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Form **990-EZ**

2009

OMB No 1545-1150

Department of the Treasury

SCANNED APR 2 2 2014

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

	emai ne	venue service		rne organization may have to use	a copy of this return to satisfy	y state rep	orting requirements			оросион
ξA	Fort	he 2009 ca	lendar	year, or tax year beginning	. 2009	and er	nding			•
ğΒ		if applicable		C Name of organization		·		D Empl	oyer #	dentification number
2 2	Addre	ss change	Please use IRS	National Association of	Plind Merchan	ıte.		3.8	-37	31356
≥[Name	change	label or	Number and street (or P O box, if mail is no			om/suite	E Telep		
	Initial	return	print or type	·	\sim \sim					•
L	Termi	nation	See Specific	1837 S. Nevada Avenue, City or town, state or country, and ZIP + 4	PMB 243 _			(7	19)	527-0488
L	Amen	ded return	Instruc-	City or town, state or country, and ZIP + 4	*			F Grou	ıp Ex	cemption
Ţ	Applic	ation pending		Colorado Springs		08 0	905	Num	<u>iber</u>	>
		• Section :	501(c)(3 iust atta	l) organizations and 4947(a)(1) nonexe ach a completed Schedule A (Form 99	empt charitable trusts 00 or 990-EZ).		G Accounting n Other (specif		X	Cash Accrual
							H Check ► X	ıf th	e org	janization is not
ı	Web	site: 🕨 <u>N</u>	/A						chec	lule B (Form 990,
J	Тах-є	xempt status	(check or	$\frac{1}{2} \log (1 - \frac{1}{2}) = \frac{1}{2} \log (1 - \frac$	no) 4947(a)(1) or [527	990-EZ, or 9	90-PF)		
K	Chec \$25,			anization is not a section 509(a)(3) sur Z or Form 990 return is not required, t						
L	Add	lines 5b, 6t	o, and 7	b, to line 9 to determine gross receipt	s, if \$500,000 or more,	, file For	m 990			
_		ad of Form							<u> </u>	180,384.
1	art l			Expenses, and Changes in Ne			ces (See the i	nstruc		
	1	Contributi	ons, gif	ts, grants, and similar amounts receive revenue including government fees an s and assessments	ed STATUTE A A A A S			 -	1	15,389.
	2	Program	service	revenue including government fees an	ocomposition in				2	
	3			and accomments				<u> </u>	3	
	4	Investmer		•	MAR 3 1 2014	1 - 1			4	118.
				m sale of assets other than inventory	_	5a				
_				er basis and sales expenses	TPR BRANCH	5 b			_	
Ë	(le of assets other than inventory (Subtract line 5	•		_ 1	<u> </u>	5c	
FEVEN	6			tivities (complete applicable parts of Schedule G)	If any amount is from gan	nıng, ched	k here			
Ņ	a	Gross rev	enue (n	ot including $$15,389.$	of contributions					
Ĕ		reported of	on line 1)		6a	154,9	07.	- 1	
	j t	Less dire	ct expe	nses other than fundraising expenses		6 b	156,6	49.	- [
_	0	: Net income o	or (loss) f	rom special events and activities (Subtract line 6	b from line 6a)	-174	1		6 c	-1,742.
<u>+</u> 37	7 a	Gross sale	es of inv	ventory, less returns and allowances		7 a			ı	
7	t	Less cost	t of goo	ds sold		7 b				
_	0	Gross pro	fit or (lo	ss) from sales of inventory (Subtract I	ine 7b from line 7a)			L	7 c	
7	8	Other revenu	ie (descri	be ► Other Revenue					8	9,970.
FIAK	9	Total reve	enue. Ad	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				- ▶	9	23,735.
	10			ir amounts paid (attach schedule)	T PR			- 1	10	· · · · · · · · · · · · · · · · · · ·
	11			or for members	RECEI	15-10		-	11	
. X	12	Salarios	othar oa	managed and ampleus banefile	1 1	$V \subset I$,		12	
ء د آن	13	Profession	nal fees	and other payments to independent c	optractorseus	-	70!		13	22,643.
	14	Occupanc	v. rent.	utilities, and maintenance	TO! MAR 2]	2010	1001		14	13,460.
				ons, postage, and shipping	i	~014	121		15	13,130.
	16			ibe ► See Other Expenses Statement	OCOL				16	21,093.
ซ	17			Add lines 10 through 16	TOUCH TO	117	· ···· /	_	17	57,196.
THE CULIES I	18) for the year (Subtract line 17 from lin	9)				18	-33,461.
ರ	A 10			•	•			-	* +	33,401.
N	s 19 s	figure rend	s or tund orted or	d balances at beginning of year (from liprior year's return)	line 27, column (A)) (r	must agr	ree with end-of-ye		19	65,295.
Ŧ	E 20			net assets or fund balances (attach ex	(nlanation)				20	03,293.
	21_		_	balances at end of year Combine lin	•				21	31,834.
;D	artili			neets. If Total assets on line 25, colu) or mo:	o filo Form 000 :			
113	ai ait	<u> Jaiai</u>		(See the instructions for Part II)	iiii (b) are \$1,250,000	JOI IIIOF				
2	2 Ca:	sh, savings	and in	•			(A) Beginning			(B) End of year
		and build		ACSUHELITS			65,	295.	22	31,834
_			-	2 b Coo I 24 Ctmt	`			0.	24	<u> </u>
		ner assets (t al assets	uescribe	See L-24 Stmt	 ,			0.		0.
			c (do	uho. Þ	,		65,	295.	25	31,834.
		al liabilities)		 	0.	26	0.
	, ne	しゅうつせしう ひげ	iuna pa	lances (line 27 of column (B) must ag	iree with mhe ∠1)		1 65,	295.	4/	31,834.

