

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

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

C Name of organization
 Southern Arizona Association for

Number and street (or P O box if mail is not delivered to street address) Room/suite
 3767 E Grant Road

City or town, state or country, and ZIP + 4
 Tucson, AZ 85716

D Employer identification number
 86-6056057

E Telephone number
 (520) 795-1331

F Accounting method Cash Accrual
 Other (specify) _____

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

G Web site: www.saavi.us

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 3,610,057

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

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	2,123,500		
c	Indirect public support (not included on line 1a)	1c	10,798		
d	Government contributions (grants) (not included on line 1a)	1d	830,024		
e	Total (add lines 1a through 1d) (cash \$ 1,033,603 noncash \$ 1,930,719)	1e		2,964,322	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		556,013	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		16,010	
6a	Gross rents	6a	8,935		
b	Less rental expenses	6b	8,723		
c	Net rental income or (loss) subtract line 6b from line 6a	6c		212	
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	300
b	Less cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	8c			300
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			300
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	38,057		
b	Less direct expenses other than fundraising expenses	9b	23,655		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		14,402	
10a	Gross sales of inventory, less returns and allowances	10a	26,420		
b	Less cost of goods sold	10b	68,756		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		-42,336	
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		3,508,923	
Expenses					
13	Program services (from line 44, column (B))	13		1,251,846	
14	Management and general (from line 44, column (C))	14		230,134	
15	Fundraising (from line 44, column (D))	15		104,485	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17		1,586,465	
Net Assets					
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		1,922,458	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		687,165	
20	Other changes in net assets or fund balances (attach explanation)	20		-7,409	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		2,602,214	

Part II Statement of Functional Expenses

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

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>11,290</u> noncash \$ <u>209</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	11,499	11,499	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V - A (attach schedule)	25a	74,076	59,152	10,008
b Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	825,054	658,384	112,454
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28	115,387	93,188	13,304
29 Payroll taxes	29	82,677	65,871	9,311
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	17,197	15,604	1,226
34 Telephone	34	11,161	8,529	1,373
35 Postage and shipping	35	2,634	1,623	602
36 Occupancy	36	29,152	22,607	4,250
37 Equipment rental and maintenance	37	17,047	12,929	4,023
38 Printing and publications	38	2,561	1,149	954
39 Travel	39	8,349	6,810	1,427
40 Conferences, conventions, and meetings	40			
41 Interest	41	9,611		9,611
42 Depreciation, depletion, etc (attach schedule)	42	58,160	43,205	10,488
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,586,465	1,251,846	230,134

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 (See the instructions.)

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.

<p>What is the 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</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a RSA conducted their initial site review for the Comprehensive Day Program. The outcome was very favorable and the overall recommendation was that we have a sound program. The timeliness of AT device purchases was the only area in which we need to improve. Since we received the IDA loan we have been able to secure more immediate purchases and are now up to speed in all service areas. The Wellness Center is up and running and gaining a lot of momentum. Besides the 8-10 staff that regularly uses the Center twice weekly, we have thirty students who are either currently active or waiting to participate. We bill RSA under Independent Living Adjustment Services for our students. SAAVI received a contract award to provide performance based employment services under the pilot project. This will replace our current employment services contract. National Industries for the Blind conducted their bi-annual site review for SAAVI's Davis Monthan Air Force Base international switchboard contract. Our employee blind to sighted ratio is a lofty 92%. The requirement for any NIB contract is a 75% ratio. Consequently, we are well above the performance standard. Overall the audit was satisfactory. SAAVI is working with COPD (Community Outreach for Persons who are Deaf) to provide employment supports for the blind and visually impaired summer youth program. Pima County contracts with COPD to provide summer youth for deaf children and, under the same contract, SAAVI will provide services for the blind population. SAAVI anticipates writing a proposal to have a stand alone contract for summer 2008. The Second Annual Festival of Trees kicked off on November 18, 2006 at the Plaza Palomino. This year there were twenty four (24) trees as compared to twelve (12) during the first event. The sponsoring groups included Lions Clubs of District 21-B, various service organizations, congregations, plaza retailers, and local merchants. Wal*Mart also donated \$1,000. Overall, SAAVI raised about \$3,500. The number of Independent Living consumers continues to rise. As we expand our outreach and marketing efforts and word of mouth referrals increase based upon the number of successful rehabilitation class graduates, more people are hearing about our agency and the services we provide. The Employment Pilot Project continues to build a foundation. We have twelve students enrolled and three students who are finishing the Job Readiness portion of the curriculum and will soon be performing job development activities. We'll start to see performance benchmark money soon. SAAVI is now a provider of extended employment supports for the Division of Developmental Disabilities. DDD will pay for long term job coaching for their consumers. SAAVI was involved in bi-optic aid training which would allow visually impaired individuals corrected to 20/70 acuity the opportunity to drive an automobile. Dr. Monica Damos offered in-service training to our Orientation and Mobility staff which, in turn, allows her practice to refer patients to SAAVI for training. Pima County Outside Agency (OA) funding for Adjustment to Blindness services has finally materialized. SAAVI Independent Living programs are supplemented approximately \$4,200 each month helping to reduce some of the RIS burden. After several administrative delays, the Industrial Development Authority of Pima County (IDA) loan was processed. After closing costs, SAAVI received \$247,000. We paid off our line of credit for \$36,000, SAAVI credit card for \$5,000 and purchased 2 new 2006 KIA Sedona mini vans for \$38,000. SAAVI started a Branch Club of the Tucson Downtown Lion's Club. The advantage of forming a branch club was that we could begin operations with less than twenty (20) members. There is a natural association linking the missions of SAAVI and Lion's International and developing a branch association seems reasonable.</p> <p>(Grants and allocations \$ 11,499) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,251,846</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>1,251,846</p>

