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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 Fo	r the	2008 ca	lendar yea	r, or tax year beginning 10-	01-2008 and ending 09-30-200	9	D Franksian ida	atification number
		pplicable	Please	C Name of organization EAST TEXAS LIGHTHOUSE FOR	THE BLIND			ntification number
_	dress ch	_	use IRS label or	Doing Business As			75-1518083 E Telephone nu	
_	me cha	-	print or type. See				(903) 595-3	
	tıal retu		Specific Instruc-	Number and street (or P O bo	ox if mail is not delivered to street addre	ess) Room/suite	G Gross receipt	
_	mınatıo		tions.					
	ended			City or town, state or country TYLER, TX 75702	, and ZIP + 4			
Г Ар	plication	pending		·				
				ne and address of Principal HUFFMAN	Officer		ıs a group return	
				ORTH BOIS DARC		affilia	ates?	ΓYes Γ Nο
				TX 75702	···· -	H(b) Are a	II affiliates include	d?
Ι Τα	x-exem	pt status	У 501(c)) (3) ◀ (insert no)	a)(1) or 527			See instructions)
J W	eb sit	e: 🕨 www	w horizonin	d com		H(c) Grou	up Exemption Nur	nber ►
К Тур	e of org	janization	Corporat	ion trust association ot	her 🏲	L Year of Fo	ormation 1976 M s	State of legal domicile TX
Da	rt I	Sumi	marv					
- га	$\overline{}$			e organization's mission or	most significant activities			
ų.				R THE BLIND	•			
Ē								
Ě								
Governance	1		,		nued its operations or disposed o			
	1		_		ody (Part VI, line 1a)			15 15
Activities &	1			nployees (Part V , line 2a)	e governing body (Part VI, line 1	0)		15 117
Ĭ	1			olunteers (estimate if neces		5 <u> </u>		
24	1				Part VIII, line 12, column (C)		7a	0
		_		ness taxable income from I	, , , , , , , , , , , , , , , , , , , ,			
						Pri	or Year	Current Year
_	8	Contri	butions and	d grants (Part VIII, line 1h)		46,399	17,410
anue	9	Progra	ım service	revenue (Part VIII, line 2g			36,128	
Reveni	10			me (Part VIII, column (A),		562,646	579,804	
_	11		-		5, 6d, 8c, 9c, 10c, and 11e)	_	6,328,586	7,150,651
	12	10tarr	revenue—a	aa iines 8 through 11 (mus	t equal Part VIII, column (A), lın	e	6,937,631	7,783,993
	13	Grants	and simila	ar amounts paid (Part IX, co	olumn (A), lines 1–3)		337,723	435,837
	14	Benefi	ts paid to c	or for members (Part IX, col	umn (A), line 4)			0
Ø	15	Saları 10)	es, other co	ompensation, employee ber	efits (Part IX, column (A), lines	5 –	2,619,488	4,438,550
Expenses	16a	•	sional fund	raising fees (Part IX, colun	nn (A), line 11e)		2,013,100	0
∑	ь			penses, Part IX, column (D), line				<u>-</u>
ш	17	•	_	(Part IX, column (A), lines	<u></u> -		1,401,804	1,311,981
	18				ual Part IX, line 25, column (A))		4,359,015	6,186,368
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12		2,578,616	1,597,625
8 9 8 9 8 9						Beginn	ing of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)			22,220,926	25,530,586
t As	21	Totall	ıabılıtıes (F	Part X, line 26)			1,062,261	2,267,080
<u> </u>	22	Netas	sets or fun	d balances Subtract line 2	1 from line 20		21,158,665	23,263,506
Pa	rt II	Sign	ature Blo	ock				
					ned this return, including accompanying of preparer (other than officer) is base			
Plea	ise	****		ser, and complete becardio	proposed (Strict than officer) is base	ı	1-04-30	any knowledge
Sigr	1		ature of office	er		Date		
Her	е			President & CEO				
		Туре	e or print nam	e and title				
		Preparer		(Brouseard		Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature	e F Jana K	(Broussard		empolyed 🕨 🦵	•	
	arer's		ame (or yours	Henry & Peters PC			EIN Þ	
Use	Unly		and ZIP + 4	3310 So Broadway Suite 10	0			
				Tyler, TX 75701			Phone no 🕨 (90	03) 597-6311
May	the IR	S discus	s this retu	rn 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 EMPLOYMENT FOR THE BLIND			
2	Did the organization undertake any significa the prior Form 990 or 990-EZ?		year which were not listed on	✓ Yes │ No
	If "Yes," describe these new services on Sc	hedule O		
3	Did the organization cease conducting or maservices?		t conducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on Schedu	ile O		
4	Describe the exempt purpose achievements Section 501(c)(3) and (4) organizations and others, the total expenses, and revenue, if a	d 4947(a)(1) trusts are required	to report the amount of grants	
4a	(Code) (Expenses \$ MANUFACTURE OF SUB WEIGHTS, DATA BINDERS AI SERVED	2,469,884 including grants of \$ ND PAPER GOODS FOR GOVERNMENT A		413) MPLOYMENT, NUMBER OF CLIENTS
4b	(Code) (Expenses \$ PROJECT LEVEL FIELD - SUBSIDIZES EDUCATION AN SCHOLARSHIPS FOR POST-SECONDARY EDUCATION) PERSONS AND PROVIDES
		101.107) (6	44.645.)
4c	(Code) (Expenses \$ CLIENT SERVICES - PROVIDES REHABILITATION AND SUFFICIENT	184,427 including grants of \$ D TRAINING SERVICES TO BLIND AND V		11,615) ST THEM IN BECOMING MORE SELF-
4d	Other program services (Describe in Sche	edule O)		
		uding grants of \$) (Revenue \$	24,100)
4-	Tabal nuarum assumas avenues d	3 361 600 Must savel Ba	t IV line 3E column (B)	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	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? If "Yes," complete Schedule C, Part III	5		Νο
6	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? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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 ? If "Yes," complete Schedule F, Part I	14b		Νο
15	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>	15		Νο
16	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? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	103	Νο
c	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? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	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</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	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? If "Yes," complete Schedule R, Part VI	37		Νo

