# Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150 2008

Open to Public

Inspection

Form 990-EZ (2008)

Ā	For the	2008 calend	dar year	r, or tax	year begir	nning Jul	y 1	, 200	8, and e	nding Ju:	ne 30	_		2009
В	Check if a	eck if applicable: Please C Name of organization D Emplo							ployer identification number					
		e change print or Number and street (or P.O. box. if mail is not delivered to street address) Room/suite E Teler								6019147				
H	Name ch Initial ret									E Telep	elephone number			
H	Terminat	-	type. See	129	W. FO	WLKES	STREET,	SUITE 3	151		615.7	790.	5815	
	Amended	d return	Specific Instruc-	City o		e or country, a			-		F Group	Exem	otion	
	Application	on pending	tions.	FRAN	KLIN,	TN 37	064				Numb		, ▶	
	<ul><li>Sect</li></ul>	ion 501(c)(3)						ble trusts must	attach	G Acco	unting me	ihod:	☐ Cast	h 🛭 Accrual
			а соп	mpleted	Schedule .	A (Form 99	0 or 990-EZ)			Othe	r (specify)	<b>&gt;</b>		
		, .								H Chec	k ▶ 🔲	if the	organizati	ion is not
	Websi									requi	red to atta	ch Sct	redule B (	(Form 990,
								] 4947(a)(1) or			Z, or 990		- · · · · · · · · · · · · · · · · · · ·	
K	Check I	►∐ if the org	ganizatio	on is not a	a section 5	09(a)(3) sur	porting organ	ization and its g	ross rece	eipts are nor	mally not	more ti	han \$25,0	00. A return is
								a complete retu						
	art I							or more, file Form				▶ \$		320,683
-	1	Contribution	ne diffe	ampie	and cimil	or smounts	Net Assets	or Fund B	alances	(See the	Instruct		or Part	
	2	Program c	ins, giits,	, grants,	, and simil	ar amounts	received .			• • •	• • •	1		49,578
	3	Mambarah	in dues	evenue	. III Caaanii g	j governine	ent rees and	contracts .		• • •	• • •	2		253,210
	4	Investment			12622111611	18						3		
	5a				of secolo							4		298
	b	Less cost	or othe	or bosic	ond color	Outer trian	inventory	• • • • •	5a					
	c	Gain or flor	es) from	colo of	anu sale:	o expenses	is , , , , , , , , , , , , , , , , , , ,		5b					_
9	6	Special events	say ii Utili e and adis	iviliae (com	nijo espie	er man mye	entory (Subtra	act line 5b from	line ba)	(attach sch	edule)	5c		0
ē	a	Gross rove		ot inclus	thicle applica	avie paris or c	octiedule G). Il a	ny amount is from contributions	gaming, c	check here	·			
Revenue	"	reported or							ایما	1 '	7 507			
Œ	h				· · ·		• • • •		6a		7,597			
	b	Not income	a expen	nses our	ier than t	unaraising	expenses		6b					
	c 7a	Green colo	e or (los	ss) irom	special	events and	activities (S	Subtract line 61	b from li	ne 6a) .		6c		17,597
	h b				iess retui	ms and all	owances					37. ?		
	c	Less: cost			· · ·	inventore	· · · · · · · · · · · · · · · · · · ·		7b					_
	8	Other reve	nue (de	ecciba I	sales of	inventory	(Subtract III)	e 7b from line	7a) .			7c		0
	9					1 50 60 7	'o ond 0				,	8		
	10	Grants and	d similar	c amour	te paid /	ottoch och	C, and o .	· · · · · ·	<u> </u>	· · · ·	<u>▶</u>	9		320,683
	11	Benefits na	aid to or	r for me	mhare	allaur sur	saule) .		• • •		• • •	10		133,427
y,	12	Out-discount of the control of the c									11		100 55	
enses	13	the state of the s								12	<del></del>	138,717		
8	14	Occupancy	rent i	utilities	and mair	atenance			• • •			13		
Ä	15	material control									• • •	14		21,345
	16	Other expe	enses (d	describe	• ► Se€	atta	ched li	sting	• • •	• • •	• • •	15		3,801
	17	Total expe	enses. A	Add line	s 10 thm	uah 16						16		36,763
5	18						17 from line	9)	· · ·	· · ·		17		334,053
Net Assets	19	Net assets	or fun	ıd halan	ices at he	acionina of	Lugar /from	line 27, colur		· · ·	• • • •	18		(13,370
Aŝ		end-of-year	r fiaure	reporte	ed on pric	r vear's re								CC 10C
t i	20	Other chan	iges in i	net asse	ets or fun	d balances	s (attach exp	· · · · ·				19		65,186
Z	21	Net assets	or fund	d balanc	es at enc	of vear. C	Combine line	s 18 through	 20	• • •		20		E1 016
Pa	rt II	Balance S	Sheets	s. If Tota	al assets	on line 25,	column (B)	are \$2,500,00	00 or mo	ore file Fo	m 990 ir	Class	of Form	51,816
			(5	see the i	Instructior	ns for Part	11.)			(A) Be	inning of y	Par		of year
22		h, savings, a	and inve	estment							24,4			27,837
23		d and buildin									6	12 23	<del></del>	364
24		er assets (de	escribe 1	► <u>A/F</u>	_						40,0	38 24	1	25,937
25		l assets .									65,1			54,138
26	Tota	l liabilities (	describe	e ► <u>A/</u>	/P			·	1		, -	26	+	2,322
<u>27</u>	Net a	assets or fu	und bal	lances	(line 27 o	f column (i	B) must agr	ee with line 21	1)		65,18	36 27	;	51,816
For	Privac	y Act and Pa	perwork	k Reduc	tion Act N	lotice, see	the instruction	on for Form 99	0.		/-	- 4 21		31,616

