

Return of Organization Exempt from Income Tax

2003

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 7/01, 2003, and ending 6/30, 2004

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Southern Arizona Association for the Visually Impaired, Inc. 3767 E. Grant Road Tucson, AZ 85716. Employer Identification Number 86-6056057. Telephone number (520) 795-1331. Accounting method: Accrual.

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

J Organization type: 501(c) 3. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return. I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,570,056.

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

Table with columns for line number, description, and amount. Includes sections for Revenue (lines 1-11), Expenses (lines 13-17), and Assets (lines 18-21). Total revenue: 904,950. Total expenses: 1,199,319. Net assets at end of year: 1,255,061.

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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.

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) See Stm 5 (cash \$ 3,000. non-cash \$)	22	3,000.	3,000.		
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	48,000.	38,651.	6,132.	3,217.
26 Other salaries and wages.	26	734,116.	591,135.	93,782.	49,199.
27 Pension plan contributions	27				
28 Other employee benefits	28	58,779.	43,443.	9,881.	5,455.
29 Payroll taxes	29	68,135.	56,174.	7,640.	4,321.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	20,010.	18,028.	1,166.	816.
34 Telephone	34	13,273.	9,958.	2,917.	398.
35 Postage and shipping.	35	4,020.	3,006.	547.	467.
36 Occupancy	36	27,786.	20,840.	6,113.	833.
37 Equipment rental and maintenance . . .	37	7,104.	5,980.	679.	445.
38 Printing and publications	38	7,994.	5,967.	1,110.	917.
39 Travel	39	7,291.	5,404.	1,527.	360.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	70,571.	52,149.	10,409.	8,013.
43 Other expenses not covered above (itemize)					
a See Statement 6	43a	129,240.	74,609.	49,960.	4,671.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,199,319.	928,344.	191,863.	79,112.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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

What is the organization's primary exempt purpose? ▶ See Statement 7	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a See Statement 8	
(Grants and allocations \$ 3,000.)	928,344.
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services. (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	928,344.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	79,159.	45	28,960.
	46 Savings and temporary cash investments	100,938.	46	259,806.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47 c	
	48 a Pledges receivable	425.		
	b Less: allowance for doubtful accounts		48 c	425.
	49 Grants receivable	118,827.	49	153,026.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	23,528.	50	1,125.
	51 a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use	6,572.	52	5,575.
	53 Prepaid expenses and deferred charges	4,512.	53	4,363.
	54 Investments — securities (attach schedule) . See St 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	627,433.	54	313,311.
	55 a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
	56 Investments — other (attach schedule)	See Stmt 10	56	48,548.
	57 a Land, buildings, and equipment: basis	1,599,793.		
	b Less: accumulated depreciation (attach schedule) Statement 11	1,086,882.	57 c	512,911.
	58 Other assets (describe <input type="checkbox"/>)	4,274.	58	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,585,433.	59	1,328,050.	
LIABILITIES	60 Accounts payable and accrued expenses	49,544.	60	47,621.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/> See Statement 12)	23,356.	65	25,368.
66 Total liabilities (add lines 60 through 65)	72,900.	66	72,989.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,321,322.	67	1,072,261.
	68 Temporarily restricted	79,119.	68	70,708.
	69 Permanently restricted	112,092.	69	112,092.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,512,533.	73	1,255,061.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,585,433.	74	1,328,050.

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements		a 974,587.	a Total expenses and losses per audited financial statements		a 1,232,059.
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments \$ 36,897.			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify):			(4) Other (specify):		
----- \$			See Stmt 14 \$ 32,740.		
Add amounts on lines (1) through (4)	b	36,897.	Add amounts on lines (1) through (4)	b	32,740.
c Line a minus line b	c	937,690.	c Line a minus line b	c	1,199,319.
d Amounts included on line 12, Form 990 but not on line a:			d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify):			(2) Other (specify):		
See Stmt 13 \$ -32,740.			----- \$		
Add amounts on lines (1) and (2)	d	-32,740.	Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	904,950.	e Total expenses per line 17, Form 990 (line c plus line d)	e	1,199,319.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
See Statement 15				
-----		48,000.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See instructions.)