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

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

Section A.	Governina	Body and	Management	ŧ

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	15					
Ь	Enter the number of voting members that are independent	1b	15					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο		
3	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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during the					
а	the governing body?			8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?			8b		Νο		
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο		
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?							
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the	10	Yes					
11	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							

Section B. Policies

		Yes	No
oes the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
re officers, directors or trustees, and key employees required to disclose annually interests that could give rise conflicts?	12b	Yes	
oes the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," escribe in Schedule O how this is done	12c	Yes	
oes the organization have a written whistleblower policy?	13		Νo
oes the organization have a written document retention and destruction policy?	14		Νo
id 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			
he organization's CEO, Executive Director, or top management official?	15a	Yes	
ther officers or key employees of the organization?	15b	Yes	
escribe the process in Schedule O			
ıd the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a axable entity during the year?	16a		Νο
f "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its articipation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the rganization's exempt status with respect to such arrangements?	16h		No
h t a:	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision be organization's CEO, Executive Director, or top management official?	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision be organization's CEO, Executive Director, or top management official?	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision be organization's CEO, Executive Director, or top management official?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 own website. upon request
- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MICHAEL HUBBARD 500 NORTH BOIS DARC TYLER,TX 75702 (903) 595-3444

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

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

- * 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

The check this box in the organization and i		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related	0	Estima imount o compens from t rganizati relat organiza	f other ation he on and ed
				-						_			
1h	Total							 	453,5		_		
2	Total number of individuals (includin					- ma	ra thai	n d 1	00.000 in reports	hla			
2	compensation from the organization	-	a) WIIO I	ecei	veu	1110	ie tilai	ΙΙЪΤ	oo,ooo iii reporta	Die			
												Yes	No
3	Did the organization list any former of					еу	emplo	yee,	or highest compe	nsated employee			
	on line 1a? If "Yes," complete Schedui	le J for such	ındıvıdı	ıal .				•			3	Yes	
4	For any individual listed online 1a, is	the sum of	reporta	ble c	omp	ens	ation	and	other compensati	on from the			
	organization and related organization	is greater th	nan \$15	0,00	02.	[f ")	es," c	omp	lete Schedule J for :	such			
	individual			•	•	•		•			4	Yes	
5	Did any person listed on line 1a rece		-						-	n for services			
	rendered to the organization? <i>If</i> " <i>Yes</i>	," complete :	scneaule	e J FOI	rsuc	cn p	erson	•			5		No
_	estion D. Indonesia dest Control	-1											
	Complete this table for your five high		+	nd	ر د ع ه	0 = +			co that recovered	ora than			
1	Complete this table for your five high \$100,000 of compensation from the			паер	ende	ent	contra	10101	s inat received m	ore than			
	. ,	(A)								(B)		(C	<u> </u>