Part III Statement of Program Service Acco	mulishmente (See the inc	trustions for Dod	111 \	<del>, -</del>	Page
				/Ba	Expenses quired for 501(c)(3)
What is the organization's primary exempt purpose?  Describe what was achieved in carrying out the organidate the continuous provided the continuous p	ASSISTING MENTAL	LLY RETARDE	D IND.	J and	(4) organizations
describe the services provided, the number of persons be	zadon's exempt pulposes, ir enefited, or other relevant info	n a clear and concl nmation for each or	se manner, coram title	and	4947(a)(1) trusts; onal for others.)
28 PROVIDING SOCIAL AND RECREAT	IONAL ACTIVITIES	FOR ADULT	S WITH	1 -	l control outlois.,
MENTAL RETARDATION AND PROVI	DING A SUPPORT C	ROUP FOR P	ARENTS		
OF CHILDREN WITH MENTAL RETA	RDATTON				
(Grants \$ ) If this amount inc	cludes foreign grants, check	here	. • 🗆	28a	324,04
29					
		***************************************			
***************************************					ļ
(Grants \$ ) If this amount inc	cludes foreign grants, check	<u>here</u>	. ▶ □	29a	
30					
(Grants \$ ) If this amount inc					
31 Other program services (attach schedule)	ludes foreign grants, check	<u>nere</u>	<u>, ▶ ⊔</u>	30a	
(Grants \$ ) If this amount inc	ludae foraign granta shoet.	• • • • • • • • • • • • • • • • • • •			
32 Total program service expenses (add lines 28a	through 31a)	ileie	<u>. ▶ ∐</u>	31a	304 046
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	en if not compensate	d (See the ins	32	324,042
(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Eypense
	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred compen	plans &	account and other allowances
SEE ATTACHED LISTING		,			Carer anowarces
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	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	ist velue	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
39				
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			<b>74</b> 7
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4915 ▶			
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	En ter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. NONE	1400		
42a	The books are in care of ► SHARON BOTTORFF  Located at ►129 W. FOWLKES STREET, FRANKLIN  ZIP + 4 ► 370		. 58	15
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority.	. <b>Y. :</b>		• • • • • •
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C I	At any time during the calendar year, did the organization maintain an office outside of the U.S.? f "Yes," enter the name of the foreign country:	42c	******	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	· · ·	· 	
44	Did the organization maintain any denor advised fundants are a second and a second		Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 ——	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Pari	VI Section 501(c)(3) organizations only and complete the tables for lines 50 a	y. All section 501( and 51.	c)(3) organiz	zations mu	st answer quest	ions 46-49
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete So	chedule C, Part I .				Yes No
47	Did the organization engage in lobbying activities	s? If "Yes." complete	Schedule C.	Part II		47 X
48	s the organization operating a school as describe	ed in section 170(b)(	1)(A)(ii)? If "Y	es." comple	te Schedule F	48 X
49a	Did the organization make any transfers to an ex	cempt non-charitable	related orga	nization?		49a X
b	f "Yes," was the related organization(s) a section	527 organization?	-			49b X
50	Complete this table for the five highest compensa	ited employees (other	r than officer	 s directors	trustees and key	
	each received more than \$100,000 of compensati	ion from the organiza	ation. If there	is none, en	ter "None."	employees) willo
<del></del>	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to position	1 1 1 1	mpensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NON	<u> </u>			:		
Total	number of other employees paid over \$100,000 >		0			
NONI	(a) Name and address of each independent contractor p	paid more than \$100,000		(b) Typ	e of service	(c) Compensation
IVOIVI			***************************************			
		•				
Total	number of other independent contractors each re-				0	
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ined this return, including on of preparer (other than	accompanying so officer) is base	chedules and s d on all inform	tatements, and to the lation of which prepare	best of my knowledge or has any knowledge.
Sign	1 Schawar ton	touth		1	11-2-79	
1 1 - · · ·	Signature of officer	- CAU -		D:	ate	
Here		LTTO - C	v I I	2500	20	
Here	I Sharan Lono					
Here	Type or print name and little.	7110		1 ( )	<i>)</i>	
·		In In	ate	Check if	Proparade Identifica	humbre /Paning
Paid	Preparer's signature		ate	self-	_	Number (See instructions)
Paid Prepar	Preparer's signature Firm's name (or yours A. TOHN R. POOT		ate 9.30.09	self- employed ▶		•
Paid	Preparer's signature  Firm's name (or yours JOHN R. POOL if settemplayed)	E, CPA		self- employed ▶ El	X 410-11-0 N ►	617
Paid Prepar Use O	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's signature  JOHN R. POOL  134 NORTHLAK	E, CPA E DRIVE	30.09	self- employed ▶ El	X 410-11-0 N ► none no. ►615.8	22.4177
Paid Prepar Use O	Preparer's signature  Firm's name (or yours JOHN R. POOL if settemplayed)	E, CPA E DRIVE	30.09	self- employed ▶ El		22.4177