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		76,918	45	89,442
	46 Savings and temporary cash investments		235,840	46	235,247
	47a Accounts receivable	47a	461,611		
	b Less allowance for doubtful accounts	47b		47c	461,611
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable		111,418	49	139,964
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		2,591	52	5,837
	53 Prepaid expenses and deferred charges		20,687	53	8,074
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54a	1,580,123
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54b	
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)		7,627	56 <input checked="" type="checkbox"/>	7,627	
57a Land, buildings, and equipment basis	57a	1,678,352			
b Less accumulated depreciation (attach schedule)	57b	1,240,579	57c <input checked="" type="checkbox"/>	437,773	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58		
59 Total assets (must equal line 74) Add lines 45 through 58		885,955	59	2,965,698	
Liabilities	60 Accounts payable and accrued expenses		103,859	60	111,366
	61 Grants payable			61	
	62 Deferred revenue		10,798	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)		38,872	64b <input checked="" type="checkbox"/>	234,947
	65 Other liabilities (describe <input type="checkbox"/> _____)		45,261	65 <input checked="" type="checkbox"/>	17,171
66 Total liabilities Add lines 60 through 65		198,790	66	363,484	
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		479,624	67	2,388,824
	68 Temporarily restricted		63,449	68	69,298
	69 Permanently restricted		144,092	69	144,092
	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 and column (B) must equal line 21)		687,165	73	2,602,214
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		885,955	74	2,965,698

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

a	Total revenue, gains, and other support per audited financial statements	a	3,602,348
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-7,409
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	-7,409
c	Subtract line b from line a	c	3,609,757
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	-100,834
	Add lines d1 and d2	d	-7,409
e	Total revenue (Part I, line 12) Add lines c and d	e	3,508,923

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

a	Total expenses and losses per audited financial statements	a	1,687,299
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	100,834
	Add lines b1 through b4	b	100,834
c	Subtract line b from line a	c	1,586,465
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	1,586,465

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 & deferred compensation plans	(E) Expense account and other allowances
Jill Rickgauer 3767 E Grant Rd Tucson, AZ 85716	Member 1	0		
Jerry Schuchardt 3767 E Grant Rd Tucson, AZ 85716	Member 1	0		
Martina Romero 3767 E Grant Rd Tucson, AZ 85716	Vice President 1	0		
Penny Rosenblum 3767 E Grant Rd Tucson, AZ 85716	Member 1	0		
Robert Heslinga 3767 E Grant Rd Tucson, AZ 85716	President 2	0		
John Hart 3767 E Grant Rd Tucson, AZ 85716	Secretary 1	0		
Patty Lacy 3767 E Grant Rd Tucson, AZ 85716	Member 1	0		
Shari Gootter 3767 E Grant Rd Tucson, AZ 85716	Member 1	0		
Richard Chagnon 3767 E Grant Rd Tucson, AZ 85716	Treasurer 2	0		
Michael Gordon 3767 E Grant Rd Tucson, AZ 85716	Executive Direc 40	69,852	4,224	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 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. 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? If "Yes," attach a statement. 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 or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes sub-sections like 82a, 83a, 84a, 85a-f, 86a-b, 87a-b, 88a-b, 89a-f, 90a-b, and 91a-b.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

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

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, membership dues, dividends, and other revenue.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? if "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2008-03-12 Date
	Robert Heslinga President Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Mike DeVries	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DeVries CPAs of Arizona PC 4349 East Fifth Street Tucson, AZ 857112025			EIN
				Phone no (520) 298-6200

SCHEDULE A
(Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Southern Arizona Association for

Employer identification number

86-6056057

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the 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 & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1		No
<p>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.) 📄</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 📄</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
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 page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)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)	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

- 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**.)

