- .990

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)

2006

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2006 ca	alendar year, or tax year beginning $JULY\ 1$, 2006, and ending J	UNE 30 , 20 0 7
В	Check if a	pplicable:	Please C Name of organization	D Employer identification number
	Aadress	change	use IRS ARC OF WILLIAMSON COUNTY	62-6019147
Ē,	Name ch	nange	print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number .
\Box	nitial ret	turn	see 129 W. FOWLKES STREET, SUITE 151	615.790.5815
\Box ,	Final reti	um	Specific Instruc- City or town, state or country, and ZIP + 4	F Accounting method: Cash X Accrual
=		d return	tions. FRANKLIN, TN 37064	Other (specify)
=		on pending		applicable to section 527 organizations.
			trusts must attach a completed Schedule A (Form 990 or 990-EZ).	roup retum for affiliates? 🔲 Yes 🔀 No
G I	Website	e: ▶		enter number of affiliates >
				iliates included? Yes X No
J	Organiz	ation type		ettach a list. See instructions.) Parate return filed by an
K (Check i	here 🕨 🔲	I it the organization is not a bustally) supporting organization and its gross [in covered by a group ruling? Yes No
			my not more than \$25,000. A return is not required, but it the digenization chooses	emption Number ▶
			<u> </u>	if the organization is not required
L	Gross r	receipts: /		Sch. B (Form 990, 990-EZ, or 990-PF).
	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (See th	ne instructions.)
	1		utions, gifts, grants, and similar amounts received:	
			utions to donor advised funds	
	1		ditions to donor advised funds	0
	b		10 74	
			public support that included on this tay	
			There contributions (grants) (not included on the va)	1e 298,465
		Total (ad	dd lines 1a through 1d) (cash \$ noncash \$)	2 0
	2		n service revenue including government fees and contracts (from Part VII, line 93)	3 965
	3		rship dues and assessments	4 523
	4		on savings and temporary cash investments	5
	5		ds and interest from securities	
	6a		ents	
	ı		antal expenses	6c 0
			tal income or (loss). Subtract line 6b from line 6a	7
ë	7	Other in	nvestment income (describe (A) Securities (B) Other	
Revenue	8a		amount from sales of assets other	
Re			ventory	
	1		O go	0
	l l		(loss) (attach schedule)	8d 0
	d		n or (loss). Combine line 8c, columns (A) and (B)	. Julius
	9		events and activities (attach schedule). If any amount is from gaming, check here $\;\;\; ightharpoons$ $\;$	
	а		revenue (not including \$ of of 19a 32,85	5.5
			ations reported our line 10/	0
			direct expenses other than fundraising expenses	
	С		ome or (loss) from special events. Subtract line 9b from line 9a	9c 32,855
	10a	Gross s	sales of inventory, less returns and allowances 10a	
	b	Less: c	cost of goods sold	10c
	С	Gross p	profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	505
	11	Other r	revenue (from Part VII, line 103)	·
	12		evenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	
ı,	13		m services (from line 44, column (B))	. 13 317,992 14 7,511
Expenses	14	-	ement and general (from line 44, column (C))	•
Dec	15		aising (from line 44, column (D))	. 15
Щ			ints to affiliates (attach schedule)	. 16
_	17		expenses. Add lines 16 and 44, column (A)	
Į.	18		s or (deficit) for the year. Subtract line 17 from line 12	
Net Assets	19		sets or fund balances at beginning of year (from line 73, column (A))	
ā	20		changes in net assets or fund balances (attach explanation)	. 20 75,533
2	21	Net ass	sets or fund balances at end of year. Combine lines 18, 19, and 20	. 41 10,000

Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$	22a	0			
22b	Other grants and allocations (attach schedule) (cash \$ 145,576 noncash \$) If this amount includes foreign grants, check here	22b	145,576	145,576		
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	0			
ь	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b	0			
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	102,653	102,653		
27	Pension plan contributions not included on lines 25a, b, and c	27	0			
28	Employee benefits not included on lines 25a - 27	28	3,272	3,272		
29	Payroll taxes	30	3,253 0	8,253		
30 31	Professional fundraising fees	31	1,600		1,600	
32	Legal fees	32	0			
33	Supplies	33	5,501	5,279	222	
34	Telephone	34	4,537	4,254	283	
35	Postage and shipping	35	2,311	2,063	248	
36	Occupancy	36	10,626	9,456	1,170	
37	Equipment rental and maintenance	37	60		60	
38	Printing and publications	38	0			
39	Travel	39	4,301	3,924	377	
40	Conferences, conventions, and meetings	40	290	290		
41	Interest	41	404	-	404	
42	Depreciation, depletion, etc. (attach schedule)	42	293		293	
43 a	Other expenses not covered above (itemize): <u>DUES</u>	43a	3,392	3,392		
b	CONTRACT SERVICES	43b	15,482	14,400	1,082	
С	INSURANCE	43c	1,272	72.507	1,272	
d	FOOD MISCELL ANDOUS	43d	13,521	13,521		
е	MISCELLANEOUS	43e	1,659	1,659	500	
f	SCHOLARSHIP	43f 43g	<u>500</u>		300	
9 44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	325,503	317,992	7,511	
Are a	It Costs. Check if you are following SOF any joint costs from a combined educational campaignes," enter (I) the aggregate amount of these joint cost he amount allocated to Management and general \$	and fu	indraising solicitatio ; (ii) th		to Program service	► Yes ⊠ No

Statement of Program S	Service Accomplishments	(See the	instructions.)
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m 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

W	hat is the organization's primary exempt purpose? ASSISTING MENTALLY RETARDED I	N	Program Service
ΑII	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number		Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others		trusts, but optional for others)
`a	PROVIDING SOCIAL AND RECREATIONAL ACTIVITIES FOR ADULTS WITH		
_	MENTAL RETARDATION AND PROVIDING A SUPPORT GROUP FOR PARENTS		
	OF CHILDREN WITH MENTAL RETARDATION.		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	_	217 000
		<u> </u>	317,992
b			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶		
С			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶		
d		므	
u		•	
		•	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶		
e	Other program services (attach schedule)	_	
z	(Grants and allocations \$) If this amount includes foreign grants, check here ► Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	Ц	217 000
	Total of Frogram Service Expenses (should equal line 44, column (b), Frogram services)		317,992

Form 990 (2006)

