

Return of Organization Exempt From Income Tax

2000

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

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

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Tucson Association For The Blind, 3767 E Grant Road, Tucson, AZ 85716. D Employer identification number 86-6056057. E Telephone number (520) 795-1331. F Check if application pending.

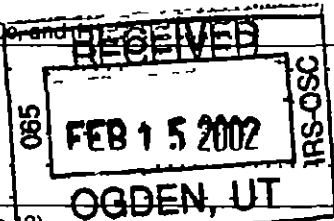
G Organization type (check only one) 501(c)(3) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. Note H and I are not applicable to section 527 orgs. H(a) Is this a group return filed for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED MAR 01 2002

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

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
22 Grants and allocations (att sch ) (cash \$ _____ non cash \$ _____ )	22			
23 Specific assistance to individuals (att sch )	23			
24 Benefits paid to or for members (att sch )	24			
25 Compensation of officers, directors, etc	25 47,202	34,929	10,384	1,889
26 Other salaries and wages	26 592,620	439,083	132,557	20,980
27 Pension plan contributions	27			
28 Other employee benefits	28 39,680	32,290	6,224	1,166
29 Payroll taxes	29 46,640	34,252	10,725	1,663
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 157,891	105,944	4,846	47,101
34 Telephone	34 12,641	10,804	767	1,070
35 Postage and shipping	35 4,550	913	424	3,213
36 Occupancy	36			
37 Equipment rental and maintenance	37 5,061	4,694	367	
38 Printing and publications	38 3,851	670	2,107	1,074
39 Travel	39 8,907	8,907		
40 Conferences, conventions, and meetings	40			
41 Interest	41 5,093	2,061	2,938	94
42 Depreciation, depletion, etc (attach schedule)	42 93,345	62,481	16,573	14,291
43 Other expenses (itemize) a Statement 5	43a 212,528	134,249	50,867	27,412
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15	44 1,230,009	871,277	238,779	119,953

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? <b>Services to the visually impaired</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
a <u>Rehabilitation - Multi-faceted instructional activity for daily living for people with vision loss.</u> (Grants and allocations \$ 0 )	144,484
b <u>Employment Services - Counseling, Training, and placement of people with vision loss in jobs.</u> (Grants and allocations \$ 0 )	239,321
c <u>Socialization Recreation - Offers activities at the center and in the community to reinforce rehabilitation skills and provide social opportunities</u> (Grants and allocations \$ 0 )	67,081
d <u>Adaptive technology/Loaner program - making accessible adaptive technology for people with vision loss as well as providing specialized equipment to assist these individuals</u> (Grants and allocations \$ 0 )	158,475
e <u>Other program services (attach schedule) Statement 6</u> (Grants and allocations \$ _____)	261,916
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	871,277

**Part IV Balance Sheets** (See Specific Instructions on page 23)

<b>Note</b>		<b>(A)</b>		<b>(B)</b>	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
<b>ASSETS</b>	45	Cash - non-interest-bearing	111,296	45	53,992
	46	Savings and temporary cash investments	171,082	46	239,376
	47a	Accounts receivable			
		<b>b</b> Less allowance for doubtful accounts	1,715	47c	
	48a	Pledges receivable			
		<b>b</b> Less allowance for doubtful accounts		48c	
	49	Grants receivable	119,437	49	62,227
	50	Receivables from officers, directors, trustees, and key employees (attach sch)		50	73,145
	51a	Other notes and loans receivable (attach schedule)			
		<b>b</b> Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,228	53	3,201
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	971,799	54	959,219
	55a	Investments - land, buildings, and equipment basis	7,627		
		<b>b</b> Less accumulated depreciation (attach schedule) Stmt 7	2,000	55c	7,627
56	Investments - other (attach schedule)		56		
57a	Land, buildings, and equipment basis	1,533,534			
	<b>b</b> Less accumulated depreciation (attach schedule) Stmt 8	889,872	57c	643,662	
58	Other assets (describe <input type="checkbox"/> See Statement 9 )	11,830	58	7,563	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,022,390	59	2,050,012	
<b>LIABILITIES</b>	60	Accounts payable and accrued expenses	31,795	60	67,796
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		<b>b</b> Mortgages and other notes payable (attach schedule) See Statement 10		64b	79,146
	65	Other liabilities (describe <input type="checkbox"/> See Statement 11 )	13,427	65	12,229
66	<b>Total liabilities</b> (add lines 60 through 65)	45,222	66	159,171	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67	Unrestricted	1,845,004	67	1,707,594
	68	Temporarily restricted	20,072	68	71,155
	69	Permanently restricted	112,092	69	112,092
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,977,168	73	1,890,841
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	2,022,390	74	2,050,012

Form 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.



Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did 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
b	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 for reporting in Part III)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations	85a	N/A	
a	Were substantially all dues nondeductible by members?	85b	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter			
a	Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	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 30.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
d	Enter Amount of tax in 89c, above, reimbursed by the organization		0	
90a	List the states with which a copy of this return is filed <u>Arizona</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b	36	
91	The books are in care of <u>The organization</u> Telephone no <u>(520) 795-1331</u> Located at <u>Same as page one</u> ZIP code <u></u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A	

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Fees for Program Svcs					225,366
b Bingo Program					44,026
c Emp Svcs Fees - Tucson					21,171
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					2,022
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities			14	62,118	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory			18	14,816	
101 Net income or (loss) from special events			1	28,543	
102 Gross profit or (loss) from sales of inventory			3	21,515	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				126,992	292,585
105 Total (add line 104, columns (B), (D), and (E))					419,577

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Statement 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please** 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 knowledge.

page 14 )  
 Date 10-12-02  
 Signature Sarah A Jones  
 Title Executive Director  
 Date \_\_\_\_\_ Check If \_\_\_\_\_ Preparer's SSN or PTIN \_\_\_\_\_



**Part III Statements About Activities**

	Yes	No
<b>1</b> During 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 ▶ \$ <u>N/A</u> 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		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?	X	
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V	X	
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc?	X	
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A 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 benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  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)(v) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	849,207	477,813	1,146,431	942,479	3,415,930
<b>16</b> Membership fees received	1,362	2,033	2,783	4,085	10,263
<b>17</b> Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	517,837	729,098	351,121	96,456	1,694,512
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities (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	63,908	53,081	49,151	63,512	229,652
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets. See St. 17.		60,221	-1,389	-315	58,517
<b>23</b> Total of lines 15 through 22	1,432,314	1,322,246	1,548,097	1,106,217	5,408,874
<b>24</b> Line 23 minus line 17	914,477	593,148	1,196,976	1,009,761	3,714,362
<b>25</b> Enter 1% of line 23	14,323	13,222	15,481	11,062	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24			N/A	
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				<b>26a</b>
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				<b>26c</b>
	d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				<b>26d</b>
	e Public support (line 26c minus line 26d total)				<b>26e</b>
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> %
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.				
	(1999) 0	(1998) 0	(1997) 0	(1996) 0	
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.				
	(1999) 0	(1998) 0	(1997) 0	(1996) 0	
	c Add: Amounts from column (e) for lines 15 3,415,930 16 10,263 17 1,694,512 20 _____ 21 _____				<b>27c</b> 5,120,705
	d Add: Line 27a total 0 and line 27b total 0				<b>27d</b> 0
	e Public support (line 27c total minus line 27d total)				<b>27e</b> 5,120,705
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				<b>27f</b> 5,408,874
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> 94.67%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> 4.25%

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

**Part V Private School Questionnaire** (See page 5 of the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29 Does 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?
- 30 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, programs, and scholarships?
- 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?  
 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )

	Yes	No
29		
30		
31		

- 32 Does the organization maintain the following
  - a Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
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
  - a Students' rights or privileges?
  - b Admissions policies?
  - c Employment of faculty or administrative staff?
  - d Scholarships or other financial assistance?
  - e Educational policies?
  - f Use of facilities?
  - g Athletic programs?
  - h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
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?
- b Has the organization's right to such aid ever been revoked or suspended?  
 If you answered "Yes" to either 34a or b, please explain using an attached statement.