	(A) Name and business address	(B) Description of services	(C) Compensation
_	Total number of independent contractors (including these in 1) who received more than #	1.00.000 in compansation	

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Statement of Revenue

					(A)	(B)	(C)	(D)
					Total Revenue	Related or Exempt Function	Unrelated Business Revenue	Revenue Excluded from Tax under IRC
	1a	Federated can	mpaigns 1a	1		Revenue		512, 513, or 514
\$ \$	ь	Membership d						
Contributions, gifts, grants and other similar amounts		Membership a	1b					
g,ĕ	С	Fundraising ev						
£ĕ	d	1c ————————————————————————————————————						
S, C	e	_	nts (contributions) 1e					
<u>5</u> .8	f	All other contribut	tions, gifts, grants, and	17,410				¦
Fe E	•		not included above					
	g	Noncash cont	ributions included in					
2 2		lines 1a-1f \$						
•	h	Total (Add lin	es 1a-1f)		17,410			
				Business Code				
Πle	2a	RESIDENTIAL SEF	RVICES	531,110	24,100	24,100		
e Ke	b	MANUFACTURING	3	310,000	413	413		
or GE	с	CLIENT SERVICES	S	624,100	11,615	11,615		
,ΜÇ	d							
38	e							
eg E	f	All other prog	ram service revenue					
Program Serwce Revenue	g		es 2a-2f					
	3	▶ \$ 36,128						
			come (including divi amounts)	· ·	688,546			688,546
	4	Income from inve	estment of tax-exempt b	ond proceeds	0			
	5	Royalties .			0			
		·	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inc	Lome or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount	3,081,863	(ii) o tilei				
		from sales of assets other						
	ь	than inventory Less cost or	3,190,605					
	"	other basis and sales expenses	3,130,003					
	с	Gain or (loss)	-108,742					
	d	Net gain or (lo		•	-108,742			-108,742
	8a	Gross income	from fundraising					
		events (not in \$	cluding					
шe		of contribution	ns reported on line					
₽		1c) See Part Attach Schedul	IV , lıne 18 <i>le G ıf total exceeds</i>					
æ		\$15,000						
4	ь	Less directe	xpensesb					
Other Revenue	с	Net income or	(loss) from fundrais	ing events	0			
•	9a	Gross income	from gaming					
		activities See	part IV, line 19					
		Complete Schel						
			а					
	b	Less directe	xpensesb					
	С	Net income or	(loss) from gaming	activities >	0			
	10a		f inventory, less					
		returns and al	lowances . a	22,717,633				
	ь	Less cost of	goods sold b					
	c		· (loss) from sales of		7,134,969	7,134,969		
		Miscellaneou		Business Code				
	11a	MISCELLANE	OUSINCOME		15,682	15,682		
	ь							
	c							
	d	All other rever	nue					
	e		es 11a-11d	·				
				\$ 15,682	7 700 00-	7 400 777		F70.00:
	12	Total Revenue 8c,	e. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	7,783,993	7,186,779		579,804
			l1e	. ▶				