	· V	Balance Sheets (See the instructions	.)			
4	te:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
F	45	Cash—non-interest-bearing		20,543	45	31,496
•	46	Savings and temporary cash investments .	1	11,520	46	12,192
		•				
	47a	Accounts receivable	47a 13,972		1000	
	b	Less: allowance for doubtful accounts .	47b 0	16,222	47c	13,972
	48a	Pledges receivable	48a 18,500	17 400		10 500
	b	Less: allowance for doubtful accounts .	48b	17,400	48c	18,500
	49	Grants receivable			49	
	50a	Receivables from current and former officers key employees (attach schedule)			50a	
s	b	Receivables from other disqualified persons	(as defined under section		50ь	
	-4	4958(f)(1)) and persons described in section 495	oo(c)(3)(b) (attach schedule)	 	S.	
	ъта	Other notes and loans receivable (attach schedule)	51a		6-07735	
Assets	h	Less: allowance for doubtful accounts	51b		51c	0
As	52				52	
	53	Prepaid expenses and deferred charges		1,600	53	1,600
		Investments—publicly-traded securities			54a	
		Investments—other securities (attach sched		_	54b	
		Investments—land, buildings, and			0.5	
	-	equipment: basis	55a		320	
	b	Less: accumulated depreciation (attach			200	
	_	schedule)	55b		55c	0
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a 7,517			
		Less: accumulated depreciation (attach				
		schedule)	57b 6,627	1,183	57c	890
	58	Other assets, including program-related inve	estments		58	1,250
	59	(describe ► DEPOSITS Total assets (must equal line 74). Add lines	45 through 58	68,468	59	79,900
		<u> </u>		925	60	4,367
	60	Accounts payable and accrued expenses .		923	61	4,507
	61	Grants payable			62	
ιS	62	Deferred revenue			02	· -
ij.	63	Loans from officers, directors, trustees, an schedule)			63	
Liabilities	640	schedule)			64a	
Ε.		Mortgages and other notes payable (attach			64b	
	65	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)		65	
			,			
	66	Total liabilities. Add lines 60 through 65 .		925	66	4,367
	Oras	anizations that follow SFAS 117, check here	➤ X and complete lines			
ŧΛ	Oigi	67 through 69 and lines 73 and 74.	EL and complete lines			
ä	67	Unrestricted		50,143	67	57,033
<u>a</u>	68	Temporarily restricted		17,400	68	18,500
Ва	69	Permanently restricted			69	
Fund Balances	Oraz	anizations that do not follow SFAS 117, chec			7	
Ξ		complete lines 70 through 74.	— — — — — — — — — — — — — — — — — — —			
ō	70	Capital stock, trust principal, or current fund	ds		70	· <u>-</u>
	71	Paid-in or capital surplus, or land, building,			71	
Net Assets	72	Retained earnings, endowment, accumulate	ed income, or other funds		72	
Ą	73	Total net assets or fund balances. Add lin			*	
Se		70 through 72. (Column (A) must equal line				 =
	, ,	equal line 21)		67,543	73	75,533
	74	Total liabilities and net assets/fund balance	es. Add lines 66 and 73	68,468	74	79,900

	. (2006)					Page
	N-A Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue pe	r Returi	n (See the
	Total revenue, gains, and other support per audito	ed financial statements			а	333,493
F	Amounts included on line a but not on Part I, line	12:				
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities	The state of the s	b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):					
			b4		338	_
	Add lines b1 through b4				ь	0
С	Subtract line b from line a				C	333,493
d	Amounts included on Part I, line 12, but not on lin	ne a:				
1	Investment expenses not included on Part I, line	6b	d1		1888 H	
2	Other (specify):					
			_d2			
					d	0
e	Total revenue (Part I, line 12). Add lines c and d			<u> ▶</u>		333,493
Pa	t IV-B Reconciliation of Expenses per Au	dited Financial Stater	ments With Ex	penses	per Ret	
а	Total expenses and losses per audited financial s	tatements			a	325,503
b	Amounts included on line a but not on Part I, line					
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify):					
•			b4			
	Add lines b1 through b4				ь	0
С					С	325,503
d	Amounts included on Part I, line 17, but not on lin			• • •	16.50	
1	Investment expenses not included on Part I, line		d1			
2		OD				
_	Other (specify).		d2			
	Add lines d1 and d2				d	0
е	Total expenses (Part I, line 17). Add lines c and				e	325,503
	rt V-A Current Officers, Directors, Trustees			n who wa	<u>. </u>	
	or key employee at any time during the year					
		(B) Title and average hours per				
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	benefit pla	ans & deferred	and other allowance
SF	E ATTACHED LISTING	Week devoted to position		CONTRE	isetion plans	_
	Z III III ON Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	†	0			0 0
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	. (008)				Page 0
	-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)		Yes No
	Enter the total number of officers, directors, and trumeetings	ustees permitted to vo	te on organizatio	n business at board 6	
/b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b X
	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization.". If "Yes," attach a statement that includes the info Does the organization have a written conflict of in	Part I, or highest co Part II-A or II-B, rec it are related to the or 	ompensated proficeive compensating rganization? See	essional and other on from any other the instructions for	75c X 75d X
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	ceived compensation o	r other benefits (de	escribed below) during	the year, list that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ИОИ	IE	:	0	0	0
			:		
Par	t VI Other Information (See the instruction	s.)			Yes No
76	Did the organization make a change in its activitied detailed statement of each change	es or methods of con	ducting activities	? If "Yes," attach a	76 X
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	•	t not reported to	the IRS?	77 X
	Did the organization have unrelated business grothis return?		or more during t	he year covered by	78a X
b	If "Yes," has it filed a tax return on Form 990-T f	or this year?			78b
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	tion during the ye	ar? If "Yes," attach	79 X
80a	Is the organization related (other than by associated common membership, governing bodies, trusted				
b	organization?		· · · · · ·	· · · · · · ·	80a X
81a	Enter direct and indirect political expenditures. (S	and check whether it		or nonexempt	
	Did the organization file Form 1120-POL for this				81b