34a		
34b		

- 35 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

35		
----	--	--

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here  a if the organization belongs to an affiliated group  
 Check here  b if you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)**

Name of organization

Employer identification number

Tucson Association For The Blind

86-6056057

**Organization type (check one)** - Section  501(c)( 3 ) ◀ (enter number),  527 or  
 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations** - Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**KFA** For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ **Schedule B (Form 990 or 990-EZ) (2000)**

Name of organization <b>Tucson Association For The Blind</b>	Employer identification number <b>86-6056057</b>
---	---

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 140,733	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	<hr/> <hr/> <hr/>	\$ 210,864	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3	<hr/> <hr/> <hr/>	\$ 24,351	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4	<hr/> <hr/> <hr/>	\$ 124,786	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5	<hr/> <hr/> <hr/>	\$ 24,039	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
—	<hr/> <hr/> <hr/>	\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

Tucson Association For The Blind

86-6056057

**Part II** Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

Tucson Association For The Blind

86-6056057

**Part III** Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions)

▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

Tucson Association For The Blind

86-6056057

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities:

Gross sales price	145,327	
Cost or other basis:	129,563	
Gain (Loss)		\$ 15,764

Other Assets:

Description:	Accounting program	
Date Acquired:	6/30/97	
How Acquired:	Purchased	
Date Sold:	6/30/01	
To Whom Sold:		
Gross sales price:	0	
Cost or other basis:	5,170	
Expenses of sale:	0	
Depreciation:	4,222	
Gain (Loss)		\$ -948

Description	Read N Write	
Date Acquired:	8/25/94	
How Acquired	Purchased	
Date Sold:	6/30/01	
To Whom Sold		
Gross sales price:	0	
Cost or other basis	703	
Expenses of sale.	0	
Depreciation	703	
Gain (Loss)		0

Description:	Juliet Brailler	
Date Acquired:	9/30/94	
How Acquired:	Purchased	
Date Sold:	6/30/01	
To Whom Sold:		
Gross sales price:	0	
Cost or other basis:	3,706	
Expenses of sale.	0	
Depreciation:	3,706	
Gain (Loss)		0

Tucson Association For The Blind

86-6056057

Statement 1 (continued)  
Form 990, Part I, Line 8  
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	HP Deskjet	
Date Acquired:	9/19/94	
How Acquired:	Purchased	
Date Sold	6/30/01	
To Whom Sold:		
Gross sales price:		0
Cost or other basis:		275
Expenses of sale:		0
Depreciation:		275

Gain (Loss) 0

Description:	Sewell Reader	
Date Acquired:	8/12/94	
How Acquired:	Purchased	
Date Sold:	6/30/01	
To Whom Sold:		
Gross sales price:		0
Cost or other basis:		633
Expenses of sale:		0
Depreciation:		633

Gain (Loss) 0

Description:	Read N Write	
Date Acquired	8/25/94	
How Acquired:	Purchased	
Date Sold:	6/30/01	
To Whom Sold:		
Gross sales price:		0
Cost or other basis:		703
Expenses of sale:		0
Depreciation:		703

Gain (Loss) 0

Gain (Loss) from other assets -948

Total Gain (Loss) \$ 14,816

**Statement 2**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

Special Events:

- A) Eye Ball
- B) Tee up for Tab
- C) Bazaar
- Other) Other

Special Events	A	B	C	Other	Total
Gross Receipts	\$ 48,279	17,442	8,612	0	74,333
Less: Contributions	0	0	0	0	0
Gross Revenue	48,279	17,442	8,612	0	74,333
Less. Direct Expenses	26,409	12,625	5,824	932	45,790
Net Income (Loss)	\$ 21,870	4,817	2,788	-932	28,543

**Statement 3**  
**Form 990, Part I, Line 10**  
**Gross Profit (Loss) from Sales of Inventory**

Items Sold	Amount
Sales of visually impaired merchandise . . . . .	\$ 21,515
Gross sales	\$ 21,515
Less returns & allowances	\$ 0
Net sales	\$ 21,515
Less Cost of goods sold	\$ 0
Gross profit from sales of inventory	\$ 21,515

**Statement 4**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Unrealized gain on investments . . . . .	\$ 40,181
Total	\$ 40,181

