

# NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx>



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  
**2008**  
**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009**

|  |  |  |  |
|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type. See Specific Instructions.</b> | <b>C</b> Name of organization<br>Southern Arizona Association for the Visually Impaired Inc<br>Doing Business As | <b>D</b> Employer identification number<br>86-6056057  |
|  |  | Number and street (or P O box if mail is not delivered to street address) Room/suite<br>3767 E Grant Road        | <b>E</b> Telephone number<br>(520) 795-1331  |
|  |  | City or town, state or country, and ZIP + 4<br>Tucson, AZ 85716  | <b>G</b> Gross receipts \$ 2,570,171   |
|  |  | <b>F</b> Name and address of Principal Officer<br>Jeff Arnold<br>3767 E Grant Rd<br>Tucson, AZ 85716             | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If "No," attach a list See instructions )<br><b>H(c)</b> Group Exemption Number ▶ |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ▶ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>J</b> Web site: ▶ www.saavi.us  |  |
| <b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ▶   |  | <b>L</b> Year of Formation 1995  | <b>M</b> State of legal domicile AZ  |

**Part I Summary**

|  |   |                          |                     |
|--|---|--------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities<br>SAAVI provides programs and services to meet the needs of individuals with vision loss, promoting individuals to become independent and active participants in the community |                          |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets   |                          |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                 | 9                   |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                 | 9                   |
|  | <b>5</b> Total number of employees (Part V, line 2a)  | <b>5</b>                 | 54                  |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                 | 10                  |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)  | <b>7a</b>                | 0                   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34            | <b>7b</b>   |                          |                     |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>        | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 1,242,115                | 1,902,164           |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 535,715                  | 557,863             |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 63,187                   | 44,586              |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | -22,232                  | 26,981              |
|  |   | 1,818,785                | 2,531,594           |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 32,151                   | 3,000               |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                          | 0                   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,235,441                | 1,603,025           |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                          | 0                   |
|  | <b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <u>75,452</u> )  |                          |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 567,882                  | 900,833             |
| <b>18</b> Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) | 1,835,474   | 2,506,858                |                     |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | -16,689   | 24,736                   |                     |
| <b>Net Assets or Fund Balances</b>   |   | <b>Beginning of Year</b> | <b>End of Year</b>  |
|  | <b>20</b> Total assets (Part X, line 16)  | 2,782,044                | 2,514,682           |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 377,428                  | 323,110             |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                | 2,404,616   | 2,191,572                |                     |

**Part II Signature Block**

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

|                                 |  |                    |   |                                 |
|---------------------------------|--|--------------------|---|---------------------------------|
| <b>Please Sign Here</b>         | *****<br>Signature of officer  | 2010-03-18<br>Date |   |                                 |
|                                 | Jeff Arnold President<br>Type or print name and title  |                    |   |                                 |
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶ Mike DeVries  | Date               | Check if self-employed <input type="checkbox"/> | Preparer's PTIN (See Gen Inst ) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DeVries CPAs of Arizona PC<br>4349 East Fifth Street<br>Tucson, AZ 857112025 |                    |   | EIN ▶                           |
|                                 |  |                    |   | Phone no ▶ (520) 298-6200       |

May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission

SAAVI provides programs and services to meet the needs of individuals with vision loss, promoting individuals to become independent and active participants in the community

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

|   |       |   |              |           |                        |   |             |         |   |
|---|-------|---|--------------|-----------|------------------------|---|-------------|---------|---|
| <b>4a</b>   | (Code | ) | (Expenses \$ | 2,202,076 | including grants of \$ | ) | (Revenue \$ | 557,863 | ) |
| Provided vocational services to over 55 individuals in the Comprehensive Day Program through Arizona Department of Rehabilitation Services Administration<br>Itinerant Services to over 100 individuals<br>Provided independent living services to over 650 individuals through contracts with Arizona Department of Rehabilitation Services Administration<br>Provided Health and Wellness activities to over 150 individuals through contract with Pima County Outside Agency funding<br>Provided Adjustment to Blindness services to over 175 individuals through contract with Pima County Outside Agency funding<br>Provided 24/7 Summer Camp for 18 transitional blind and visually impaired students<br>Provided Day treatment activity for 20 developmentally disabled individuals through a contract with Arizona Division of Developmental Disabilities<br>Provided Employment services to over 40 individuals with disabilities other than visual impairment as part of the Performance Based Employment Pilot Continued Switchboard Operations at Davis Monthan AFB through contract with National Industries for the Blind |       |   |              |           |                        |   |             |         |   |