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
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80b If 'Yes,' enter the name of the organization and check whether it is exempt or nonexempt.
81a Enter direct and indirect political expenditures. See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
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?
82b 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.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures.
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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 301.7701-3?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 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?
90a Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
90b Enter: Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2003
91 The books are in care of
91b Telephone number
91c Located at
91d ZIP + 4
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization **Southern Arizona Association for
the Visually Impaired, Inc.**

Employer identification number
86-6056057

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 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> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
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.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See 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.)
- 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)(vi). (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 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	743,276.	516,260.	742,849.	849,207.	2,851,592.
16 Membership fees received	1,126.	2,085.	2,022.	1,362.	6,595.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	324,537.	340,522.	386,411.	517,837.	1,569,307.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,956.	47,946.	68,114.	63,908.	214,924.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,103,895.	906,813.	1,199,396.	1,432,314.	4,642,418.
24 Line 23 minus line 17	779,358.	566,291.	812,985.	914,477.	3,073,111.
25 Enter 1% of line 23	11,039.	9,068.	11,994.	14,323.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	61,462.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
	c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	3,073,111.
	d Add: Amounts from column (e) for lines: 18 214,924. 19 _____ 22 _____ 26b _____	26d	214,924.
	e Public support (line 26c minus line 26d total)	26e	2,858,187.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	93.01 %

27 Organizations described on line 12:	N/A	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2002) _____ (2001) _____ (2000) _____ (1999) _____		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2002) _____ (2001) _____ (2000) _____ (1999) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add. Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

		N/A	Yes	No
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.) ----- ----- -----			
32	Does the organization maintain the following:			
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?			
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? 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:			
33a	a Students' rights or privileges?			
33b	b Admissions policies?			
33c	c Employment of faculty or administrative staff?			
33d	d Scholarships or other financial assistance?			
33e	e Educational policies?			
33f	f Use of facilities?			
33g	g Athletic programs?			
33h	h Other extracurricular activities? 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?.			
34b	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.			
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.			

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

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' 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 —		
If the amount on line 40 is —		
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		
The lobbying nontaxable amount is —		
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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 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.

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

Publicly Traded Securities

Gross Sales Price: 623,530.
 Cost or Other Basis: 632,366.

Total Gain (Loss) Publicly Traded Securities \$ -8,836.

Total Net Gain (Loss) From Noninventory Sales \$ -8,836.

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

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Eye Ball	47,952.	0.	47,952.	18,619.	29,333.
Vehicles for Vision	200.	0.	200.	0.	200.
Total	<u>\$ 48,152.</u>	<u>\$ 0.</u>	<u>\$ 48,152.</u>	<u>\$ 18,619.</u>	<u>\$ 29,533.</u>

Statement 3
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Sales of visually impaired merchandise	\$ 15,438.
Gross Sales	<u>\$ 15,438.</u>
Less Returns & Allowances	<u>0.</u>
Net Sales	\$ 15,438.
Less Cost Of Goods Sold	<u>14,121.</u>
Gross Profit From Sales Of Inventory	<u>\$ 1,317.</u>

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

Unrealized gains	\$ 36,897.
Total	<u>\$ 36,897.</u>

Statement 5
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Donee's Name: Anna Miller
 Donee's Address: 2345 N. Craycroft Apt #16
 Tucson, AZ 85712
 Relationship of Donee: None
 Amount Given: \$ 1,500.

Donee's Name: Sherrie Stewart
 Donee's Address: 1025 S. Camino Seco
 Tucson, AZ 85710
 Relationship of Donee: None
 Amount Given: 1,500.

Total Grants and Allocations \$ 3,000.

Statement 6
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Bank Charges	2,253.		2,253.	
Building repairs	26,855.	20,118.	5,928.	809.
Dues and Subscriptions	2,251.	1,789.	247.	215.
Insurance	33,638.	26,143.	6,595.	900.
License and Fees	674.	580.	36.	58.
Other Expenses	13,565.	6,570.	5,874.	1,121.
Professional services	36,654.	10,135.	25,316.	1,203.
Public Relations/Advertising	6,111.	2,035.	3,711.	365.
Vehicle Expenses	7,239.	7,239.		
Total	<u>\$ 129,240.</u>	<u>\$ 74,609.</u>	<u>\$ 49,960.</u>	<u>\$ 4,671.</u>

Statement 7
Form 990, Part III
Organization's Primary Exempt Purpose

The Association's mission is to provide a wide variety of services to the blind and visually impaired who live in the greater Tucson area.

