

Return of Organization Exempt from Income Tax

2004

Open to Public Inspection

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

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 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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. D Employer Identification Number 86-6056057. E Telephone number (520) 795-1331. F Accounting method: Cash, Accrual.

G Web site: www.saavi.us. H and I are not applicable to section 527 organizations. 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.

J Organization type: 501(c) 3. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,008,912.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 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; 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.

913-16

14

**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) (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	44,192.	35,392.	7,342.
26	Other salaries and wages	26	678,506.	543,392.	112,729.
27	Pension plan contributions	27			
28	Other employee benefits	28	67,148.	51,383.	12,105.
29	Payroll taxes	29	65,198.	51,843.	11,238.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	29,413.	26,659.	2,060.
34	Telephone	34	12,796.	9,638.	2,778.
35	Postage and shipping	35	3,551.	2,628.	533.
36	Occupancy	36	26,338.	19,752.	5,794.
37	Equipment rental and maintenance	37	25,413.	18,944.	5,462.
38	Printing and publications	38	3,996.	2,958.	599.
39	Travel	39	6,596.	5,221.	1,241.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	62,780.	46,457.	14,439.
43	Other expenses not covered above (itemize)				
a	See Statement 5	43a	90,871.	67,382.	18,849.
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	1,116,798.	881,649.	195,169.

**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? <input type="checkbox"/> See Statement 6	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a See Statement 7	
(Grants and allocations \$ _____)	881,649.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services	(Grants and allocations \$ _____)
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>881,649.</b>

**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
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing	28,960.	<b>45</b>	42,283.
	<b>46</b> Savings and temporary cash investments	259,806.	<b>46</b>	269,645.
	<b>47 a</b> Accounts receivable			
	<b>b</b> Less: allowance for doubtful accounts		<b>47 c</b>	
	<b>48 a</b> Pledges receivable			
	<b>b</b> Less: allowance for doubtful accounts	425.	<b>48 c</b>	
	<b>49</b> Grants receivable	153,026.	<b>49</b>	63,282.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)	1,125.	<b>50</b>	755.
	<b>51 a</b> Other notes & loans receivable (attach sch)			
	<b>b</b> Less: allowance for doubtful accounts		<b>51 c</b>	
	<b>52</b> Inventories for sale or use	5,575.	<b>52</b>	10,259.
	<b>53</b> Prepaid expenses and deferred charges	4,363.	<b>53</b>	3,362.
	<b>54</b> Investments — securities (attach schedule) . See St 8	313,311.	<b>54</b>	130,513.
	<b>55 a</b> Investments — land, buildings, & equipment: basis			
	<b>b</b> Less: accumulated depreciation (attach schedule)		<b>55 c</b>	
<b>56</b> Investments — other (attach schedule)	48,548.	<b>56</b>	7,627.	
<b>57 a</b> Land, buildings, and equipment: basis	1,604,074.			
<b>b</b> Less: accumulated depreciation (attach schedule) . See Statement 10	1,149,662.	<b>57 c</b>	454,412.	
<b>58</b> Other assets (describe )		<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	1,328,050.	<b>59</b>	982,138.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	47,621.	<b>60</b>	48,007.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ See Statement 11 )	25,368.	<b>65</b>	32,163.
<b>66 Total liabilities</b> (add lines 60 through 65)	72,989.	<b>66</b>	80,170.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	1,072,261.	<b>67</b>	680,348.
	<b>68</b> Temporarily restricted	70,708.	<b>68</b>	77,528.
	<b>69</b> Permanently restricted	112,092.	<b>69</b>	144,092.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,255,061.	<b>73</b>	901,968.	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,328,050.	<b>74</b>	982,138.	

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	785,193.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 1,075.		
(2)	Donated services and use of facilities . . . . . \$		
(3)	Recoveries of prior year grants . . . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	1,075.
c	Line a minus line b ▶	c	784,118.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	See Stmt 12 \$ -21,488.		
	Add amounts on lines (1) and (2) ▶	d	-21,488.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	762,630.

a	Total expenses and losses per audited financial statements . . . . .	a	1,138,286.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3)	Losses reported on line 20, Form 990 . . . . . \$		
(4)	Other (specify):		
	See Stmt 13 \$ 21,488.		
	Add amounts on lines (1) through (4) . . . . . ▶	b	21,488.
c	Line a minus line b . . . . . ▶	c	1,116,798.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	1,116,798.