|           |       |   |              |                        |   |             |   |
|-----------|-------|---|--------------|------------------------|---|-------------|---|
| <b>4b</b> | (Code | ) | (Expenses \$ | including grants of \$ | ) | (Revenue \$ | ) |
|-----------|-------|---|--------------|------------------------|---|-------------|---|

|           |       |   |              |                        |   |             |   |
|-----------|-------|---|--------------|------------------------|---|-------------|---|
| <b>4c</b> | (Code | ) | (Expenses \$ | including grants of \$ | ) | (Revenue \$ | ) |
|-----------|-------|---|--------------|------------------------|---|-------------|---|

|           |  |              |                        |   |             |   |
|-----------|--|--------------|------------------------|---|-------------|---|
| <b>4d</b> | Other program services (Describe in Schedule O ) | (Expenses \$ | including grants of \$ | ) | (Revenue \$ | ) |
|-----------|--|--------------|------------------------|---|-------------|---|

|           |                                   |           |  |
|-----------|-----------------------------------|-----------|--|
| <b>4e</b> | Total program service expenses \$ | 2,202,076 | Must equal Part IX, Line 25, column (B). |
|-----------|-----------------------------------|-----------|--|

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>   | Yes |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?  | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | No |
| <b>4</b> Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>  |     | No |
| <b>5</b> Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>  |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>   |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>                             |     | No |
| <b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>  | Yes |    |
| <b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>   | Yes |    |
| <b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>  | Yes |    |
| <b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>   |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?  |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I.</i>  |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>  |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III.</i>  |     | No |
| <b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I.</i>   |     | No |
| <b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>   | Yes |    |
| <b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>  |     | No |
| <b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>  |     | No |
| <b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>  |     | No |
| <b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>   |     | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J.</i>  |     | No |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.</i> |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     | No |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     | No |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     | No |
| <b>25a</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>  |     | No |
| <b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>  |     | No |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>   |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>   |     | No |

**Part IV Checklist of Required Schedules** *(Continued)*

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV . . . . .</i> |     | No |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>   |     | No |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>   |     | No |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | No |
| <b>36</b> | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | No |
| <b>37</b> | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>  |     | No |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .   |            |    |
|            | <b>1a</b> 0  |            |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |            |    |
|            | <b>1b</b> 0  |            |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   |            | No |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .  |            |    |
|            | <b>2a</b> 54   |            |    |
| <b>b</b>   | If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.  | Yes        |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   |            | No |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   |            | No |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .   |            | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |            | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |            | No |
| <b>c</b>   | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .  |            | No |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible? . . . . .   |            | No |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |            | No |
| <b>7</b>   | <i>Organizations that may receive deductible contributions under section 170(c).</i>   |            |    |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .  |            | No |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  |            | No |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |            | No |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  |            |    |
|            | <b>7d</b> 0  |            |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |            | No |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |            | No |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |            | No |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  |            | No |
| <b>8</b>   | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |            | No |
| <b>9</b>   | <i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>   |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .  |            | No |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   |            | No |
| <b>10</b>  | <i>Section 501(c)(7) organizations.</i> Enter  |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |    |
| <b>11</b>  | <i>Section 501(c)(12) organizations.</i> Enter   |            |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | <b>11b</b> |    |
| <b>12a</b> | <i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |            | No |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |    |

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body . . . . .  |     |    |
| <b>1b</b> | Enter the number of voting members that are independent . . . . .   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   |     | No |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . |     | No |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .   |     | No |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   |     | No |
| <b>6</b>  | Does the organization have members or stockholders? . . . . .   |     | No |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   |     | No |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | the governing body? . . . . .   | Yes |    |
| <b>8b</b> | each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9a</b> | Does the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>9b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .  |     | No |
| <b>10</b> | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .       | Yes |    |
| <b>11</b> | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .      |     | No |

**Section B. Policies**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .   | Yes |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | Yes |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .   | Yes |    |
| <b>13</b>  | Does the organization have a written whistleblower policy? . . . . .   | Yes |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? . . . . .  | Yes |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official? . . . . .  | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization? . . . . .<br>Describe the process in Schedule O   |     | No |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | No |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     | No |