Form 990 (2008) 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).										
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	435,837	435,837							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	279,195		279,195						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	2,180,488	1,204,166							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	950,409	252,728	697,681						
9	Other employee benefits	854,454	563,573	290,881						
10	Payroll taxes	174,004	85,075	88,929						
11	Fees for services (non-employees)									
а	Management	0								
ь	Legal	0								
С	Accounting	0								
d	Lobbying	0								
e	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	0								
12	Advertising and promotion	17,885	9,992	7,893						
13	Office expenses	0								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	0								
17	Travel	133,887	19,595	114,292						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	14,585	5,384	9,201						
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	256,297	162,156	94,141						
23	Insurance	109,003	58,750	50,253						
24	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)									
а	UTILITIES	165,798	139,391	26,407						
b	PROFESSIONAL / CONSULTING	147,373	34,007	113,366						
c	Printing and Publications	66,795	7,899	58,896						
d	INDIRECT SUPPLIES	79,582	57,609	21,973						
e	EQUIPMENT RENTAL & MAINTENANCE	77,912	72,292	5,620						
f	All other expenses	242,864	153,146	89,718						
25	Total functional expenses. Add lines 1 through 24f	6,186,368	3,261,600	2,924,768	0					
26	Joint Costs. Check 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		. , -							

	1			
Dart Y	Ral	lance	She	et

					(A)		_	3)
	1	Cook non interest heaving			Beginning of year 3,304,544			f year 2,673,121
	2	Cash—non-interest-bearing	• •		3,304,344	2		2,073,121
	3	Savings and temporary cash investments				3		
	4	Pledges and grants receivable, net			2,308,615			1,706,330
	_	Accounts receivable, net			2,308,613	4		1,706,330
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		0
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of .				6		0
	7	Notes and loans receivable, net			904	7		20,079
	8	Inventories for sale or use			2,333,475	8		2,289,821
ts	9	Prepaid expenses and deferred charges			74,897	9		96,666
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	6,007,205				
⋖	ь	Land and the distribution of the Commission of t	IUa	0,007,203	1			
	В	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	3,319,250	2,579,085	10 c		2,687,955
	11	Investments—publicly traded securities			11,284,573	11	1	15,687,301
	12	Investments—other securities See Part IV , line 11 $\it Complete Paschedule D$	rt VII d	of		12		0
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 $	art VIII			13		0
	14	Intangible assets			14		0	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		334,833	15		369,313	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22,220,926			25,530,586
	17	Accounts payable and accrued expenses .			1,062,261	17		1,447,810
	18	Grants payable		1,002,201	18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
8	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key	•	•		21		
iak		employees, highest compensated employees, and disqualified				22		
	22	persons Complete Part II of Schedule L		•				
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable	• •			23 24		
	25	Other liabilities Complete Part X of Schedule D				25		819,270
	26	Total liabilities. Add lines 17 through 25			1,062,261	26		2,267,080
	20	Organizations that follow SFAS 117, check here ► and comp	lata lin	os 37	1,002,201	20		2,207,000
ě		through 29, and lines 33 and 34.	ere IIU	C3				
anc	27	Unrestricted net assets			21,158,665	27	2	23,263,506
Balance	28	Temporarily restricted net assets				28		
Ā	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ► an	d comp	lete				
or I		lines 30 through 34.						
(S (30	Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
As	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances			21,158,665	33	2	23,263,506
_	34	Total liabilities and net assets/fund balances			22,220,926	34	2	25,530,586
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Name VT	Financial Statements and Reporting	

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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?	2c	Yes	
3a	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?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3Ь		Νο

