIVE MONITOR. SHE IS

NOT PAID FOR ANY TIME SHE PERFORMS THE ACTIVITIES OF THE BOARD OR THE GOVERNMENTAL

AFFAIRS COMMITTEE, OF WHICH SHE IS THE CHAIR.

THE ARC OF TENNESSEE, INC.

62-0639154

**FORM 990, PART XI, LINE 5  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

DONATED SERVICES AND USE OF FACILITIES.....	\$	3,333.
UNALLOCATED PAYMENTS TO AFFILIATES.....		-8,700.
TOTAL	\$	<u>-5,367.</u>