**Section C. Disclosure**

|           |  |
|-----------|--|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed <u>AZ</u>   |
| <b>18</b> | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input checked="" type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request |
| <b>19</b> | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table  |
| <b>20</b> | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>The organization<br>3767 E Grant Rd<br>Tucson, AZ 85716<br>(520) 795-1331   |

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee or key employee

| (A)<br>Name and Title            | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |                               | Individual Trustee or Director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| Spanky Nanna , Vice President    | 1 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Shari Gootter , Member           | 1 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Robert Heslinga , Member         | 1 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Richard Chagnon , Member         | 1 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Patty Lacy , Member              | 1 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Michael Gordon , Executive Direc | 40 00                         |  |                       |         | X            |                              | 70,774 | 0  | 4,190   |   |
| Kenneth Chiaro , Member          | 1 00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Ken Krapf , Treasurer            | 1 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| John Hart , Secretary            | 1 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Jeff Arnold , President          | 2 00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Carol Lopez , Finance Dir        | 40 00                         |  |                       |         | X            |                              | 11,201 | 0  | 2,801   |   |
|                                  |                               |  |                       |         |              |                              |        |  |   |   |
|                                  |                               |  |                       |         |              |                              |        |  |   |   |
|                                  |                               |  |                       |         |              |                              |        |  |   |   |
|                                  |                               |  |                       |         |              |                              |        |  |   |   |
|                                  |                               |  |                       |         |              |                              |        |  |   |   |
|                                  |                               |  |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

|   |   |   | (A)<br>Total Revenue                        | (B)<br>Related or Exempt Function Revenue | (C)<br>Unrelated Business Revenue | (D)<br>Revenue Excluded from Tax under IRC 512, 513, or 514 |  |
|---|---|---|---|---|-----------------------------------|---|--|
| <b>Contributions, gifts, grants and other similar amounts</b>   | <b>1a</b>   | Federated campaigns . . . . . <b>1a</b>   |   |   |                                   |   |  |
|   | <b>b</b>  | Membership dues . . . . .   |   |   |                                   |   |  |
|   |   | <b>1b</b>   |   |   |                                   |   |  |
|   | <b>c</b>  | Fundraising events . . . . . 4,500  |   |   |                                   |   |  |
|   |   | <b>1c</b>   |   |   |                                   |   |  |
|   | <b>d</b>  | Related organizations . . . . . <b>1d</b>   |   |   |                                   |   |  |
|   | <b>e</b>  | Government grants (contributions) <b>1e</b> 1,832,219   |   |   |                                   |   |  |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above 65,445   |   |   |                                   |   |  |
|   |   | <b>1f</b>   |   |   |                                   |   |  |
| <b>g</b>  | Noncash contributions included in lines 1a-1f \$ 18,512   |   |   |   |                                   |   |  |
| <b>h</b>  | <b>Total (Add lines 1a-1f)</b> . . . . .  | 1,902,164   |   |   |                                   |   |  |
| <b>Program Service Revenue</b>                                  | <b>2a</b>   | Program/Contract Fees   | 557,863                                     | 557,863                                   |                                   |   |  |
|   | <b>b</b>  |   |   |   |                                   |   |  |
|   | <b>c</b>  |   |   |   |                                   |   |  |
|   | <b>d</b>  |   |   |   |                                   |   |  |
|   | <b>e</b>  |   |   |   |                                   |   |  |
|   | <b>f</b>  | All other program service revenue   |   |   |                                   |   |  |
|   | <b>g</b>  | <b>Total. Add lines 2a-2f</b> . . . . .   |   |   |                                   |   |  |
|   |   | \$ 557,863  |   |   |                                   |   |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest other similar amounts) . . . . .   | 44,605                                      |   |                                   | 44,605  |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . .  | 0   |   |                                   |   |  |
|   | <b>5</b>  | Royalties . . . . .   | 0   |   |                                   |   |  |
|   | <b>6a</b>   | Gross Rents   | (i) Real                                    | 4,361                                     |                                   |   |  |
|   |   |   | (ii) Personal                               |   |                                   |   |  |
|   |   |   | Less rental expenses                        |   |                                   |   |  |
|   |   |   | Rental income or (loss)                     | 4,361                                     |                                   |   |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . .   | 4,361                                       |   |                                   | 4,361   |  |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory  | (i) Securities                              | 75  |                                   |   |  |
|   |   |   | (ii) Other                                  |   |                                   |   |  |
|   |   |   | Less cost or other basis and sales expenses | 94  |                                   |   |  |
|   |   |   | Gain or (loss)                              | -19                                       |                                   |   |  |
|   | <b>d</b>  | Net gain or (loss) . . . . .  | -19   |   |                                   | -19   |  |
|   | <b>8a</b>   | Gross income from fundraising events (not including \$ 35,602 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b> |   | 4,500                                     |                                   |   |  |
|   |   |   | Less direct expenses . . . . . <b>b</b>     | 22,850                                    |                                   |   |  |
| Net income or (loss) from fundraising events . . . . . <b>c</b> |   |   | 12,752                                      |   |                                   | 12,752  |  |
| <b>9a</b>   | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b> |   |   |   |                                   |   |  |
|   |   | Less direct expenses . . . . . <b>b</b>   |   |   |                                   |   |  |
|   |   | Net income or (loss) from gaming activities . . . . . <b>c</b>  | 0   |   |                                   |   |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>  |   | 25,501                                      |   |                                   |   |  |
|   |   | Less cost of goods sold . . . . . <b>b</b>  | 15,633                                      |   |                                   |   |  |
|   |   | Net income or (loss) from sales of inventory . . . . . <b>c</b>   | 9,868                                       |   |                                   | 9,868   |  |
| <b>11a</b>  | Miscellaneous Revenue   |   |   |   |                                   |   |  |
|   | Business Code   |   |   |   |                                   |   |  |
| <b>b</b>  |   |   |   |   |                                   |   |  |
| <b>c</b>  |   |   |   |   |                                   |   |  |
| <b>d</b>  | All other revenue   |   |   |   |                                   |   |  |
| <b>e</b>  | <b>Total. Add lines 11a-11d</b> . . . . . \$ 0  |   |   |   |                                   |   |  |
| <b>12</b>   | <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .                                   | 2,531,594   | 557,863                                     |   | 71,567                            |   |  |