**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 14		44,192.	0.	0.
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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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		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?		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 direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	b Did the organization file Form 1120-POL for this year?		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?		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 in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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. a Were substantially all dues nondeductible by members?	85a	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.	85b	N/A
	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 on line 85f?	85g	N/A
	h 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?	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 301.7701-3? If 'Yes,' complete Part IX		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 on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>Arizona</u>	90a	
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	36
91	The books are in care of <u>The organization</u> Telephone number <u>(520) 795-1331</u> Located at <u>Same as page one</u> ZIP + 4 <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 instructions.)

Note: 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					12,329.
b Program fees					638,588.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					983.
95 Interest on savings & temporary cash invmnts			14	9,890.	
96 Dividends & interest from securities					
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	9,977.	
101 Net income or (loss) from special events			1	21,420.	
102 Gross profit or (loss) from sales of inventory			3	6,507.	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				47,794.	651,900.
105 Total (add line 104, columns (B), (D), and (E))					699,694.

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 instructions.)

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).
1	See Statement 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(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	0%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- 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).

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

Please Sign Here:   
 Signature of officer: *Martina Romero*   
 Title: *BOARD Vice President*   
 Date: *5/2/06*   
 Type or print name and title: *MARTINA ROMERO BOARD OF DIRECTORS Vice President*

Paid Preparer's Use Only:   
 Preparer's signature: *Marianne DeVries*   
 Date: *4-21-06*   
 Check if self employed:    
 Preparer's SSN or PTIN (See General Instruction W): *N/A*   
 Firm's name (or yours if self employed), address, and ZIP + 4: *DeVries CPAs of Arizona, P.C. 4349 East Fifth Street Tucson, AZ 85711-2025*   
 EIN: *N/A*   
 Phone no: *(520) 298-6200*

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545 0047

**2004**

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
<u>None</u>				
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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
<u>None</u>		
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Total number of others receiving over \$50,000 for professional services ▶		0

**Part III Statements About Activities** (See instructions.)

	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> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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 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.)		
<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)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> 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>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4a</b> 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
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	560,438.	743,276.	516,260.	742,849.	2,562,823.
<b>16</b> Membership fees received	919.	1,126.	2,085.	2,022.	6,152.
<b>17</b> 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	329,378.	324,537.	340,522.	386,411.	1,380,848.
<b>18</b> 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	25,441.	34,956.	47,946.	68,114.	176,457.
<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 schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	916,176.	1,103,895.	906,813.	1,199,396.	4,126,280.
<b>24</b> Line 23 minus line 17	586,798.	779,358.	566,291.	812,985.	2,745,432.
<b>25</b> Enter 1% of line 23	9,162.	11,039.	9,068.	11,994.	

<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24	<b>26a</b>	54,909.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		<b>26b</b>	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	2,745,432.
d Add: Amounts from column (e) for lines:	18 176,457.	19	
	22	26b	176,457.
e Public support (line 26c minus line 26d total)		<b>26e</b>	2,568,975.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	93.57 %

**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.

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

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:

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

c Add. Amounts from column (e) for lines:	15 _____	16 _____	
	17 _____	20 _____	21 _____
d Add: Line 27a total		and line 27b total	<b>27c</b>
e Public support (line 27c total minus line 27d total)			<b>27d</b>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		<b>27f</b>	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> 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	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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: 234,771.  
Cost or Other Basis: 224,794.

Total Gain (Loss) Publicly Traded Securities \$ 9,977.

Total Net Gain (Loss) From Noninventory Sales \$ 9,977.

**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	22,536.	0.	22,536.	7,747.	14,789.
Bike Show	9,508.	0.	9,508.	4,124.	5,384.
Click Raffle	1,025.	0.	1,025.	0.	1,025.
Art Show	328.	0.	328.	106.	222.
Total	<u>\$ 33,397.</u>	<u>\$ 0.</u>	<u>\$ 33,397.</u>	<u>\$ 11,977.</u>	<u>\$ 21,420.</u>

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

Client equipment sales	\$ 16,018.
Gross Sales	<u>\$ 16,018.</u>
Less Returns & Allowances	0.
Net Sales	<u>\$ 16,018.</u>
Less Cost Of Goods Sold	9,511.
Gross Profit From Sales Of Inventory	<u>\$ 6,507.</u>