Statement 8
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Rehabilitation - This special program provides habilitation skills training to adults with developmental disabilities who also have vision loss. Individualized programs are designed for each participant to gain higher levels of independence, stressing communication and expressive skills through the arts, orientation and mobility training in various environments, and increased involvement in the community at large.</p>	3,000.	322,155.
<p>Employment Services - At the Center for Technology and Job Skills Training, we provide both group and individualized instruction in computer applications and assistive technology. We are committed to providing essential tools for empowerment to our consumers by developing an individualized plan, which will maximize independence and employability.</p> <p>These services include but are not limited to: Assistive Technology and standard computer assessments Job-site evaluations One-on-one instruction targeting individual needs and expectations Job readiness preparation, including creating resumes, cover letters, and information on job searches One-on-one sessions with our Job Developer for development of personal presentation and interview skills, support in job searches and job attainment And much, much more!</p> <p>These services are fully accessible to people with all types of visual impairments, as well as other disabilities through assistive technology. Available services include instruction in computers and note-takers that are equipped with magnification programs, speech access, Braille access, voice-activated systems, scan and read systems and a combination of communication modalities.</p> <p>READY SET GO</p> <p>Job-readiness course - The eight-week curriculum features instruction on resume writing and interviews, professional etiquette and accessible job search methods. Additional topics include the Americans with Disabilities Act, identification of transferable skills, accommodation ideas and legislative information. Community resources will be discussed, such as child care options, transportation, RSA and community employers and training facilities.</p> <p>One-on-one rehabilitation counseling - Counseling services are available for clients. They may receive 8-10 sessions prior to the next phase of the program.</p> <p>Group counseling - This eight week support group provides opportunities for clients to strengthen their social, communication and advocacy skills.</p>		

Statement 8 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
<p>Transitional group activities - This group, led by members and volunteers, is designed to promote client autonomy and provide experiences in the community</p>		40,760.
<p>Socialization Recreation - Recreational activities for members include weekly Bingo tournaments, art classes, and more. These activities encourage group interaction with others and allow members to visit with friends. Annual membership is only \$12. Meets once weekly on Thursdays 9:30 a.m.-2:30 p.m. Purpose - Social and Leisure, Speakers Membership - any visually impaired individual - \$12/year Benefits: Newsletter every 4 months, staff support, meeting space, transportation for a community outing once per month</p>		
<p>AME - ACCESS, MENTORING, EMPOWERMENT Top reasons why you should join AME: Social - Meet new people and make new friends, Advocacy - Be an ambassador for accessibility issues in our community, Mentoring - Provide outreach and support plus receive peer support, Empowerment - Network with peers and community leaders and participate in specific forums</p>		
<p>Meets 1x/mo - Saturdays Purpose - Advocacy, Mentoring, Social Membership - Any visually impaired individual \$50/year Benefits: Mailing once every 4 months, meeting space once per month, staff support, transportation for one community outing per month, one large activity per year (ie. Bus to legislature, bus to camping trip)</p>		
<p>ALUMNI AMBASSADORS Designed as a continuation of the social and community based connections developed during rehabilitation training. This group is self-directed and acts as both ambassadors for SAAVI as well as a social gathering for graduates of any of our rehabilitation programs.</p>		
<p>Meets weekly in house (Thursdays 9:30-2), weekly out of the agency Purpose - Give back to the community, raise the number of referrals for SAAVI Rehab Monthly report of community activity Membership-Any rehabilitation graduate \$50/yr Benefits: meeting space once per month, Staff support</p>		42,398.
<p>Adaptive technology/Loaner program - Many aids and appliances that are available through catalogs offered by Maxi Aids, and Lighthouse can be purchased at SAAVI. Some devices include: Solar Shields UV protective eyewear Folding WCIB white canes in varying lengths</p>		