Form 990-EZ (2009) National Associ	lation of Blind Mer	chants	31	3 - 37	31356 Page 2
Part III Statement of Program Se	ervice Accomplishments	S (See the instruction		T	Expenses
What is the organization's primary exempt purpose? P	rovide service/support	to "Blind Merchan	t" busınesse:	>1501 <i>(</i>	uired for section c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of	ne organization's exempt purpo f persons benefited, or other re	oses. In a clear and con elevant information for e	cise manner, ach	orga 4947	nizations and section (a)(1) trusts, optional
program title 28 All expenditures made ar	o to aggint blind m	anahanta		for o	thérs')
in both "start-ups" and/				-	
Provides both legal & ge			<u> </u>	-	
	his amount includes foreign gr] 28 a	211,885
29	The arrivant includes for eight gr	anto, oncert here		1 200	221,000
				-	
				-	
(Grants \$) If t	his amount includes foreign gr	ants, check here	▶ [] 29 a	
30				_	
			. 	_	
(Grants \$) If t			. – – – – – –	1 20	
31 Other program services (attach schedule	his amount includes foreign gr	ants, check here		30 a	
. 3	b) his amount includes foreign gr	ants, check here	▶ [] 31 a	
32 Total program service expenses (add le				32	211,885
Part IV List of Officers, Directors	s, Trustees, and Key Em	ployees. List each or	ne even if not cor	npensa	ated (See the instrs.)
(a) Name and address	(b) Title and average hours	(c) Compensation (If	(d) Contribution		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pl deferred compens		and other allowances
Kevan Worley					
263 Pyrite Terrace	President				
Colorado Springs CO 80904	15.00	0.		0.	0.
Nicky Gacos					
16_Linsley_Place	lst Vice President				
Metuchen NJ 08840	15.00	0.		0.	0.
Pamela Schnurr	-				
1326 N. Edmonson Avenue Indianapolis IN 46219	2nd Vice President				
Indianapolis IN 46219 Don Hudson	10.00	0.		0.	0
18854 Pagentry Place	Secretary				
Monument CO 80132	6.00	0.		0.	0
John Jones	-			<u> </u>	
7218 Ancient Oak Drive	Treasurer				
Mechanicsville VA 23111	8.00	0.		0.	o.
Kim Williams					
2806 Igou Ferry Road	Board Member				
	4.00	0.		0.	0.
Lynn Reynolds	-				
3504 Cricket Circle	Board Member				
	4.00	0.		0.	0.
Art Stevenson					
1616 5th Street NE	Board Member			_	_
Salem OR 97301 Virgil Stinnett	4.00	0.		0.	0.
	Board Member				
Honolulu HI 96815	4.00	0.		0.	_
Charles Allen		<u> </u>		<u> </u>	0.
801 Leawood Drive	Board Member				
Frankfort KY 40601	4.00	0.		0.	_ 0.
Sharon Paris				·	
2303 Porter Road	Board Member				
Nashville TN 37206	4.00	0.		0.	0.
Deb Smith					
5128 Coventry Ct	Board Member				
	4.00	0.	<u> </u>	0.	0.
BAA	TEEA0812 0	1/30/10			Form 990-EZ (2009)