# List 16

Convention		500
Dues		2,514
Telephone		6,382
Maintenance and repairs		324
Professional services		9,300
Supplies		3,449
Training and travel		4,953
Insurance		1,287
Food		910
Interest		1998
Miscellaneous		766
Contract services		4132
Depreciation		248
	Total	36,763

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

20**08** 

Open to Public Inspection

Name of the organization

ARC OF WILLTAMSON COUNTY

Employer identification number

AK	<del>. (</del>	<u> 16 MITPI</u>	AMSON COU	NTY					62-60	)19147		
Pa	rt I	Reasor	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	te this p	art.) (se	e instruc	tions)	_
The	orga	anization is n	ot a private found	dation because it is: (f	Please ch	eck only	one orga	nization.)	)		· · · · · · · · · · · · · · · · · · ·	_
1				ches, or association of						(i).		
2				n 170(b)(1)(A)(ii). (At						•		
3		A hospital of	r a cooperative h	ospital service organiz	zation des	scribed in	section	170(b)(1)	)(A)(iii). (	Attach So	chedule H.)	
4				ation operated in conj								1e
			ime, city, and st		<b>.</b>		· 					
5				the benefit of a colle	ge or uni	versity o	wned or o	perated	by a gov	ernmenta	l unit described	in
6	П		(b)(1)(A)(iv). (Co	omplete Part II.) rernment or governme	ntal unit	describe	d in eact	ion 170/k	~\/4\/ <i>^</i> \/	A		
7	_			y receives a substanti							the general publ	lic
_		described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)						<b>y p</b>	
8				in section 170(b)(1)								
9	Ш	An organiza	tion that normally	y receives: (1) more th	nan 33%%	6 of its si	ipport fro	m contrib	utions, n	nembersh	ip fees, and gros	58
		eupport from	n activities relati	ed to its exempt funct ent income and unrel	lons—su	plect to t	enain ex	ceptions,	and (2)	no more	than 331/3% of i	IS
		acquired by	the organization	after June 30, 1975.	See sec	lion 509(	a)(2). (Co	omplete F	s section Part III.)	SII (ax)	irom businesse	35
10				nd operated exclusive		-		-	•	a)(4), (se	e instructions)	
11		An organiza	tion organized	and operated exclusive	ely for t	he benef	it of, to i	perform t	he functi	ons of a	r to carry out th	16
		purposes of	one or more put	olicly supported organi	zations d	lescribed	in sectio	n 509(a)(	1) or sec	tion 509(a	3)(2). See section	'n
		509(a)(3). C	heck the box the	at describes the type of	of suppor	ting orga	nization a	and comp	lete lines	11e thro	ugh 11h.	
		а 🗌 Туре	_					integrate			Type III-Other	
e		By checking	this box, I cert	lify that the organizat	tion is no	ot control	led direc	tly or ind	lirectly by	y one or	more disqualifie	èd
				n managers and othe	r than on	e or more	e publicly	supporte	d organiz	zations de	scribed in section	חכ
			section 509(a)(2	•								
f		If the organ	ization received	a written determinati	on from	the IRS t	hat it is	a Type I,	Type II,	or Type	III supporting	
		•	, check this box								[	
g		Since Augus following per		the organization acce	pted any	gift or co	ontributio	n from an	y of the			
				indirectly controls, ei	ither alon	e or too	athar with	Decene	docesibe	ad in (ii)	Yes No	_
				ning body of the supp				i heisotis	uescilbi	su iii (ii)	11g(i)	_
				rson described in (i) a	-						11g(ii)	
				of a person described					• • •		11g(iii)	_
h				ation about the organi				pports.	• • •	• • •	1.8(1.1)	_
(i) i	Vame	of supported	(II) EIN	(III) Type of organization				ou notify	(vi)	ls the	(vii) Amount of	-
	org	anization		(described on lines 1-9	in cal. (I) lis	sted in your	the organ	ization in	organizat	tion in col.	support	
				(see instructions)	Bosermin	document?	Supp	of your oort?	(i) organi U.	zed in the S.7		
					Yes	No	Yes	No	Yes	No		
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			A STATE OF THE STA					Biological Control		6.439°54		
Tota	l											n