Statement 8 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Cane tips in various styles White and red adjustable height support canes Writing guides Ott full-spectrum fluorescent lamps and bulbs Chromolux full-spectrum bulbs Assorted Talking Devices - watches, clocks, calculators, personal scales, and clinical thermometers Sewing Aids Kitchen Aids Note: We do not sell magnifiers or other optical devices. We strongly recommend a Clinical Low Vision Evaluation for professional guidance		55,532.
<p>Developmental disability services INDEPENDENT LIVING SKILLS</p> <p>Group and individual training is available in the areas of low vision, living skills, orientation and mobility, and adjustment to visual impairment. Certified rehabilitation instructors teach students in the home and community. Group classes can accommodate up to 10 students at once. G.O.A.L.S. (GENERAL ORIENTATION TO ADAPTIVE LIVING SKILLS)</p> <p>Basic vision loss rehabilitation classes are held Tuesdays and Fridays from 9:30 - 2:15. Learn valuable skills such as: Living Skills: Handwriting and writing guides; financial management and money identification; adaptive telephone dialing; labeling; adaptive sewing skills; introduction to braille; adaptive kitchen and eating skills Low Vision: history of low vision, definitions of legal blindness; low vision evaluations, eye care professionals; anatomy of the eye, causes of visual impairments, eccentric viewing; basics of optics, magnification, lighting; distance magnification (telescopes, monoculars), CCTV, computer screen magnification, UV filters; and consumer education and advocacy and the ADA Adjustment Support Group: Introduction and general orientation to SAAVI; transportation options; adjusting to visual impairment; the Loss/Grief cycle; positive thinking and self esteem; stress reduction. S.T.A.R.S. (SPECIAL TRAINING AND ADVANCED REHABILITATION SERVICES)</p> <p>Advanced vision loss rehabilitation classes are held every Thursday from 9:30 - 2:15 and change topics every month. Topics include: travel tips/personal safety, guest speakers, low vision adaptive equipment; community outings to low vision clinics and services, self-esteem and adjusting to blindness; assertiveness/coping skills, personal financial planning, communications and technologies; low vision current events, nutrition, container gardening; community resources, personal psychology, kitchen skills. ORIENTATION AND MOBILITY TRAINING</p>		

Statement 8 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
<p>This educational process prepares an individual to travel safely in his or her surroundings. Orientation uses the remaining senses to establish one's position and relationship to other significant objects in the environment. Mobility is the ability to move from a present position to a desired location or position in another part of the environment in a safe and efficient manner.</p>		
<p>GOALS ON WHEELS</p>		
<p>GOALS group classes are held throughout the community and surrounding areas including Green Valley, Rancho Vistoso and Santa Cruz County.</p>		241,092.
<p>Davis Monthan Air Force Base - Since the programs inception in 1994, SAAVI, in conjunction with National Industries for the Blind (NIB), the Department of Veteran's Affairs (VA) and Davis-Monthan Air Force Base (DMAFB), has successfully provided jobs to persons with vision loss as Switchboard Operators on the base. The program provides training and experience along with competitive salaries and benefits for our employees with the purpose of preparing to obtain gainful employment in the community.</p>		226,407.
	<u>\$ 3,000.</u>	<u>\$ 928,344.</u>

Statement 9
Form 990, Part IV, Line 54
Investments - Securities

<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Amount</u>
Bonds	Market Value	\$ 126,129.
	Total	\$ 126,129.
<u>Other Publicly Traded Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
Equities	Market Value	187,182.
	Total	\$ 187,182.
Total Investments - Securities		<u>\$ 313,311.</u>

Statement 10
Form 990, Part IV, Line 56
Investments - Other

Description of Investment	Valuation Method	Book Value
Pooled funds held at United Way	Market Value	\$ 40,921.
Land held for sale	Cost	7,627.
	Total	<u>\$ 48,548.</u>

Statement 11
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 77,443.	\$ 35,066.	\$ 42,377.
Furniture and Fixtures	447,554.	428,106.	19,448.
Machinery and Equipment	144,556.	138,275.	6,281.
Buildings	459,114.	363,172.	95,942.
Improvements	367,254.	122,263.	244,991.
Land	103,872.		103,872.
	Total	\$ 1,086,882.	\$ 512,911.