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21  | 0                            |  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the U S See Part IV, line 22  | 3,000                        | 3,000                                  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16  | 0                            |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members   | 0                            |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 109,024                      | 93,832                                 | 11,400  | 3,792                              |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                            |  |   |                                    |
| <b>7</b>  | Other salaries and wages  | 1,202,188                    | 1,032,305                              |   | 41,910                             |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   | 7,257                        | 6,453                                  | 560   | 244                                |
| <b>9</b>  | Other employee benefits . . . . .   | 172,857                      | 153,724                                | 13,317  | 5,816                              |
| <b>10</b>   | Payroll taxes . . . . .   | 111,699                      | 96,099                                 | 11,694  | 3,906                              |
| <b>11</b>   | Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .  | 0                            |  |   |                                    |
| <b>b</b>  | Legal . . . . .   | 1,616                        | 1,425                                  | 77  | 114                                |
| <b>c</b>  | Accounting . . . . .  | 11,211                       | 9,888                                  | 533   | 790                                |
| <b>d</b>  | Lobbying . . . . .  | 0                            |  |   |                                    |
| <b>e</b>  | Professional fundraising See Part IV, line 17 . . . . .   | 0                            |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .  | 0                            |  |   |                                    |
| <b>g</b>  | Other . . . . .   | 63,902                       | 56,364                                 | 3,036   | 4,502                              |
| <b>12</b>   | Advertising and promotion . . . . .   | 8,233                        | 6,131                                  | 936   | 1,166                              |
| <b>13</b>   | Office expenses . . . . .   | 63,198                       | 57,580                                 | 4,566   | 1,052                              |
| <b>14</b>   | Information technology . . . . .  | 0                            |  |   |                                    |
| <b>15</b>   | Royalties . . . . .   | 0                            |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .   | 74,735                       | 62,523                                 | 8,680   | 3,532                              |
| <b>17</b>   | Travel . . . . .  | 18,335                       | 17,527                                 | 669   | 139                                |
| <b>18</b>   | Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .   | 0                            |  |   |                                    |
| <b>19</b>   | Conferences, conventions and meetings . . . . .   | 5,060                        | 3,874                                  | 1,145   | 41                                 |
| <b>20</b>   | Interest . . . . .  | 5,121                        |  | 5,121   |                                    |
| <b>21</b>   | Payments to affiliates . . . . .  | 0                            |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .   | 86,083                       | 72,473                                 | 9,495   | 4,115                              |
| <b>23</b>   | Insurance . . . . .   | 28,662                       | 22,071                                 | 5,522   | 1,069                              |
| <b>24</b>   | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)  |                              |  |   |                                    |
| <b>a</b>  | Rent paid for client housing  | 50,475                       | 50,475                                 |   |                                    |
| <b>b</b>  | Program equipment   | 102,975                      | 102,975                                |   |                                    |
| <b>c</b>  | Miscellaneous expenses  | 22,037                       | 4,137                                  | 17,744  | 156                                |
| <b>d</b>  | Equipment expenses  | 21,511                       | 16,026                                 | 3,787   | 1,698                              |
| <b>e</b>  | DES payments  | 310,240                      | 310,240                                |   |                                    |
| <b>f</b>  | All other expenses  | 27,439                       | 22,954                                 | 3,075   | 1,410                              |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f   | 2,506,858                    | 2,202,076                              | 229,330                                       | 75,452                             |
| <b>26</b>   | <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet**