			P	age 7	
	Other Information (continued)		Yes	No	
	the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X	
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.				
	(See instructions in Part III.)	6.2		N.	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<u> </u>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	P253	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a 85b	-	-	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	630		. 9	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			V 2.	
c	Dues, assessments, and similar amounts from members	致	(3-14-	. 3,62	
	Section 162(e) lobbying and political expenditures	1	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			1	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	2 - Ac - 3	1	P	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	12.2.2.		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	14		100	
b	Gross receipts, included on line 12, for public use of club facilities			25	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	1	8 - Hz	1	
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			9.	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	100 A	- <u>-</u> X	
ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶	1			
b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction				
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	5.4		1	
ď	Enter: Amount of tax on line 89c, above, reimbursed by the organization >	0			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X	
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	ulaseres ·	<u> </u>	
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	ſ	X	
90a	List the states with which a copy of this return is filed ▶ NONE				
	Number of employees employed in the pay period that includes March 12, 2006 (See	·	_		
91a	instructions.)	0.5	815) 	
, p	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		Yes		
	account)?	91b		X	
	and Financial Accounts.	720	B War	150%	

-	(66)						F	Page 8
	Other Information (continued)						Yes	No
1	At any time during the calendar year, did the	organization ma	intain an office o	outside of the	United States?	91c		X
	If "Yes," enter the name of the foreign count Section 4947(a)(1) nonexempt charitable trus		n lieu of Form	1011 Chack	horo			_
	and enter the amount of tax-exempt interest	received or accr	ued during the ta	ax vear	► 1 92 I		•	. – –
Part	VII Analysis of Income-Producing A							
	Enter gross amounts unless otherwise		ousiness income		tion 512, 513, or 514		(E)	
indica	•	(A)	(B)	(C)	(D)		elated	or nction
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	1	incom	
а		_						
b		_						
С		_						
d		_				<u> </u>		
е	<u> </u>	_				<u> </u>		
f	Medicare/Medicaid payments					<u> </u>		
g	Fees and contracts from government agencies					<u> </u>		
94	Membership dues and assessments	1		 		├──		
95	Interest on savings and temporary cash investmen			-				
96	Dividends and interest from securities	the constant of making		HARAMAN TA		1940	X	Seat
97	Net rental income or (loss) from real estate:	la saura de de la combida.			A BAS CARE SOLVE	(Sept.)	, was the	(*Fy) -:
a	debt-financed property		· <u> </u>	+				
b	not debt-financed property	1				-		
98 99	Net rental income or (loss) from personal propert Other investment income	·				 		
100	Gain or (loss) from sales of assets other than invento	l l						
101	Net income or (loss) from special events .	"'						
102	Gross profit or (loss) from sales of inventory	,						
103	Other revenue: a MISCELLANEOUS							685
ь								
С			ļ			<u> </u>		
d			<u> </u>			—		
е					ļ	ļ		<u> </u>
104	Subtotal (add columns (B), (D), and (E))		U		0			685
105	Total (add line 104, columns (B), (D), and (E				· •			685
	Line 105 plus line 1e, Part I, should equal the Relationship of Activities to the A				ho instructions \			
Part				<u> </u>				
Line ▼					importantly to the	: accc	mpus	nmeni
	Crime organization o short proposes (у ресе	<u>-</u>					
						-		
								