Yes	No	Amount
		0

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

Additional Data

Software ID: 06000146

Software Version: 2006v4.1

EIN: 86-6056057

Name: Southern Arizona Association for

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Vehicle expense	43a	8,678	8,049	629	
b Professional services	43b	224,229	196,974	26,689	566
c Miscellaneous expenses	43c	12,590	9,252	3,136	202
d Loss on motorcyle project	43d	15,199			15,199
e Licenses and fees	43e	2,096	35	1,911	150
f Less rental expenses	43f	-8,723	6,978	-1,308	437
g Insurance	43g	32,883	27,714	3,651	1,518
h Dues & subscriptions	43h	1,844	941	888	15
i Building repairs	43i	19,185	12,071	6,315	799
j Bank charges	43j	8,518		8,131	387
k Advertising/Public relations	43k	5,401	3,238	1,061	1,102

TY 2006 Cash Grants Paid Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Class of Activity	Recipient's name	Address	Amount	Relationship
Scholarship	Maria Bravo	484 Great White St Tucson, AZ 85706	4,705	
Scholarship	Warren Gers	6641 E Stella Tucson, AZ 85730	2,400	
Scholarship	Dorothy Nishwitz	850 E Wetmore Rd 1414 Tucson, AZ 85719	4,185	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
1994 Ford Aerostar	1998-09	Purchase	2007-06		300	11,183		300	11,183

TY 2006 Investments - Other Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Description	Book Value	Cost/FMV
Land held for sale	7,627	F

TY 2006 Investments - Securities Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Description	Book Value	Cost/FMV
Equities	1,580,123	F

TY 2006 Land etc. Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	103,872		103,872
Improvements	412,396	182,394	230,002
Buildings	459,114	419,547	39,567
Furniture and Fixtures	614,977	590,294	24,683
Automobiles / Transportation Equipment	87,993	48,344	39,649

TY 2006 Mortgages and Notes Payable Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Total Mortgage Amount: 234947

TY 2006 Non Cash Grants Paid Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Item No.	1
Class of Activity	Vehicles
Donee's Name	Lions Foundation of Arizona
Donee's Address	1016 N 23rd St Ste 5 Phoenix, AZ 85008
Amount (FMV)	
Relationship	
Description	91 Ford Van +93 Dodge Van
Book Value	209
How Book Value is Determined?	Depreciated value
How FMV is Determined?	Donor's estimate
Date of Gift	2007-05

TY 2006 Other Changes in Net Assets Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Description	Amount
Unrealized loss on investments	-7,409

TY 2006 Other Expenses Included Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Description	Amount
Rental expenses	8,723
Gain on sale of assets	-300
Direct cost of special events	23,655
Cost of client equipment sales	68,756

TY 2006 Other Liabilities Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Description	Beginning of Year Amount	End of Year Amount
Other accrued liabilities	45,261	17,171

**TY 2006 Other Revenues
Not Included Schedule**

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Description	Amount
Rental expenses	-8,723
Gain on sale of assets	300
Direct cost of special events	-23,655
Cost of client equipment sales	-68,756

TY 2006 Sales Of Inventory Schedule**Name:** Southern Arizona Association for**EIN:** 86-6056057**Software ID:** 06000146**Software Version:** 2006v4.1

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
Client equipment sales	26,420	68,756	-42,336

TY 2006 Special Events Schedule

Name: Southern Arizona Association for

EIN: 86-6056057

Software ID: 06000146

Software Version: 2006v4.1

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Other events	354		354	1,237	-883
Fall Bazaar	376		376		376
Festival of Trees	3,480		3,480	3,066	414
Eye Ball	43,047	9,200	33,847	19,352	14,495

TY 2006 Self Dealing Statement**Name:** Southern Arizona Association for**EIN:** 86-6056057**Software ID:** 06000146**Software Version:** 2006v4.1

Line Number	Explanation
	During the year, the organization paid \$3,197 for routine printing services to Unicom Graphics, a printing company owned by a Board member.