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As Filed Data -

DLN: 93493131003270

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

EAST T	EXAS L	IGHTHOUSE FO	OR THE BLIND						151000	_		
Par	+ T	Passon	for Bublic C	harity Status (to be co	mplotod	by all or	aanizatio		-151808:			
				ation because it is (Please	•	-			msuucu	10115)		
1				nurches, or association of ch					'A)(i).			
2	<u></u>	•		tion 170(b)(1)(A)(ii). (Attac				-, -(-,(-,	/ (-/-			
3	Ė			e hospital service organizati			t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	_	•	•	zation operated in conjuncti			•	<i>,</i> , , , , , ,	• •		•	
	•		name, city, and	•					()()	. ,. ,		
5	Г	•		or the benefit of a college or	universit	v owned o	r operated	l by a gove	rnmental	unit desc	rıbed ın	
	•	_	•	(Complete Part II)		•		, ,				
6	Γ			overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	Ė	•	, -	ally receives a substantial p						n the gene	eral public	2
	•	_)(1)(A)(vi) (Complete Par		• •				J	•	
8	Γ	A commun	ity trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	굣	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	k) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo:	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
			it describes the ype I b	type of supporting organiza		- Function			n d	□ Type	III - Otl	har
e	г	•	• •	rtify that the organization is			-			, ,,		
•	'	•		agers and other than one or			•			•	•	
		section 50	9(a)(2)									
f				d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zation,
g		check this		as the organization accepted	d any gift	or contrib	ution from	any of the	ı			ı
9		following pe		as the organization accepto	a a, g	0. 00	40000	411, 01 1111				
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	<u> </u>
		(ii) a family	/ member of a p	erson described in (i) above	7					11g((ii)	<u> </u>
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports					
							I				I	
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify inization		s the	1	nount of
(nization		above or IRC section	_	listed in		i) of your		ation in rganized	supp	.011.
	J			(See Instructions))	yourgo	verning		ort?		ŰS?		
						ment?		,			_	
					Yes	No	Yes	No	Yes	No		
						I	I			1		

Total

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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check	tea the box or	i iine 9 of Par	[1.]			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gıfts, grants, contributions, and membership fees received (Do not include any "unusual grants")	22,715	21,707	22,582	46,399	53,538	166,941
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	14,652,597	15,818,309	19,783,723	22,286,616	22,717,633	95,258,878
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total Add lines 1-5	14,675,312	15,840,016	19,806,305	22,333,015	22,771,171	95,425,819
	A mounts included on lines 1, 2, and 3 received from disqualified persons						0
b	A mounts 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						0
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						95,425,819
	tal Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	14,675,312	15,840,016	19,806,305	22,333,015	22,771,171	95,425,819
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	320,533	502,728	578,492	562,646	688,546	2,652,945
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
С	Add lines 10a and 10b	320,533	502,728	578,492	562,646	688,546	2,652,945
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,487	26,320	36,389	29,653	-93,060	9,789

First Five Years 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 stop here

-	ſ

98,088,553

Computation of Public Support Percentage

Total Support (Add lines 9, 10c, 11 and

13

Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))

Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16

15	97	290	%
16	97	200	%

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

17	2 700 %
18	2 460 %

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 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 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)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

▶ 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.

Supplemental Financial Statements

Open to Public

emai re	velide Selvice		Inspection
	e of the organization EXAS LIGHTHOUSE FOR THE BLIND		Employer identification number
LASI I	EAS EGITTIOUSE FOR THE BEIND		75-1518083
Part			unds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
. т	otal number at end of year	(2) 2 3.13 22 12.12	(2) and and coner accounts
	ggregate Contributions to (during year)		
	ggregate Grants from (during year)		
. А	ggregate value at end of year		
	old the organization inform all donors and donor advi unds are the organization's property, subject to the		or advised Yes No
u	old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben mpermissible private benefit?		·
art	II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
Г Г	Purpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure
	n the last day of the tax year		Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
	Number of conservation easements on a certified hi		2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
	, Iumber of conservation easements modified, transfe	•	ed by the organization during
	he taxable year 🕨	, , ,	
	lumber of states where property subject to conserva	ation easement is located 🖛	
	Does the organization have a written policy regarding		ations, and
е	nforcement of the conservation easements it holds?	,	☐ Yes ☐ No
· S	itaff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 📭
΄ Δ	mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
	Poes each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
b	n Part XIV, describe how the organization reports co valance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organization's financia	·
art	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
а	f the organization elected, as permitted under SFAS irt, historical treasures, or other similar assets held irovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
h	f the organization elected, as permitted under SFAS iistorical treasures, or other similar assets held for j irovide the following amounts relating to these items	public exhibition, education, or research i	
(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
(ii) Assets included in Form 990, Part X		► \$
ı I	f the organization received or held works of art, histoollowing amounts required to be reported under SFA	·	. 1
a R	Revenues included in Form 990, Part VIII, line 1		► \$
	ssets included in Form 990, Part X		▶\$
			•