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

Unrealized gain on investments	\$ 1,075.
Total	<u>\$ 1,075.</u>

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

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
Advertising/Public relations	3,484.	2,594.	496.	394.
Bank charges	3,100.		3,100.	
Dues & subscriptions	2,638.	2,031.	350.	257.
Insurance	32,524.	24,425.	7,127.	972.
Licenses and fees	1,115.	833.	163.	119.
Miscellaneous expenses	11,602.	7,998.	2,527.	1,077.
Professional services	28,419.	21,512.	5,086.	1,821.
Vehicle expense	7,989.	7,989.		
<b>Total</b>	<u>\$ 90,871.</u>	<u>\$ 67,382.</u>	<u>\$ 18,849.</u>	<u>\$ 4,640.</u>

**Statement 6**  
**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.

See attached

**Statement 7**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Rehabilitation - This 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		302,541.
Employment Services - --Provide client with the ability to understand and create the necessary documents for competitive job search --Assist client with resumé writing, cover letter, follow-up thank you letters, and letters of acceptance --Explore job leads and career directions, assist in job search --Educate clients about interviewing, (i.e. appropriate dress, hygiene, and presentation, introduction- personal greetings and body language) --Assist when necessary in areas of transportation and mobility. Ensuring maximum independence Build and enhance relationships with community agencies to build referral network and job placement services		

Statement 7 (continued)  
 Form 990, Part III, Line a  
 Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Provide education and support to local agencies related to hiring and employment needs of individuals with vision loss Works integrally with agency staff to provide optimal job accommodations and work settings		35,019.
<p>Socialization Recreation - SAAVI offers several social opportunities for a variety of individual interests. Vision Club offers 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. Alumni Ambassadors activities for members include weekly community outings, discussion groups and advocacy for those with vision impairment. They aim to encourage community integration and promote independence for the visually impaired. AME benefits include:</p> <p>Axes/Advocacy</p> <ul style="list-style-type: none"> <li>--Ambassadors to accessibility</li> <li>--Have a voice in our community</li> </ul> <p>Mentoring</p> <ul style="list-style-type: none"> <li>--Provide outreach and support through mentoring</li> <li>--Receive peer support through others experiences</li> </ul> <p>Empowerment</p> <ul style="list-style-type: none"> <li>--Participate in AME specific forums</li> <li>--Network with peers and community leaders</li> <li>--Find Strength in numbers</li> </ul> <p>Additional Benefits Include</p> <ul style="list-style-type: none"> <li>--Reduced rates on SAAVI Special Classes</li> <li>--Access to the Technology lab upon User Ability</li> </ul> <p>Adaptive technology/Loaner program - At the SAAVI Assisitive Technology Center, we provide both group and individualized instruction in standard computer applications and assisitive technologies. 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:</p> <ul style="list-style-type: none"> <li>Assisitive technology and standard computer assessments</li> <li>Job-site evaluations</li> <li>Job-site configurations</li> <li>One-on-one instruction in the home or at SAAVI that targets individual needs and expectations</li> <li>Demonstrations of leading edge products like speech output software, screen magnification software, CCTVs, electronic notetaking devices, digital talking book devices,</li> </ul>		28,378.

**Statement 7 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
refreshable braille displays, braille embossers and related-software, and many, many more!		
<p>These services are fully accessible to people with all degrees of visual impairment as well as other disabilities through the use assistive technology. Available services include instruction in computers and electronic notetaking devices that are equipped with screen magnification programs, speech access, braille access (refreshable braille displays and braille embossers), voice-activated systems, scan and read systems and a combination of other communication modalities and devices.</p>		35,086.
<p>Developmental disability services - 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.</p> <p style="text-align: center;">G.O.A.L.S.</p> <p>(General Orientation to Adaptive Living Skills)          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.</p> <p style="text-align: center;">S.T.A.R.S.</p> <p>(Special Training and Advanced Rehabilitation Services)          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          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</p>		

**Statement 7 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
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.		
GOALS On Wheels		
GOALS group classes are held throughout the community and surrounding areas including Green Valley, Rancho Vistoso and Santa Cruz County.		210,998.
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.		269,627.
	<u>\$ 0.</u>	<u>\$ 881,649.</u>

**Statement 8**  
**Form 990, Part IV, Line 54**  
**Investments - Securities**

Corporate Stocks	Valuation Method	Amount
Equities	Market Value	\$ 95,160.
	Total	\$ 95,160.
Corporate Bonds	Valuation Method	Amount
Bonds	Market Value	35,353.
	Total	\$ 35,353.
Total Investments - Securities		<u>\$ 130,513.</u>

**Statement 9**  
**Form 990, Part IV, Line 56**  
**Investments - Other**

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

**Statement 10**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 77,443.	\$ 55,721.	\$ 21,722.
Furniture and Fixtures	447,553.	416,977.	30,576.
Machinery and Equipment	148,838.	136,704.	12,134.
Buildings	459,114.	386,887.	72,227.
Improvements	367,254.	153,373.	213,881.
Land	103,872.		103,872.
	Total	\$ 1,149,662.	\$ 454,412.
	\$ 1,604,074.	\$ 1,149,662.	\$ 454,412.

