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Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning Jul 01, 2008, and ending Jun 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization, number and street, city, town, state, and ZIP code: WILLIAM THOMAS ACADEMY, PO BOX 596, Sumter SC 29151-0596. D Employer Identification number: 20-0753930. E Telephone number: 803-773-1910. F Group Exemption Number: 501C

G Accounting method: [X] Cash [ ] Accrual Other (specify)
H Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

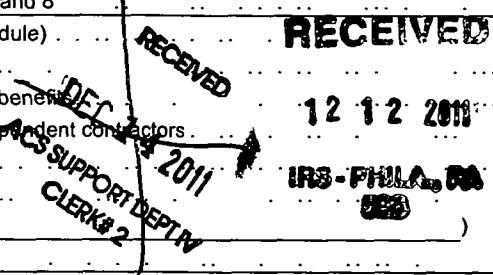
I Website:
J Organization type (check only one) - [X] 501(c)(3) ( ) (Insert no.) ( ) 4947(a)(1) or ( ) 527

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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. \$ 146,267.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 146,267. Expenses total: 128,820. Net Assets total: 17,447.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets, columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2008)

59944

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SCANNED

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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, 6, and 7 (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?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38 b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <b>39 a</b>		
b	Gross receipts, included on line 9, for public use of club facilities <b>39 b</b>		
40a	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. <b>SC</b>		
42a	The books are in care of <b>SHELIA COPLIN</b> Telephone no. <b>803-773-1910</b> Located at <b>PO BOX 596 SC Sumter</b> ZIP + 4 <b>29151-</b>		
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 <b>43</b>		
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 within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

**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.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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."

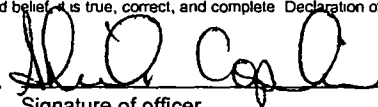
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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 is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here



04/01/2009

Signature of officer

Date

SHEILA COPLIN

SHEILA COPLIN

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature

Date

04/01/2009

Check if self-employed

Preparer's Identifying No. (See instr.)

P00282035

Firm's name (or yours if self-employed), address, and ZIP + 4

LIBERTY TAX SERVICE  
263 BROAD ST  
Sumter SC 29150-

EIN 32-0034972

Phone no. 803-418-0123

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No



WILLIAM THOMAS ACADEMY

PO BOX 596

Sumter SC 29151-0596

INVOICE DATE: 04/14/2009

ID NUMBER: 20-0753930

TELEPHONE: 803-773-1910

INVOICE NO.: 3

### 2008 INVOICE

#### Description

- 1 Form 990-EZ
- 1 Schedule A, Supplementary Information
- 1 Schedule B, Schedule of Contributors
- 7 990/EZ/PF Statement

Remarks:

<b>Total Charges</b>	150.00
<b>Discount</b>	
<b>Sales Tax</b>	
<b>Payments</b>	
<b>Amount Due</b>	150.00

US 990

Other Expenses

2008

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
ELECTRIC	11,400.			
WATER	1,920.			
INSURANCE	12,600.			
STORAGE	900.			
TELEPHONE	2,100.			
TRAVEL	1,000.			
SUPPLIES	1,600.			
	31,520.			

31,500  
31,500  
129,820