Part	IX Information Regarding Taxable Su	bsidiaries and D	isregarded Enti	ities (See the	instructions.)			
	(A)	(B)	(C)		(D)	T .	(E)	
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of a	ctivities	Total income	E1	nd-of- asset	
		%						
		%						
		%			<u> </u>	<u> </u>		
		%				<u> </u>		
Part								
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pa							No ∏ No
, ,	e: If "Yes" to (b), file Form 8870 and Form							

(A) Name, address, of each controlled entity Totals	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Old the reporting expenientian sec			
Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"		ntrolled entity as defined in se	ection
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfe
Totals			
rents, royalties, and annuities de	scribed in question 107 above	97	
and belief, it is true, correct, and complete Should Signature of officer	I have examined this return, including a per Declaration of preparer (other than the per language).	accompanying schedules and stateme n officer) is based on all information of Dare	nts, and to the best of my knowl f which preparer has any knowl Q-34-0) CCCOT
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		EIN	Preparer's SSN or PTIN (See Gen. I 410-11-0617 • 615-822-4177
	Did the organization have a bindients, royalties, and annuities desured and belief, it is true, correct, and complete in the signature of officer Type or print name and title Preparer's signature Firm's name (or yours) JOHN	Did the organization have a binding written contract in effect of ents, royalties, and annuities described in question 107 above. Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other that Signature of officer Type or print name and title Preparer's signature JOHN R. POOLE If self-employed	Did the organization have a binding written contract in effect on August 17, 2006, covering ents, royalties, and annuities described in question 107 above? Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of type or print name and title Preparer's signature of officer Preparer's signature of organization of preparer (other than officer) is based on all information of type or print name and title Preparer's signature of officer JOHN R. POOLE EIN

. Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2006

OMB No. 1545-0047

ineral of the Treasury
If Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

ARC OF WILLIAMSON COUNTY			Employer identificat	
Part I Compensation of the Five High	nest Paid Employees O	ther Than Offic		
(See page 2 of the instructions. I				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				·
	<u> </u>			
Total number of other employees paid over \$50,000	0			CAN TURE 1
Part II-A Compensation of the Five High				
(See page 2 of the instructions. Lis		Υ		
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) type	of service	(c) Compensation
		i		
		-		
				· · · · · · · · · · · · · · · · · · ·
			<u> </u>	
otal number of others receiving over \$50,000 for			WELL CHICKLE	
professional services	0			
Part II-B Compensation of the Five High				
(List each contractor who perform			vices, whether inc	dividuals or
firms. If there are none, enter "No			at assiss	(a) Company
NONE	or paid more than \$50,000	(b) 1ype	of service	(c) Compensation
NOINE				
	••••			<u> </u>
otal number of other contractors receiving over				
50,000 for other services	0		HE WALL	H

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

Schedule A (Form 990 or 990-EZ) 2006

	990 or 990-EZ) 2006		F	age 2
	Statements About Activities (See page 2 of the instructions.)		Yes	No
	puring the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities S	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
1	Sale, exchange, or leasing of property?	2a		X
	Lending of money or other extension of credit?	2b		X
	Furnishing of goods, services, or facilities?	2c		X
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
:	Transfer of any part of its income or assets?	2e		X
l	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
)	Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
:	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
j	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	-	X
1	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
)	Did the organization make any taxable distributions under section 4966?	4b	-	X
;	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
ı	Enter the total number of donor advised funds owned at the end of the tax year	_		
<u> </u>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised			