|   |   | (A)                  |           | (B)                |
|---|---|----------------------|-----------|--------------------|
|   |   | Beginning of year    |           | End of year        |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 2,902                | <b>1</b>  | 56,814             |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 106,858              | <b>2</b>  | 117,784            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 202,643              | <b>3</b>  | 267,144            |
|   | <b>4</b> Accounts receivable, net . . . . .   | 163,197              | <b>4</b>  | 2,696              |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .                            |                      | <b>5</b>  | 0                  |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .     |                      | <b>6</b>  | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                      | <b>7</b>  | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .  | 11,693               | <b>8</b>  | 157,606            |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 9,835                | <b>9</b>  | 7,051              |
|   | <b>10a</b> Land, buildings, and equipment cost basis  |                      |           |                    |
|   |   | <b>10a</b> 1,557,449 |           |                    |
|   | <b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .  |                      |           |                    |
|   |   | <b>10b</b> 1,011,290 | 559,786   | <b>10c</b> 546,159 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 1,547,003            | <b>11</b> | 1,345,543          |
|   | <b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .  |                      | <b>12</b> | 0                  |
|   | <b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .  |                      | <b>13</b> | 0                  |
| <b>14</b> Intangible assets . . . . .   |   | <b>14</b>            | 0         |                    |
| <b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . . | 178,127   | <b>15</b>            | 13,885    |                    |
| <b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>                         | 2,782,044   | <b>16</b>            | 2,514,682 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 133,878              | <b>17</b> | 276,106            |
|   | <b>18</b> Grants payable . . . . .  |                      | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue . . . . .  |                      | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                      | <b>20</b> |                    |
|   | <b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .  |                      | <b>21</b> |                    |
|   | <b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . . |                      | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 215,201              | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable . . . . .   |                      | <b>24</b> |                    |
|   | <b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .  | 28,349               | <b>25</b> | 47,004             |
|   | <b>26 Total liabilities. Add lines 17 through 25</b>  | 377,428              | <b>26</b> | 323,110            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                       |                      |           |                    |
|   | <b>27</b> Unrestricted net assets . . . . .   | 2,222,082            | <b>27</b> | 2,038,563          |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 38,442               | <b>28</b> | 8,917              |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 144,092              | <b>29</b> | 144,092            |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>  |                      |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                      | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                      | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                      | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances . . . . .                                       | 2,404,616   | <b>33</b>            | 2,191,572 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                          | 2,782,044   | <b>34</b>            | 2,514,682 |                    |

**Part XI Financial Statements and Reporting**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .   |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .  | Yes |    |
| <b>2c</b> | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . |     | No |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  | Yes |    |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? . . . . .  | Yes |    |



**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007  | (e) 2008  | (f) Total |
|--|----------|----------|----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 63,919   | 157,336  | 920,478  | 1,242,115 | 1,902,164 | 4,286,012 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |           |           | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |           |           | 0         |
| <b>4 Total.</b> Add line 1-3   | 63,919   | 157,336  | 920,478  | 1,242,115 | 1,902,164 | 4,286,012 |
| <b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) |          |          |          |           |           | 0         |
| <b>6 Public Support</b> subtract line 5 from line 4  |          |          |          |           |           | 4,286,012 |

**Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007  | (e) 2008  | (f) Total                |
|--|----------|----------|----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4   | 63,919   | 11,101   | 920,478  | 1,242,115 | 1,902,164 | 4,286,012                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 9,890    | 11,101   | 24,945   | 69,192    | 48,966    | 164,094                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |           |           | 0                        |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          |          |           |           | 0                        |
| <b>11 Total Support</b> (Add lines 7 through 10)   |          |          |          |           |           | 4,450,106                |
| <b>12</b> Gross receipts from related activities, etc (See instructions )  |          |          |          |           | <b>12</b> | 3,560,491                |
| <b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> |          |          |          |           |           | <input type="checkbox"/> |

**Computation of Public Support Percentage**

|  |           |                 |
|--|-----------|-----------------|
| <b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | <b>14</b> | <b>96.310 %</b> |
| <b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f                   | <b>15</b> | <b>95.980 %</b> |

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total</b> Add lines 1-5  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |          |          |          |          |          |           |
| <b>c</b> Total of lines 7a and 7b   |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |           |
| <b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)  |          |          |          |          |          |           |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> |  |
| <b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g                   | <b>16</b> |  |

**Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h                    | <b>18</b> |  |

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

|                                     |
|-------------------------------------|
| <b>Facts and Circumstances Test</b> |
|                                     |

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, and 990-PF.**  
▶ **See separate instructions.**

OMB No 1545-0047

**2008**

**Name of organization**

Southern Arizona Association for  
the Visually Impaired Inc

**Employer identification number**

86-6056057

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule—**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year). . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Employer identification number**  
 86-6056057

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| <u>2</u>   | Pima County Outside Agencies<br>2797 E Ajo Way<br>Tucson, AZ 85713     | \$ 49,165                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution ) |
| <u>1</u>   | Arizona Dept of Econ Security<br>1789 W Jefferson<br>Phoenix, AZ 85007 | \$ 1,783,054                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution ) |
| —          |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |
| —          |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |
| —          |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |
| —          |  | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution )            |

|  |   |
|--|---|
| <b>Name of organization</b><br>Southern Arizona Association for<br>the Visually Impaired Inc | <b>Employer identification number</b><br>86-6056057 |
|--|---|

**Part II** Noncash Property (see Instructions)

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

|  |   |
|--|---|
| <b>Name of organization</b><br>Southern Arizona Association for<br>the Visually Impaired Inc | <b>Employer identification number</b><br>86-6056057 |
|--|---|

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete columns (a) through (e) and the following line entry.)  
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No. from Part I                   | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|-------------------------|--|-------------------------------------|
| —                                     | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e)<br>Transfer of gift               |                         |  |                                     |
| Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                         | _____<br>_____<br>_____                  |                                     |
| —                                     | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e)<br>Transfer of gift               |                         |  |                                     |
| Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                         | _____<br>_____<br>_____                  |                                     |
| —                                     | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e)<br>Transfer of gift               |                         |  |                                     |
| Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                         | _____<br>_____<br>_____                  |                                     |
| —                                     | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| (e)<br>Transfer of gift               |                         |  |                                     |
| Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____                        |                         | _____<br>_____<br>_____                  |                                     |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Southern Arizona Association for the Visually Impaired Inc

Employer identification number 86-6056057

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Year. Includes rows for purpose(s) of conservation easements, total number, total acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections reported in revenue statement and balance sheet.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 163,021          |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  | -11,167          |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 3,000            |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 148,854          |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment  96.800 %
- c** Term endowment  3.200 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     | No |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 103,872                         |                  | 103,872        |
| <b>b</b> Buildings . . . . .  |                                      | 459,114                         | 440,948          | 18,166         |
| <b>c</b> Leasehold improvements . . . . .   |                                      | 468,090                         | 188,825          | 279,265        |
| <b>d</b> Equipment . . . . .  |                                      | 95,387                          | 58,175           | 37,212         |
| <b>e</b> Other . . . . .  |                                      | 430,986                         | 323,342          | 107,644        |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                  | 546,159        |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 2,531,594 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 2,506,858 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | 24,736    |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | -237,780  |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |           |
| <b>6</b>  | Investment expenses   | <b>6</b>  |           |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |           |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  |           |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | -237,780  |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | -213,044  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 2,220,374 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |           |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 5,123     |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | -310,240  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | -305,117  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 2,525,491 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                       |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | 6,103     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 6,103     |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 2,531,594 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 2,433,418 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |           |
| <b>c</b> | Losses reported on Form 990, Part IX, line 25 . . . . .  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 236,800   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 236,800   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 2,196,618 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> | 310,240   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 310,240   |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 2,506,858 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier         | Return Reference   | Explanation  |
|--------------------|--|--|
| Part XIII, Line 4b | Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S | DES payments \$310240  |
| Part XIII, Line 2d | Part XIII, Line 2d Other expenses and losses per audited F/S                     | Direct cost of special events \$22850 Cost of client equipment sales \$15633 Unrealized loss on investments \$242903 Interest and dividend income \$-44605 Realized loss on investments \$19 |
| Part XII, Line 4b  | Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S  | Cost of client equipment sales \$-15633 Direct cost of special events \$-22850 Interest and dividend income \$44605 Realized loss on investments \$-19                                       |
| Part V, Line 4     | Part V, Line 4 Intended uses of the endowment fund                               | Endowment funds are held for scholarships and other various programs   |
|                    |  |  |
|                    |  |  |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization Southern Arizona Association for the Visually Impaired Inc