	Title Organizations Maintaining C	•			•			ontinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	_	-	se of its collectio	n	
а	Public exhibition	d	Г	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's of Part XIV	collections and explain how	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						Yes	┌ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an a	Arrangements. Com	plet	e if the orga		ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	odian or other intermediary	for c	ontributions (or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and comp	lete the following table						
						A mo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on F	Form 990, Part X, line 21?				Г	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI							
Pa	rt V Endowment Funds. Complete						-\	an ra Da ak
1_	Paginning of year balance	(a)Current Year (b)) Prior	Year (c) IW	o Years Back (d)	Three Years Back (e)Four Y	ears Back
1a b	Beginning of year balance							
C	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the ye	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the posse	ession of the organization	thata	are held and a	dministered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		<u> </u>
	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of t					3b		<u> </u>
	t VI Investments—Land, Building				art V lina 10			
-61	TWI Investments—Land, Building	js, and Equipment. 3						
	Description of investment) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land				244,652	,		244,652
b	Buildings				1,831,291	410,478		1,420,813
c	Leasehold improvements							
d	Equipment				3,108,942	2,526,628		582,314
	Other				822,320	382,144		440,176
Tota	I. Add lines 1a-1e (Column (d) should equal f	Form 990, Part X, column (B)), line	10(c).)		►		2,687,955
						Schedule D (Form 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Tabel (Column (b) should asked Faura 000 Bart V and (B) leng 12)			
Part IX Other Assets. See Form 990, Part X, col (B) line 13) •	l		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
SCHOLARSHIPS PAYABLE	438,886		
RETIREMENT PAYABLE	380,384		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	010.075		
iotai. (Columni (b) should equal Form 990, Part X, Col (b) line 25)	819,270		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,783,993
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,186,368
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,597,625
4	Net unrealized gains (losses) on investments	4	684,451
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	684,451
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,282,076
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	24,051,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	684,451
3	Subtract line 2e from line 1	3	23,366,657
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-15,582,664
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,783,993
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	21,769,032
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
Ь	Prior year adjustments	1	
C	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	٠,	15,582,664
е 3	Subtract line 2e from line 1	2e 3	6,186,368
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	-	0,180,308
+ a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,186,368
	t XIV Supplemental Information		1 3,100,300
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XI	V. lines 1 b and 2 b
5 -111	A DELVE DESCRIPTION OF THE LOCAL PROPERTY OF THE LAND	- · · · / · ·	. ,co 15 and 25,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	COST OF GOODS SOLD \$15582664

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Employer identification number

2008

DLN: 93493131003270

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspection

EAST TEXAS LIGHTHOUSE P	OR THE BLIND					75-1518083	
Part I General Information of the desired of the de		nts and Assistance		ance the grantees' elig	uhility for the grants or as	ssistance and	
the selection criteria use Describe in Part IV the o	d to award the gran	nts or assistance?					√ Yes
Form 990, Part : Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that reco tional space is		00. Check this box	tes. Complete if the one if no one recipient rec		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations3 Enter total number of oth							•
For Paperwork Peduction Act Not							hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	23	309,149			
ADAPTIVE TECHNOLOGIES	71		126,688	PURCHASE PRICE	VARIOUS PROPERTY
		_			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional	Data Table
----------------	------------

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		ASSESS THE FINANCIAL AND PERSONAL NEEDS OF A CLIENT, AND MAKE A DETERMINATION IF THEY QUALIFY ALL CLIENT DATA IS DOCUMENTED BY SEVERAL DIFFERENT QUESTIONAIRRE FORMS AND CONFIRMATION OF LEGAL BLINDNESS IS REQUIRED
ı '		Sahadula I / Farra 2020 2009

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As Filed Data -

DLN: 93493131003270

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

EAST TEXAS LIGHTHOUSE FOR THE BLIND

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

			75-1518083			
Pa	art I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to		, ,			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,		, , ,	1b		
2	Did the organization require substantiation prior to reir officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant		·			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa	rt V I	I, Section A, line 1a			
а	Receive a severance payment or change of control pay	men	t?	4a		Νo
b	Participate in, or receive payment from, a supplementa	al nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	plete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
6	If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des		•	7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III		•			N.a