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

_	4
Page	•

	1	Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)										
1	that the organization is not a private foundation because it is: (Please check only ONE applicable box.)											
Ų	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).											
No.		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)										
7		A hospital or a cooperative hospit	al service organiz	ration. Section 170(b)(1)(A)(iii).							
8		A federal, state, or local government	federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
10		An organization operated for the book (Also complete the Support Scheo		or university owned or op	erated by a go	vernmental uni	t. Section 170(b)(1)(A)(iv).					
1 1a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)										
11b		A community trust. Section 170(b)(1)(A)(vi). (Also co	emplete the Support Sch	nedule in Part	IV-A.)						
12		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/3% 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). (Also complete the Support Schedule in Part IV-A.)										
13		An organization that is not controrequirements of section 509(a)(3).	• •				nd otherwise meets the					
		☐ Type II	☐Type I	II-Functionally Integrate	ed [Type III-Othe	r					
		Provide the following info	rmation about th	e supported organizati	ons. (See pag	e 7 of the instr	uctions.)					
(a) Name(s) of supported organization(s)			(b) Employer identification number (EiN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su	on listed in porting tation's	(e) Amount of support					
	_				Yes	No						
												
Tota	١.			<u> </u>	· · · · · ·	>						
14		An organization organized and op	perated to test for	nublic eafaty Section 5	(N(a)(A) (Saa	nage 7 of the i	netructions \					
	_	or organization organized and of	crated to test 101	Public salety, Section 3	JUNE 1000	page / Of the I	1311 00110113.)					

IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	indar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total				
18.	Gifts, grants, and contributions received. (Do									
	not include unusual grants. See line 28.).	307,353	272,932	156,727	160,598	897,610				
16	Membership fees received		805	270	895	1,970				
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.		2,899	935	2,170	6,004				
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. Net income from unrelated business	206	1,278							
	activities not included in line 18					0				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0				
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0				
22	Other income. Attach a schedule. Do not									
	include gain or (loss) from sale of capital assets	2,044				2,044				
23	Total of lines 15 through 22	310,112	276,861	158,064	163,869	908,906				
24	Line 23 minus line 17	310,112	273,962	157,129	161,699	902,902				
25	Enter 1% of line 23	3,101	2,769	1,581	1,639	53=120-1				
26 b c	governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts									
d e	Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total)	2,044	19 26b	0	▶ 26d ▶ 26e	3,322 899,580				
f	Public support percentage (line 26e (numera					99.63 %				
27	Organizations described on line 12: a Foperson," prepare a list for your records to show Do not file this list with your return. Enter the	r amounts include the name of, and	led in lines 15, 1 total amounts rec	6, and 17 that weived in each yearear:	vere received from each "dis	m a "disqualified				
	(2005)(2004)		_ (2003)		(2002)					
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004)	year, that was mo 5 through 11b, as v the larger amount	re than the larger of well as individuals.) It described in (1) of	of (1) the amount of Do not file this lite or (2), enter the so	on line 25 for the st with your return of these difference.	year or (2) \$5,000. rn.After computing				
С	Add: Amounts from column (e) for lines: 15		16							
·	17 20		21	_	▶ 27c					
d	Add: Line 27a total	and line 27b tota								
	Public support (line 27c total minus line 27d to				· · · · · · · · · · · · · · · · · · ·	†				
e	Total support for section 509(a)(2) test: Enter a	mount from line '	23 column (a)	► 27f		1				
1	Public support percentage (line 27e (numera					%				
g h	Investment income percentage (line 18, colu				· · · — -	+				
28	Unusual Grants: For an organization describe									

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

	990 or 990-EZ) 2006	Page 5
	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	
	poes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes No
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, or programs, and scholarships?	30
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	
32	Does the organization maintain the following:	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	
33	Does the organization discriminate by race in any way with respect to:	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b
С	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	Educational policies?	33e
	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	33h
·	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	

34a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . .

b Has the organization's right to such aid ever been revoked or suspended?