Pai	tV	Other Information (Note the statement requirements in the instrs for	Part V.)			
					Yes	No
33		e organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a activity	detailed description of	33		Х
34	Were	any changes made to the organizing or governing documents? If 'Yes,' attach a conforme	ed copy of the changes	34		Х
35	If the or attach a	rganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), bu In statement explaining why the organization did not report the income on Form 990-T	t not reported on Form 990-T,			
ä		e organization have unrelated business gross income of \$1,000 or more or was it subject ing, and proxy tax requirements?	to section 6033(e) notice,	35 a		Х
t	•	s,' has it filed a tax return on Form 990-T for this year?		35 b		
36	Did the	e organization undergo a liquidation, dissolution, termination, or significant disposition of If 'Yes,' complete applicable parts of Schedule N	net assets during the	36		х
37 a	Enter	amount of political expenditures, direct or indirect, as described in the instructions $lacktriangle$	37a 0.			
t	Did th	e organization file Form 1120-POL for this year?		37b		<u>X</u>
38 <i>a</i>	Did the any si	e organization borrow from, or make any loans to, any officer, director, trustee, or key en uch loans made in a prior year and still outstanding at the end of the period covered by the I	nployee or were nis return? I	38a		Х
Ł		s,' complete Schedule L, Part II and enter the total	38 b			
39		in 501(c)(7) organizations Enter				
ā	Initiati	on fees and capital contributions included on line 9	39 a			
t	Gross	receipts, included on line 9, for public use of club facilities	39 b		,	
40 a	Sectio	in 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year			1	
	sectio	n 4911 ►, section 4912 ►, section 4955				
t	transa prior y	on 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 inction during the year or is it aware that it engaged in an excess benefit transaction with a rear, and that the transaction has not been reported on any of the organization's prior Foil complete Schedule L, Part I	a disqualified person in a	40 ь		х
c	: Sectio	in 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	_			
		gers or disqualified persons during the year under sections 4912, 4955, and 4958 on 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	<u> </u>			
	by the	organization	-			
e	All org	panizations. At any time during the tax year, was the organization a party to a prohibited ritransaction? If 'Yes,' complete Form 8886-T	tax	40 e	_	х
41	List the	states with which a copy of this return is filed 🕨				
42 :	The ora	anızatıon's				
720	books a	re in care of ► Kevan Worley	Telephone no <u> </u>	527	048	8
	Located	at ► 263 Pyrite Terrace Colorado Springs	CO ZIP + 4 - 80904_			
				ſ	Yes	No
	At any financ	rtime during the calendar year, did the organization have an interest in or a signature or ial account in a foreign country (such as a bank account, securities account, or other fina	other authority over a incial account)?	42 b		Х
	If 'Yes	, enter the name of the foreign country	·			
					ţ	
				li	ł	
		instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Final			ľ	
C	_	time during the calendar year, did the organization maintain an office outside of the U.S.	, ?	42c		X
	if Yes	, enter the name of the foreign country				
43	Sectio	n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chec	ck here		► □	
		nter the amount of tax-exempt interest received or accrued during the tax year	▶ 43		ب	
			<u> </u>			
					Yes	No
44	Did the	e organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed m 990-EZ	ınstead	44		Х
45	Is any	related organization a controlled entity of the organization within the meaning of section	512(b)(13)? If 'Yes.'			
	Form 9	990 must be completed instead of Form 990-EZ		45		X