## Tucson Association For The Blind

86-6056057

Statement 5  
Form 990, Part II, Line 43  
Other Expenses

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank Charges	\$ 1,478		1,478	
Bingo	20,332	20,332		
Building repairs	31,944	22,709	4,578	4,657
Dues and Subscriptions	2,279	371	1,900	8
Insurance	26,543	21,941	2,880	1,722
License and Fees	7,995	7,444	476	75
Other Expenses	6,753	1,514	5,089	150
Professional Services	56,891	22,067	20,143	14,681
Public Relations/Advertising	3,886	3,245	412	229
Scholarship	3,580	3,580		
Training	11,864	1,809	10,055	
Transportation Services	1,111	1,111		
Utilities	30,528	20,782	3,856	5,890
Vehicle Expenses	7,344	7,344		
Total	<u>\$ 212,528</u>	<u>134,249</u>	<u>50,867</u>	<u>27,412</u>

Statement 6  
Form 990, Part III, Line e  
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Developmental disability services - Day program activities providing training for adults with vision loss	\$ 0	238,004
Bingo Program	0	20,332
Scholarship Program	0	3,580
	<u>\$ 0</u>	<u>261,916</u>

Statement 7  
Form 990, Part IV, Line 55b  
Investments - Land, Buildings, and Equipment

Asset	Basis	Accum Deprec.	Book Value
Land	\$ 7,627		7,627
Total	<u>\$ 7,627</u>	<u>0</u>	<u>7,627</u>

Tucson Association For The Blind

86-6056057

**Statement 8**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Asset	Basis	Accum Deprec.	Book Value
Automobiles / transportation equip.	\$ 37,807	31,803	6,004
Furniture and fixtures	208,757	111,043	97,714
Machinery and equipment	360,348	322,429	37,919
Buildings	459,114	333,508	125,606
Improvements	363,636	91,089	272,547
Land	103,872		103,872
Total	<u>\$ 1,533,534</u>	<u>889,872</u>	<u>643,662</u>

**Statement 9**  
**Form 990, Part IV, Line 58**  
**Other Assets**

	Ending
Employee advances .....	\$ 2,150
Interest receivable .....	217
Other Assets .....	5,196
Total	<u>\$ 7,563</u>

**Statement 10**  
**Form 990, Part IV, Line 64b**  
**Mortgages and Other Notes Payable**

<u>Other Notes Payable</u>	<u>Balance Due</u>
Repayment Terms. Int mo - principal due Aug/01	
Purpose of Loan: Line of credit	
Original Amount: 100,000	
Balance Due:	\$ 79,146
	<u>\$ 79,146</u>
Total	<u>\$ 79,146</u>

**Statement 11**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

	Ending
Other accrued liabilities .....	\$ 12,229
Total	<u>\$ 12,229</u>

Tucson Association For The Blind

86-6056057

**Statement 12**  
**Form 990, Part IV-A, Line b(4)**  
**Other Amounts**

Direct cost of special events . . . . .	\$	45,790
Loss on sale of assets . . . . .		948
Total	\$	<u>46,738</u>

**Statement 13**  
**Form 990, Part IV-B, Line b(4)**  
**Other Amounts**

Direct Cost of Special Events . . . . .	\$	45,790
Total	\$	<u>45,790</u>

**Statement 14**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib.	Expense Account/ Other
Eugene Luini 3767 East Grant Road Tucson, AZ	Executive Direc 40	\$ 47,202	0	0
Billy Joe Varney 3416 E. Waverly St Tucson, AZ 85716	President As Needed		0	0
Charles Parker 830 W Placita Dol Lomas Tucson, AZ 85704	Treasurer As Needed		0	0
Heath Lauseng 4641 N Rockcliff Tucson, AZ 85750	Secretary As Needed		0	0
Jeff Bishop 1631 W Maplewood Drive Tucson, AZ 85746	Member As Needed		0	0
Jason J Bryn 3773 N Sandrock Place Tucson, AZ 85750-2229	Member As Needed		0	0
Katie Kendrick 5626 E Linden Tucson, AZ 85712	Member As Needed		0	0