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	FW-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
NICK VANDAGRIFF	(ı) (ıı)	92,000					92,000	
JAMES PROCTOR JR	(ı) (ıı)	84,077					84,077	
J GORDON BRYSON	(ı) (ıı)	152,221					152,221	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

DLN: 93493131003270

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Employer identification number Name of the organization EAST TEXAS LIGHTHOUSE FOR THE BLIND 75-1518083 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (e) In Approved (g)Written (a) Name of interested person and from the (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization See Additional Data Table **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the (c) A mount of transaction		(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Ron Shaffer	DIRECTOR	20,000	SHAFFER FINANCIAL GROUP		No

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► 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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization EAST TEXAS LIGHTHOUSE FOR THE BLIND Employer identification number

75-1518083

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE COMPANY HAS A CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

ldentifier	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	COMPENSATION WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	A COPY OF THE TAX RETURN WILL BE REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE MEMBERS BEFORE BEING FILED

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 RESIDENTIAL SERVICES - PROVIDES SUPERVISED GROUP LIVING FACILITIES PRIMARILY FOR BLIND WORKERS

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 2	Form 990, Part III, Line 2 New Services	ADDED CLIENT SERVICES WHICH PROVIDES REHABILITATION AND TRAINING SERVICES TO BLIND AND VISUALLY IMPAIRED PERSONS TO ASSIST THEM IN BECOMING MORE SELF-SUFFICIENT

Software ID: Software Version:

EIN: 75-1518083

Name: EAST TEXAS LIGHTHOUSE FOR THE BLIND

Form 990, Part VII - Section Aaa

(A) Name and Title A verage hours per week Neek A verage hours per week Name and Title Na	Form 990, Part VII - Section Aaa										
(A) Name and Title (B) Average hours per week (A) Name and Title (B) Average hours per week (B) Average hours per week (B) Average hours per week (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			Position (check all								(F)
RON SHAFFER, Director		A verage hours per	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
RICHARD KILLMON , Director	ZETTON HARVEY , Director		Х						0	0	0
NICK VANDAGRIFF , VICE	RON SHAFFER , Director		X						0	0	0
PRESIDENT A 92,000 0 MICHAEL G HUBBARD , Vice President 40 00 X X 99,395 0 LYNNETTE FEWELL , Director X 0 0 0 0 KENT HARRIS , Director X 0 0 0 0 JOHN ELLIOTT , Vice President 40 00 X X 0 0 JOHN D DAVE BREWER , VIce Chairman X 0 0 0 JOE K THIGPEN , Director X 0 0 0 JOANN MARTIN , Director X 0 0 0 JIM CHEWNING , Director X 0 0 0 JEANNIE JONES , Secretary X X 0 0 JAMES PROCTOR JR , VICE PRESIDENT X 84,077 0 J GORDON BRYSON , PRESIDENT X 152,221 0 HAROLD F DENMAN CPA , Advisory Board 0 0	RICHARD KILLMON , Director		Х						0	0	0
LYNNETTE FEWELL , Director X 0 0 KENT HARRIS , Director X 0 0 JOHN ELLIOTT , Vice President 40 00 X X JOHN D DAVE BREWER , VIce X 0 0 Chairman X 0 0 JOE K THIGPEN , Director X 0 0 JOANN MARTIN , Director X 0 0 JIM CHEWNING , Director X 0 0 JEANNIE JONES , Secretary X X 0 JAMES PROCTOR JR , VICE PRESIDENT X 84,077 0 J GORDON BRYSON , PRESIDENT X 152,221 0 HAROLD F DENMAN CPA , Advisory Board 0 0 0								x	92,000	0	0
KENT HARRIS , Director X 0 0 JOHN ELLIOTT , Vice President 40 00	MICHAEL G HUBBARD , Vice President	40 00			Χ	Х			99,395	0	0
JOHN ELLIOTT , Vice President	LYNNETTE FEWELL , Director		X						0	0	0
JOHN D DAVE BREWER, VIce	KENT HARRIS , Director		Х						0	0	0
Chairman X 0 0 JOE K THIGPEN , Director X 0 0 JoANN MARTIN , Director X 0 0 JIM CHEWNING , Director X 0 0 JEANNIE JONES , Secretary X X 0 0 JAMES PROCTOR JR , VICE PRESIDENT X 84,077 0 0 J GORDON BRYSON , PRESIDENT X 152,221 0 0 HAROLD F DENMAN CPA , Advisory Board 0 0 0 0 0	JOHN ELLIOTT , Vice President	40 00	X		Χ				0	0	0
Joann Martin	•		×						0	0	0
SIM CHEWNING	JOE K THIGPEN , Director		X						0	0	0
JEANNIE JONES , Secretary	JoANN MARTIN , Director		Х						0	0	0
JAMES PROCTOR JR , VICE PRESIDENT J GORDON BRYSON , PRESIDENT HAROLD F DENMAN CPA , Advisory Board X 84,077 0 0 0 0	JIM CHEWNING , Director		X						0	0	0
PRESIDENT J GORDON BRYSON , PRESIDENT HAROLD F DENMAN CPA , Advisory Board X 34,077 X 152,221 0 0	JEANNIE JONES , Secretary		Х		Χ				0	0	0
HAROLD F DENMAN CPA, Advisory Board 0 0	•							x	84,077	0	0
Board	J GORDON BRYSON , PRESIDENT							Х	152,221	0	0
DR ROBERT K PETERS , Director X 0 0	· · · · · · · · · · · · · · · · · · ·								0	0	0
	DR ROBERT K PETERS , Director		Х						0	0	0
DR CLAYTON WHITNEY , Director X 0 0	DR CLAYTON WHITNEY , Director		Х						0	0	0
DAVID HUFFMAN, President & CEO 40 00 X X 25,833 0	DAVID HUFFMAN , President & CEO	40 00			Х	Х			25,833	0	0
DAVID COUCH, Treasurer X X X 0 0	DAVID COUCH , Treasurer		Х		Х				0	0	0
CHARLES G DO DSO N , Chairman X 0 0	CHARLES G DODSON , Chairman		Х						0	0	0
BRIAN MCCABE, Chairman X X X 0 0	BRIAN MCCABE , Chairman		Х		Χ				0	0	0
BARBARA WRIGHT, Director X 0 0	BARBARA WRIGHT , Director		Х						0	0	0
A R BOB CAUDLE, Director X 0 0	A R BOB CAUDLE , Director		Х						0	0	0