Form 990-F7 (2009	National (Association	Ωf	Blind	Merchante
OIIII 330-LZ (2003	/ Nacionai	ASSOCIACION	$O_{\rm L}$	DIIII	Merchanes

38-3731356

Page 4

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	s and section 4947(ction 4947(a)(1) nor	a)(1) nonexempt exempt charitab	t charitable trusts onl le trusts must answer	y. All section questions
46 Did t	the organization engage in direct or indirec	t political campaign activ	ities on behalf of or	in opposition to candidates	Yes No
•	ublic office? If 'Yes,' complete Schedule C				46 X
	the organization engage in lobbying activiti	• •	•	=	47 X
	e organization a school as described in sec		· ·	dule E	48 X
	the organization make any transfers to an e	•	lated organization?		49a X
	es,' was the related organization a section	-			49b
50 Com	iplete this table for the organization's five h loyees) who each received more than \$100	highest compensated emp	oloyees (other than o	officers, directors, trustees a	and key
	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None					
		!			
f Tota	I number of other employees paid over \$10	00,000			
51 Com	plete this table for the organization's five h pensation from the organization. If there is (a) Name and address of each independent contr	none, enter 'None '	ependent contractors	(b) Type of service	han \$100,000 of
None	, , , , , , , , , , , , , , , , , , ,	The part was the part of the p		(0) (1) (0)	(-) (-)
					
d Total	I number of other independent contractors	each receiving over \$100	0,000	<u> </u>	
Sign	Under penalties of perjury, I declare that I have examitrue, correct, and complete Declaration of preparer (c	ined this return, including accompiter than officer) is based on al	panying schedules and sta i information of which prep	ntements, and to the best of my known arer has any knowledge	wledge and belief, it is
Here	Signature of officer EVIEW WINCLEY Type or print name and title	FREASU	e.	7/19/12	
Paid	Preparer's signature	To CPA	Date 05/12/1	I seit-	parer's Identifying Number e instructions)
Pre-	Firm's name (or Len W. Martin, C	PA PA	100/12/1	- Comproyed - 1	
parer's Use	yours if self- employed). > 5842 Roy Hts			EIN ►	
Only	address, and ZIP + 4 Colorado Springs		CO 80918-	-1593 Phone no ►	
	RS discuss this return with the preparer sho				Yes No
RAA					Form 990-F7 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employ	yer identifica	tion number						
National Association of Blind Merchants]38-3	373135	6						
Part 1 Reason for Public Charity Status (All organizations must complete this p	oart.) See	ınstruct	tions						
The organization is not a private foundation because it is (For lines 1 through 11, check only one box)								
1 A church, convention of churches or association of churches described in section 170(b)(1)(A	A)(i) .								
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's									
name, city, and state		,,,,	-						
5 An organization operated for the benefit of a college or university owned or operated by a go 170(b)(1)(A)(iv). (Complete Part II)	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
from activities related to its exempt functions — subject to certain exceptions, and (2) no mo investment income and unrelated business taxable income (less section 511 tax) from busin June 30, 1975 See section 509(a)(2). (Complete Part III)	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
An organization organized and operated exclusively to test for public safety. See section 509	9(a)(4).								
An organization organized and operated exclusively for the benefit of, to perform the function more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Section	ns of, or ca See section	ry out the 509(a)(3).	purposes of the check the	of one box t	or hat				
a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated		d 🗌	Type III-	Other					
e By checking this box, I certify that the organization is not controlled directly or indirectly by than foundation managers and other than one or more publicly supported organizations descentially (2)	one or more cribed in sec	disqualification 509(ed persons a)(1) or sec	other tion					
f If the organization received a written determination from the IRS that is a Type I, Type II or check this box	Type III sup	porting or	ganızatıon,						
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the	ne following	persons?							
				Yes	No				
(i) a person who directly or indirectly controls, either alone or together with persons describelow, the governing body of the supported organization?	ribed in (ii) a	and (III)	11 g (i)						
(ii) a family member of a person described in (i) above?			11 g (ii)						
(iii) a 35% controlled entity of a person described in (i) or (ii) above?			11 g (iii)		<u> </u>				
h Provide the following information about the supported organizations									
(i) Name of Supported Organization Organizat	ation in organiz	i) Is the cation in collinized in the U.S.?	(viı) Amour	nt of Sup	port				
Yes No Yes	No Yes	No							
				-					
	[-								
				•					
	1								
									