Employer identification number 86-6056057

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.

- 2a Did the organization have a written or oral agreement with any individual... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|   |   | (a) Event #1                    | (b) Event #2 | (c) Other Events | (d) Total Events              |
|---|---|---------------------------------|--------------|------------------|-------------------------------|
|   |   | <b>Eye Ball</b><br>(event type) | (event type) | (total number)   | (Add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .   | 37,425                          |              |                  | 37,425                        |
|   | <b>2</b> Less Charitable contributions . . . . .                                | 4,500                           |              |                  | 4,500                         |
|   | <b>3</b> Gross revenue (line 1 minus line 2) . . . . .                          | 32,925                          |              |                  | 32,925                        |
| <b>Direct Expenses</b>  | <b>4</b> Cash Prizes . . . . .  |                                 |              |                  |                               |
|   | <b>5</b> Non-cash Prizes . . . . .  |                                 |              |                  |                               |
|   | <b>6</b> Rent/Facility costs . . . . .  |                                 |              |                  |                               |
|   | <b>7</b> Other direct expenses . . . . .  | 21,446                          |              |                  | 21,446                        |
|   | <b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶ |                                 |              |                  | 21,446                        |
| <b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶ |   |                                 |              | 11,479           |                               |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (Add col (a) through col (c)) |
|--|--|---|---|---|--|
|  |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|  | <b>3</b> Non-cash prizes . . . . .       |   |   |   |  |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|  | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |   |   |   |  |
| <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |   |   |   |  |

|            |   | Yes        | No |
|------------|---|------------|----|
| <b>9</b>   | Enter the state(s) in which the organization operates gaming activities _____   |            |    |
| <b>a</b>   | Is the organization licensed to operate gaming activities in each of these states? . . . . .  | <b>9a</b>  |    |
| <b>b</b>   | If "No," Explain _____  |            |    |
| <b>10a</b> | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  | <b>10a</b> |    |
| <b>b</b>   | If "Yes," Explain _____   |            |    |
| <b>11</b>  | Does the organization operate gaming activities with nonmembers? . . . . .  | <b>11</b>  |    |
| <b>12</b>  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | <b>12</b>  |    |

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility . . . . . **13a**
- b** An outside facility . . . . . **13b**

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Yes** **No**

**15a**

**17a**

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

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

**Employer identification number**  
86-6056057

| Identifier                 | Return Reference   | Explanation  |
|----------------------------|--|--|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | Documents are available upon request and after June of 2010 the documents will be available through SAAV's website |

| Identifier                  | Return Reference  | Explanation   |
|-----------------------------|---|---|
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | Each year in May, The Finance Director compiles a comparative salary survey report using a minimum of 3 market comparisons for the salary of the Executive Director (ED) This is presented to the Executive Committee who completes the evaluation of the ED, reviews the report and uses the figures to determine a compensation package for the upcoming fiscal year for the ED |

| Identifier                  | Return Reference   | Explanation   |
|-----------------------------|--|---|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | Conflict of Interest statement will be signed annually by all Board members |

| Identifier                 | Return Reference                                   | Explanation  |
|----------------------------|--|--|
| Form 990, Part VI, Line 10 | Form 990, Part VI, Line 10 Form 990 Review Process | The 990 will be electronically delivered to the Audit and Finance Committee of the Board of Directors with a deadline date to make changes If no changes are requested, the Board Chair will sign the 990 as approval prior to filing with the IRS |