34a

Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

1	(To be completed ONL 1 by an	eligible organi	zation that me	0 FOIT 5/00)		
1	ck ▶ a ☐ if the organization belongs to an affilia	ited group. Che	ck ▶ b ☐ if y	you checked "a" a	nd "limited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mear		(a) Affiliated group totals	(b) To be completed for all electing organizations		
36	Total lobbying expenditures to influence public	36		Urganizations		
37	Total lobbying expenditures to influence a legis	• • • •				
38	Total lobbying expenditures (add lines 36 and 3	• •				
39	Other exempt purpose expenditures	•				
40	Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount. Enter the amount					
	If the amount on line 40 is— The lo		A. W.	No.		
	Not over \$500,000	(3.493)				
		000 plus 15% of th	e excess over \$5	00,000	3	7
		000 plus 10% of the	excess over \$1,0	00,000 } 41		
	Over \$1,500,000 but not over \$17,000,000 \$225,0	100 plus 5% of the	excess over \$1,5	00,000	HATCH	Treatment in
	Over \$17,000,000 \$1,000	,000				
42	Grassroots nontaxable amount (enter 25% of li	ne 41)				
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than lin	ie 36, , , ,			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lin	e 38	44		
	Caution: If there is an amount on either line 43	l or line 44 your	nuct file Form 17	20		
				1,333	entropies de la company de La companya de la co	To the state of the state of the
	4-Year Ave (Some organizations that made a section See the instructions for		do not have to c	omplete all of th		elow.
					ear Averaging P	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount	to the second second second			a Agranda Si (1 Sagara)	
49	Grassroots ceiling amount (150% of line 48(e))					Ć Y
50	Grassroots lobbying expenditures					
		oting Bublic C	harities		1	
Fe	Lobbying Activity by Nonele (For reporting only by organization)			Part VI-A\ (See	e page 13 of th	ne instructions.
	ng the year, did the organization attempt to influent to influence public opinion on a legislative n				any Yes No	Amount
	, ,	latter of reference	am, ambagn are	430 01.	X	4.965.00
	Volunteers	on in expenses r	enorted on lines	c through h)	X	
b	Media advertisements			ougn 11., .	X	
d	Mailings to members, legislators, or the public				X	
e	Publications, or published or broadcast statem				X	
f	Grants to other organizations for lobbying purp				X	
q	Direct contact with legislators, their staffs, gov			oody, ,	X	
9 h			=		X	
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	gh h.)			g activities.	4
_			•			

<u> </u>	rt VII	Information Exempt Or	n Regarding T ganizations (Se	r <mark>ansfers T</mark> e page 13 d	o and Tr	ransac ructions	tions a s.)	nd	Relationshi	ps With	None	chari	table
51			nization directly or ner than section 50									d in s	ection
а	Trans	fers from the rep	orting organization	to a nonchari	itable exemp	ot organ	ization of	f:				Yes	No
						_					51a(i)		X
											a(ii)	<u> </u>	Χ
b		transactions:											
	(i) S	Sales or exchange	es of assets with a	noncharitable	exempt or	ganizatio	on				b(i)		X
			ets from a nonchari								_b(ii)		Χ
			, equipment, or oth								b(iii)		X
			rrangements								b(iv)		У.
			arantees							· ·	b(v)		X
			ervices or members								b(vi)		_X
С			uipment, mailing lis		_						c		X
		-	the above is "Yes,"									value	
u	goods	s, other assets, o	r services given by rrangement, show in	the reporting	g organizatio	n. If the	e organiza	ation	received less t	than fair n			
- (a)	(b)		(c)					(d)			
Line	e no.	Amount involved	Name of nonc	haritable exemp	t organization	Į.	Description	ion of t	ransfers, transact	ions, and sh	aring arr	angeme	ents
				-	,								
									· • • •				
						1							
												_	
											-		
								-				_	-
	descr	ibed in section 50	rectly or indirectly a 01(c) of the Code (c following schedule	other than sec							Yes	- <u>-</u>] No
		(a)	g concession	•	(b)	T	_			.1			
		Name of organiz	zation	Type o	f organization		(c) Description of relationship						
							_			<u> </u>			
											_		
	L												
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												-	
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