Statement 12
Form 990, Part IV, Line 65
Other Liabilities

Other accrued liabilities	\$ 25,368.
		Total	<u>\$ 25,368.</u>

Statement 13
Form 990, Part IV-A, Line d(2)
Other Amounts

Cost of client equipment sales		\$ -14,121.
Direct costs of special events ..		-18,619.
	Total	<u>\$ -32,740.</u>

Statement 14
Form 990, Part IV-B, Line b(4)
Other Amounts

Cost of client equipment sales		\$ 14,121.
Direct costs of special events		18,619.
	Total	<u>\$ 32,740.</u>

Statement 15
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Sarah Jones 3767 East Grant Road Tucson, AZ	Executive Direc 40	\$ 31,000.	\$ 0.	\$ 0.
Steve Gilsdorf 3767 E. Grant Rd Tucson, AZ 85716	Treasurer 1		0.	0.
Ramesh Nayak 3767 E. Grant Rd. Tucson, AZ 85716	Member 1		0.	0.
Syd Clayton-Seeber 3767 E Grant Rd Tucson, AZ 85716	Vice President 1		0.	0.
Jeff Bishop 3767 E Grant Rd Tucson, AZ 85716	Secretary 1		0.	0.
Jason J Bryn 3767 E Grant Rd Tucson, AZ 85716	Member 1		0.	0.
Shari Gootter 3767 E. Grant Rd. Tucson, AZ 85716	Member 1		0.	0.
Patty Lacy 3767 E Grant Rd Tucson, AZ 85716	Member 1		0.	0.
Arthur H. Davis 3767 E Grant Rd Tucson, AZ 85716	Member 1		0.	0.
Robert Patterson 3767 E. Grant Rd. Tucson, AZ 85716	Member 1		0.	0.
Penny Rosenblum 3767 E Grant Rd Tucson, AZ 85716	Member 1		0.	0.
Jill Rickgauer 3767 E. Grant Rd. Tucson, AZ 85716	Member 1		0.	0.

Statement 15 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Jerry Schuchardt 3767 E. Grant Rd Tucson, AZ 85716	President 1	\$ 0.	\$ 0.	\$ 0.
Mitzi Tharin 3767 E. Grant Rd. Tucson, AZ 85716	Member 1	0.	0.	0.
John Turner 3767 E. Grant Rd. Tucson, AZ 85716	Member 1	0.	0.	0.
Ed White 3767 E. Grant Rd. Tucson, AZ 85716	Member 1	0.	0.	0.
Reid Schindler, M.D. 3767 E Grant Rd Tucson, AZ 85716	Member 1	0.	0.	0.
Maureen Shea 3767 E. Grant Rd. Tucson, AZ 85716	Executive Direc 40	17,000.	0.	0.
Total		<u>\$ 48,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 16
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93a	Income generated from services is used to provide training and development of blind and visually impaired individuals for the workplace
93b	Program fees are generated from contracts with employers which provide jobs to individuals who are blind or visually impaired.
94	Membership dues enhance the public's awareness of the charitable mission of the Association

Statement 17
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

Scholarships are awarded to blind and visually impaired individuals

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.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Southern Arizona Association for the Visually Impaired, Inc.	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 05, 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 03, and ending 6/30, 20 04.

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 Swires Title ▶ CPA

Date ▶ 11-4-04

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8868** (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: Southern Arizona Association for the Visually Impaired, Inc.
Employer identification number: 86-6056057
Address: 3767 E. Grant Road, Tucson, AZ 85716

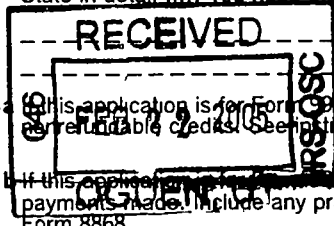
Check type of return to be filed (file a separate application for each return):

Form 990 (checked), Form 990-EZ, Form 990-T (Section 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until 5/16, 20 05. For calendar year, or other tax year beginning 7/01, 20 03 and ending 6/30, 20 04. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period. State in detail why you need the extension: Additional time is needed to prepare an accurate return.



8a This application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any non-refundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. c Balance due. Subtract line 8b from line 8a. 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.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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: Marlene DeVries, Title: CPA, Date: 2-14-05

Notice to Applicant - To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other:

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: DeVries CPAs of Arizona, P.C.
Address: 4349 East Fifth Street, Tucson, AZ 85711

EXTENSION APPROVED

MAR 03 2005