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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning, 2008, and ending, 20

B Check if applicable

- Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

THE ARC GROSSE POINTE HARPER WOODS

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

P O BOX 36130

City or town, state or country, and ZIP + 4

GROSSE POINTE, MI 48236

D Employer identification number

38-6142933

E Telephone number

(313) 881-1461

F Group Exemption Number

Number . . .

G Accounting method: Cash (checked), Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: WWW.THEARCGPHW.ORG

J Organization type (check only one): 501(c)(3) (checked), 4947(a)(1), or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. Total: \$117,465

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for revenue and expenses. Includes sub-rows for special events (6a-c) and inventory (7a-c). Total revenue: 49,022. Total expenses: 15,898. Net assets at end of year: 352,231.

Part II Balance Sheets

Table with 7 rows for assets and liabilities. Total assets: 379,561. Total liabilities: 27,330. Net assets or fund balances: 352,231.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
What is the organization's primary exempt purpose? OPPORTUNITIES FOR DISABLED PERSONS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	EDUCATIONAL, EMPLOYMENT, HOUSING, RECREATIONAL & SOCIAL OPPORTUNITIES ARE PROVIDED TO PERSONS WITH MENTAL RETARDATION & OTHER DEVELOPMENTAL DISABILITIES. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	_____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	_____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DEBBIE MOFFAT P O BOX 36130 GROSSE POINTE MI, 48236	PRESIDENT 0	0	0	0
KAREN GROBBELL P O BOX 36130 GROSSE POINTE MI, 48236	VICE PRES 0	0	0	0
CECILIA PALEN P O BOX 36130 GROSSE POINTE MI, 48236	CORRES SECY 0	0	0	0
DIANE ZEDAN P O BOX 36130 GROSSE POINTE MI, 48236	TREASURER 0	0	0	0
VAL ASH P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0
MARTHA CASEY P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0
MARY BETH CHRISTENSON P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0
ROGER FERWORN P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0
MARY FODELL P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0
THERESA MILLER P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0
LINDA TORR P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0
JIM WIEME P O BOX 36130 GROSSE POINTE MI, 48236	DIRECTOR 0	0	0	0

Part V 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		X
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		X
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	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		X
41	List the states with which a copy of this return is filed. MI		
42 a	The books are in care of DIANE ZEDAN Telephone no. 313-881-1461 Located at 662 UNIVERSITY GROSSE POINTE, MI ZIP + 48230		
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)? 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.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country		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 donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49

and complete the tables for lines 50 and 51.

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political campaign activities, lobbying, school operation, and related organizations.

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (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. Row 1 contains 'NONE'.

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

Sign Here: 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. Signature of officer: [Signature], Date: 15-17-2010. DEBBIE MOFFAT, PRESIDENT.

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 6/30/2009, Check if self-employed: [], Preparer's Identifying No.: [], Firm's name: PATRICK F. O'HARA, P.C., address: 377 FISHER ROAD - SUITE F, GROSSE POINTE, MI 48230, Phone no: 313-885-9700.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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)

Section A. Public Support

Calendar year (or fiscal 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.")	51,875	50,589	60,173	56,195	117,389	336,221
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						
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	51,875	50,589	60,173	56,195	117,389	336,221
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.)						336,221

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	51,875	50,589	60,173	56,195	117,389	336,221
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	517	796	1,150	1,021	76	3,560
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	517	796	1,150	1,021	76	3,560
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.)						339,781

14 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.95	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.05	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>SPEC OLYMPIC</u> (event type)	<u>LAKEPOINTE</u> (event type)	(total number)	Add col (a) through col (c)	
R e v e n u e	1	Gross receipts	48,035	29,862	33,107	111,004
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	48,035	29,862	33,107	111,004
D i r e c t E x p e n s e s	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	36,307	12,454	19,682	68,443
	8	Direct expenses summary. Add lines 4 through 7, column (d) ▶				(68,443)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶				42,561

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1	Gross revenue		
D i r e c t E x p e n s e s	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities: _____

9a	Is the organization licensed to operate gaming activities in each of these states?	Yes	No
	b If "No," Explain: _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes	No
	b If "Yes," Explain: _____		
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Name(s) as shown on return

FEIN

THE ARC GROSSE POINTE HARPER WOODS

38-6142933

PART 1 LINE 6A-GROSS REVENUE

Description	Amount
SPECIAL EVENTS	\$ 2,513
FULL CIRCLE UPSCALE RESALE	6,594
LAKEPOINTE RENTAL INCOME	29,862
OUTER DRIVE RENTAL INCOME	24,000
SPECIAL OLYMPICS INCOME	48,035
Total:	\$ 111,004

Name(s) as shown on return

THE ARC GROSSE POINTE HARPER WOODS

FEIN

38-6142933

PART 1 LINE 6B-DIRECT EXPENSES

Description	Amount
SPECIAL EVENTS 6124+1099	\$ 7,223
FULL CIRCLE	1,705
LAKEPOINTE EXPENSES	12,454
OUTER DRIVE EXPENSES	10,754
SPECIAL OLYMPICS EXPENSES	36,307
Total:	\$ 68,443

Federal Supporting Statements

2008 PG 01

Name(s) as shown on return

Your Social Security Number

THE ARC GROSSE POINTE HARPER WOODS

38-6142933

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

		<u>AMOUNT</u>	<u>RELATIONSHIP</u>
ACTIVITY	VARIOUS GRANTS-ALL UNDER 5000	4,475	
GRANTEE	VARIOUS		
ADDRESS	VARIOUS		
	GROSSE POINTE MI 48236		
	TOTAL	<u>4,475</u>	

Federal Supporting Statements

2008 PG 01

Name(s) as shown on return

Your Social Security Number

THE ARC GROSSE POINTE HARPER WOODS

38-6142933

**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

STATEMENT #130

<u>DESCRIPTION</u>	<u>AMOUNT</u>
AFFILIATION FEES	2,304
BANK SVC CHGS	72
STATE FILING FEE	20
INSURANCE	1,512
RESPIRE REIMBURSEMENT	<u>5,900</u>
TOTAL	<u><u>9,808</u></u>

Federal Supporting Statements

2008 PG 01

Name(s) as shown on return

Your Social Security Number

THE ARC GROSSE POINTE HARPER WOODS

38-6142933

**FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3**

STATEMENT #132

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
MORTGAGE PAYABLE	<u>31,564</u>	<u>27,330</u>
TOTAL	<u><u>31,564</u></u>	<u><u>27,330</u></u>