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 272,932 | 307,353 | 298,465 | 325,483 320, 3851, 524, 618 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 307, 353 298, 465 325, 483 Total. Add lines 1-3 . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Public support. Subtract line 5 from line 4. 524,618 Section B. Total Support (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (e) 2008 (f) Total 272,932 307,353 298,465 325,483 320,385 Amounts from line 4 . . 524,618 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 225 715 523 342 298 2,103 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . 11 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here . Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 16a 331/1/8 support test-2008. If the organization did not check the box on line 13, and line 14 is 331/1/8 or more, check this box 331/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this 17a 10%-facts-and-circumstances test-2008. 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 stop here. Explain in Part IV how the b 10%-facts-and-circumstances test-2007. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	Support Schedule for Orga	anizations D	escribed in a	Section 509(	a)(2)		Page 3		
80	(Complete only if you check	ed the box or	line 9 of Pa	rt I.)					
	ction A. Public Support  alendar year (or fiscal year beginning in)	(-1.000)	T	T	7				
	atendar year (or riscar year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1	<u></u>					
2	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								
3	Gross receipts from activities that are not an unrelated trade or business under section 513		<u></u>						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1-5	<b></b>							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
C	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6.)				racionale i de la co				
Sec	tion B. Total Support		A RESIDENCE OF THE PROPERTY OF		in the same of the	hate or man. White			
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9	Amounts from line 6					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-				- No		
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for toganization, check this box and stop to	nere		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)		
Sec	tion C. Computation of Public Sup	port Percen	tage				· · · · · ·		
15	Public support percentage for 2008 (line	8, column (f)	divided by line	13, column (f	))	15	%		
16	Public support percentage from 2007 Se	chedule A, Par	t IV-A. line 27	g		16	%		
Sec	tion D. Computation of Investmen								
17	Investment income percentage for 2008	line 10c, colu	ımn (f) divided	l by line 13, co	lumn (f)) .	17	%		
18	Investment income percentage from 20	07 Schedule A	, Part IV-A, lin	e 27h		18	%		
19a	33%% support tests—2008. If the orga 17 is not more than 33%%, check this bo	nization did no x and stop be:	t check the bo	x on line 14, ar	nd line 15 is m	ore than 331/3%	, and line		
b	33%% support tests—2007. If the organic	zation did not d	heck a hov on	line 14 or line 1	On and line 16	in mare there o	01/0/		
20	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Pa	Support Schedule for Orga	anizations D	escribed in S	Section 509(	a)(2)		Page 3
50	(Complete only if you check ction A. Public Support	ed the box of	n line 9 of Pa	<u>rt I.)</u>			
	ction A. Fublic Support  alendar year (or fiscal year beginning in)	(a) 2004	T 42 0005		T		
Ī	alonaal your (or hacar year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")  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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add tines 7a and 7b					-	
8	Public support (Subtract line 7c from					<del> </del>	<del></del>
	line 6.)						
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			·			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		Mark St.				
14	First five years. If the Form 990 is for torganization, check this box and stop	nere				ear as a section	
	tion C. Computation of Public Su						
15 16	Public support percentage for 2008 (line Public support percentage from 2007 S	chedule A, Pai	rt IV-A. line 27	: 13, column (1 g	• •	15 16	% %
Sec	tion D. Computation of Investmen	t Income Pe	rcentage			<u> </u>	
17	Investment income percentage for 2008	3 (line 10c, col	umn (f) divided	by line 13, co	olumn (fi)	17	%
18	Investment income percentage from 20	07 Schedule A	A, Part IV-A, lin	e 27h		18	%
19a	331/4% support tests—2008. If the orga 17 is not more than 331/4%, check this bo	x and stop he	re. The organiz	ation qualifies	as a publicly	supported orga	nization 🕨 🔲
b	331/16 support tests—2007. If the organi line 18 is not more than 331/16, check this	zation did not d	check a box on I	ine 14 or line 1	Qa and line 1	R is more than	221/0/
20	Private foundation. If the organization	did not check a	box on line 14	19a or 19h	check this ho	and eee justin	uotions b

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

**Employer Identification number** 

ARC OF WILLIAMSON COUNTY 62-6019147 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ. line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor. during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).