Additional Data

Software ID: Software Version:

EIN: 75-1518083

Name: EAST TEXAS LIGHTHOUSE FOR THE BLIND

Form 990, Schedule L, Part III - Grants or Assistance Benefitting Interested Persons

(a) Name of Interested person	(b)Relationship between interested person and the organization	(c)A mount of grant or type of assistance
NATALIE WELCH	DAUGHTER OF DANA WELCH	SCHOLARSHIP
CORY WELCH	SON OF DANA WELCH	SCHOLARSHIP
SAMANTHA WEAVER	BOB CAUDLE'S GRANDDAUGHTER	SCHOLARSHIP
THOMAS WANJA	BOB CAUDLE'S GRANDSON	SCHOLARSHIP
KATHERIN WANJA	BOB CAUDLE'S GRANDDAUGHTER	SCHOLARSHIP
JENNIE WANJA	BOB CAUDLE'S GRANDDAUGHTER	SCHOLARSHIP
SHARON SHARAA	BOB CAUDLE'S GRANDDAUGHTER	SCHOLARSHIP
MISTY PREAST	DAUGHTER OF KATIE PREAST	SCHOLARSHIP
BRITTANY PETERS	GRANDDAUGHTER OF DR PETERS	SCHOLARSHIP
ANNE PETERS	DAUGHTER OF DR PETERS	SCHOLARSHIP
ANGIE PETERS	FATHER-IN-LAWIS DR PETERS	SCHOLARSHIP
MICHAEL MAGEE	GRANDSON OF BARBARA CLAKLEY	SCHOLARSHIP
EMILY HARMEIER	GRANDDAUGHTER RICHARD KILLMON	SCHOLARSHIP
MATTHEW BRYSON	GRANDSON OF GORDON BRYSON	SCHOLARSHIP
JA C O B H U B B A R D	SON OF OFFICER MICHAEL HUBBARD	SCHOLARSHIP