	ł								

	edule A (Form 990 or 990-EZ) 200 rt.ll Support Schedule for (Complete only if you check	Organizations		Sections 170	Merchants (b)(1)(A)(iv) and	38-3731356 nd 170(b)(1)(A)(
Sec	ction A. Public Support	ted the box on line	: 5, 7, or 8 or Part	1)			
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						:
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3		<u>-</u>				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		- 3				
6	Public support. Subtract line 5 from line 4		- 8		-	,	
Sec	tion B. Total Support		- 1			<u> </u>	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	,					
12	Gross receipts from related activ	ities, etc (see inst	tructions)		-	12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu		ercentage		· - · · · · · · · · · · · · · · · · · ·		·
	Public support percentage for 20		· · ·	11, column (f)		14	%
	Public support percentage from 2	·	•			15	<u> %_</u>
168	33-1/3 support test — 2009. If the and stop here. The organization	e organization did i qualifies as a publ	not check the box licly supported org	on line 13, and t janization	the line 14 is 33-	1/3 % or more, ched	k this box
b	33-1/3 support test — 2008. If the and stop here. The organization of	e organization did i qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, anization	and line 15 is 33	-1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	 Explain in Part IV 	0% how ►
b	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-an	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part IV	5 is 10% how the ►
	Private foundation. If the organiz				or 17b, check the	s box and see instr	
BAA					S	chedule A (Form 99	0 or 990-EZ) 2009

Pai	till Support Schedule for (Complete only if you check	Organizatio	ns Described i	n Section 509(38-3/31356	Fage
Sec	tion A. Public Support	ed the box on ii	ne 9 or Part 1)				
	ndar year (or fiscal yr beginning in)	(a) 2005	(h) 2000	(-) 2007	(4) 2000	(-) 2000	/D Tatal
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')			83,498.	266,009.	15,389.	364,896
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose			5,520.	. 0.	0.	5,520
3	Gross receipts from activities that are not an unrelated trade or business under section 513		7.7.7	37320.			3,320
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons			89,018.	266,009.	15,389.	370,416
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line			1	-		
	7c from line 6)	, , , ,	- G · '?	,	,		370,416
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		· · · · · · · · · · · · · · · · · · ·	89,018.	266,009.	15,389.	370,416
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			2,495.	183.	118.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			2,495.	103.	110.	2,796
С	Add lines 10a and 10b			2,495.	183.	118.	2,796
11	Net income from unrelated business activities not included inline 10b, whether or not the business is						
12	regularly carried on			37,643.	0.		37,643
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			0.	4,094.	9,970.	14 064
13	Total support. (add Ins 9, 10c, 11, and 12)	` .		2 - 3 -	4,004.	3,370.	14,064
	First five years. If the Form 990 is organization, check this box and st	for the organiza	tion's first, second	i, third, fourth, or i	fifth tax year as a	section 501(c)(3)	424,919 ►
Sec	tion C. Computation of Publ		ercentage				
	Public support percentage for 2009			13 column (f))		15	87.17 %
	Public support percentage from 200		•	. 13, coldini (1))		16	88.88%
	tion D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·			00.00 %
	Investment income percentage for a				(f))	17	0 66 %
	Investment income percentage from		, ,	•	(I))	18	0.66%
	33-1/3 support tests — 2009. If the				mo 15 is mara #==		0.67 %
	more than 33-1/3%, check this box	and stop here.	The organization (qualifies as a publi	cly supported orga	ınızatıon	► <u>[X</u>
ū	33-1/3 support tests $-$ 2008. If the is not more than 33-1/3%, check th	is box and stop	here. The organiz	on line 14 or 19a, a ation qualifies as a	and line 16 is more publicly supporte	e man 33-1/3%, ar d organization	id line 18 ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 National Association of Blind Merchants 38-3731356	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10 Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instruction	;
Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instruction	<u>S</u>
Other Income Part III, Line 12	
Description: Miscellaneous Revenue .	
2007: 0.	
2008: 4094.	
2009: 9970.	
~	
~	
	·