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

Other accrued liabilities ...	Total	\$ 32,163.
		\$ <u>32,163.</u>

**Statement 12**  
**Form 990, Part IV-A, Line d(2)**  
**Other Amounts**

Cost of client equipment sales	\$ -9,511.
Direct cost of special events	-11,977.
	Total
	\$ <u>-21,488.</u>

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

Cost of client equipment sales	\$ 9,511.
Direct cost of special events	11,977.
	Total
	\$ <u>21,488.</u>

**Statement 14**  
**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
Maureen Shea 3767 E Grant Rd Tucson, AZ 85716	Executive Direc 40	\$ 20,784.	\$ 0.	\$ 0.
Billy Joe Varney 3767 E Grant Rd Tucson, AZ 85716	Executive Direc 40	6,500.	0.	0.
Michael Gordon 3767 E Grant Rd Tucson, AZ 85716	Executive Direc 40	16,908.	0.	0.
Ramesh Nayak, Phd 3767 E Grant Rd Tucson, AZ 85716	President 3	0.	0.	0.
Mark Masquelier 3767 E Grant Rd Tucson, AZ 85716	Interim Treasur 4	0.	0.	0.
Jason J Bryn 3767 E Grant Rd Tucson, AZ 85716	Vice President 0-1	0.	0.	0.
Shari Gootter 3767 E. Grant Rd. Tucson, AZ 85716	Member 2	0.	0.	0.
Patty Lacy 3767 E Grant Rd Tucson, AZ 85716	Member 2	0.	0.	0.
John Hart 3767 E Grant Rd Tucson, AZ 85716	Member 2	0.	0.	0.
Robert Heslinga 3767 E Grant Rd Tucson, AZ 85716	Member 1	0.	0.	0.
Penny Rosenblum 3767 E Grant Rd Tucson, AZ 85716	Secretary 2	0.	0.	0.
Martina Romero 3767 E Grant Rd Tucson, AZ 85716	Member 5	0.	0.	0.

**Statement 14 (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 &amp; DC</u>	<u>Expense Account/ Other</u>
Jerry Schuchardt 3767 E. Grant Rd Tucson, AZ 85716	1	\$ 0.	\$ 0.	\$ 0.
Jill Rickgauer 3767 E Grant Rd Tucson, AZ 85716	Member 0-1		0.	0.
		Total \$	<u>44,192.</u>	\$ <u>0.</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	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 to provide support services to individuals that are blind or visually impaired. The income is used to provide the services that are offered as part of the exempt mission of the Association.
94	Membership dues enhance the public's awareness of the charitable mission of the Association

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

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)
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

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

- The books are in the care of The organization

Telephone No (520) 795-1331 FAX No \_\_\_\_\_

- 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-months for a **Form 990-T corporation**) extension of time until 2/15, 20 06, 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 04, and ending 6/30, 20 05

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.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

0504

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.**

Type or print	Name of Exempt Organization <b>Southern Arizona Association for the Visually Impaired, Inc.</b>	Employer identification number <b>86-6056057</b>
	Number street and room or suite number If a P O box, see instructions <b>3767 E. Grant Road</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Tucson, AZ 85716</b>	

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

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

The books are in care of **The organization**  
Telephone No **(520) 795-1331** FAX No

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

- 4 I request an additional 3-month extension of time until 5/15, 20 06
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 04, and ending 6/30, 20 05
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.
- 8a 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 \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- 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**

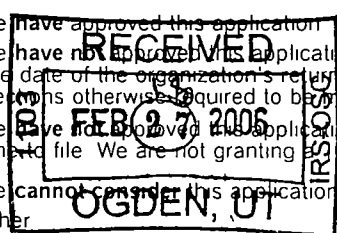
Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge correct and complete and that I am authorized to prepare this form

Signature Marianne DeVries Title CPA

**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 late due date of the organization's return (including any prior extensions) This grace period is considered electronic filing 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 a 10-day grace period. We are not granting a 10-day grace period
- We cannot process this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

EXTENSION APPROVED  
MAR 09 2006  
FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN



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

Type or print	Name <b>DeVries CPAs of Arizona, P.C.</b>
	Number and street (include suite, room, or apartment number) or a P O box number <b>4349 East Fifth Street</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Tucson, AZ 85711-2025</b>