Tucson Association For The Blind

86-6056057

Statement 14 (continued)  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib.	Expense Account/ Other
Patty Lacy 3438 N Richland Drive Tucson, AZ 85719	Member As Needed	\$ 0	0	0
Aurthur H. Davis 11635 East Sneller Vista Dr Tucson, AZ 85749	Member As Needed	0	0	0
Michael Diesenhouse 1201 East Paseo Pavon Tucson, AZ 85718	Member As Needed	0	0	0
Monica Diamos 5301 N Buffalo Trail Tucson, AZ 85743	Member As Needed	0	0	0
James Flanagan 7441 East 20th Street Tucson, AZ 85710	Vice President As Needed	0	0	0
Vernon Walker 1117 E. 12th Street Tucson, AZ 85719	Member As Needed	0	0	0
Della Lucus 2475 North Haskell #560 Tucson, AZ 85716	Member As Needed	0	0	0
Rosalinda E Quiroga 3828 N Nash Creek Court Tucson, AZ 85745	Member As Needed	0	0	0
Jill Rickgauer 689 West Las Lomitas Road Tucson, AZ 85704	Member As Needed	0	0	0
Reid Schindler, M D. 4361 Coronado Drive Tucson, AZ 85718	Member As Needed	0	0	0
Tina MacBeth 6150 E Finisterra Drive Tucson, AZ 85750	Member As Needed	0	0	0

## Tucson Association For The Blind

86-6056057

**Statement 14 (continued)**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title &amp; avg. Hrs/wk devoted</u>	<u>Comp.</u>	<u>Employee Ben. Pln Contrib</u>	<u>Expense Account/ Other</u>
Gary Rowlett 9133 N Palmbrook Drive Tucson, AZ 85743	Member As Needed	\$ 0	0	0
Michael Zimet 5405 E Placita Hayuco Tucson, AZ 85718	Member As Needed	0	0	0
		Total \$ <u>47,202</u>	<u>0</u>	<u>0</u>

**Statement 15**  
**Form 990, Part VIII**  
**Relationship of Activities to the Accomplishment of Exempt Purposes**

<u>Line #</u>	<u>Explanation of Activities</u>
93a-b	Income from transportation provided to program participants who generally have no other means of transportation is used to further the exempt mission of the Association.
94	Membership dues enhance the public's recognition and understanding of the Association's charitable purpose
97b	Incidental rental income provided to offset some facility expenses.
102a	Miscellaneous income received in the pursuit of the exempt purpose of the Association.

**Statement 16**  
**Schedule A, Part III, Line 2**  
**Transactions with Trustees, Directors, Etc.**

The Association has a note receivable from a member of the Board of Directors.

**Statement 17**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

<u>Description</u>	<u>(a) 1999</u>	<u>(b) 1998</u>	<u>(c) 1997</u>	<u>(d) 1996</u>	<u>(e) Total</u>
Realized loss on investments	\$ 0	\$ 0	\$ -1,389	\$ -315	\$ -1,704

Tucson Association For The Blind

86-6056057

Statement 17 (continued)  
Schedule A, Part IV-A, Line 22  
Other Income

<u>Description</u>	<u>(a) 1999</u>	<u>(b) 1998</u>	<u>(c) 1997</u>	<u>(d) 1996</u>	<u>(e) Total</u>
Other income	\$ 0	\$ 60,221	\$ 0	\$ 0	\$ 60,221
Total	<u>\$ 0</u>	<u>\$ 60,221</u>	<u>\$ -1,389</u>	<u>\$ -315</u>	<u>\$ 58,517</u>

**Balance Sheet**

**Receivables due from officers, directors, trustees, & key employees [O]**

Due from Director . . . . .	\$	45,000
Due from former employee/ ins . . . . .		<u>28,145</u>
	Total \$	<u><u>73,145</u></u>

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note. Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer Identification Number
	Tucson Association For The Blind		86-6056057
	Number, Street and Room or Suite Number. If a P.O. Box, see instructions.		
	3767 E. Grant Road		
City, Town or Post Office. For a foreign address, see instructions.		State	ZIP Code
Tucson, AZ 85716			

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box . If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 7/01, 20 00, and ending 6/30, 20 01

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_ 0

**Signature and Verification**

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, and that I am authorized to prepare this form.

Signature ▶ Marianne DeVries Title ▶ CPA Date ▶ 11-7-01

KFA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (12-2000)