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number						ition number			
National Association of	ational Association of Blind Merchants					38-3731356			
Part Form 990EZ filers are not rec	olete if the organ	ization an	swered 'Ye	s' to Form 990, Part IV	, line 17				
1 Indicate whether the organization	·			ving activities Check al	II that ar	pply			
Mail solicitations .				Solicitation of non-g					
Internet and email solicitation	S			Solicitation of gover	_	_			
Phone solicitations	_			Special fundraising		-			
In-person solicitations									
2a Did the organization have written employees listed in Form 990, Pa	or oral agreeme rt VII) or entity ii	nt with any	ındıvıdual on with pro	(including officers, dire fessional fundraising se	ectors, ti ervices?	ustees or key	Yes No		
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or enti he organization	ities (fundr	aisers) pur	suant to agreements ur	nder wh	ch the fundraise	er is to be		
(i) Name of individual	(ii) Activity	(III) Did	fundraiser	(iv) Gross receipts	(v) Ar	mount paid to retained by)	(vi) Amount paid to		
or entity (fundraiser)	(11)	have custor	dy or control	from activity		aiser listeď in col (i)	(or retained by) organization		
	1"	-				COI (I)	Organization		
		Yes	No						
		1							
			_	<u> </u>	 				
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	<u> </u>	1	<u>'</u>						
Total			•						
3 List all states in which the organiz	ation is register	ed or licen	sed to solu	cit funds or has been n	otified it	is exempt from	registration		
or licensing									
		- 							
				_ 					
					- 				
						- <i></i>	- -		
			-						
			_		-				
				- <i>-</i>					

		G (Form 990 or 990-EZ) 2009 Nationa					Pag	je 2
Pa	rtill	Fundraising Events. Complete if	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, III	ne 18, or	ላይ በበበ	
R		reported more than \$15,000 on F	(a) Event #1 Blast'09 (event type)	(b) Event #2 Snack/Raffle (event type)	(c) Other Events NONE (lotal number)	(d) Tota (Add col (I Events	
REVENUE	1	Gross receipts	134,400.	20,507.		1	54,90	7.
Ē	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	134,400.	20,507.		1	54,90	7.
	4	Cash prizes	7,400.	9,000.			16,40	0.
_	5	Noncash prizes						
D I R E C T	6	Rent/facility costs	100,477.			1	.00,47	7.
	7	Food and beverages						
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses	39,642.	130.			39,77	2.
5	10	Direct expense summary Add lines 4- th	nrough 9 in column (d)		•	1	.56,64	. 9 .
	11				<u> </u>		-1,74	
Pa	rt:III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	rt IV, line 19, or re	ported mo	ore tha	n
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	l gamıng (a) throu (c))	
Ü	1	Gross revenue						
		Cook away						
D R E C T		Cash prizes	,					
		Non-cash prizes	_					
\$		Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	<u> </u>	<u> </u>	, -,	
9	Ent	er the state(s) in which the organization op	perates gaming activities	5			YES	NO
	a Is t	he organization licensed to operate gaming				9a		
	b IT T	No,' explain	 					
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								
		res, explain	s revolted, suspended to	, tog				
11	 Dos	es the organization operate gaming activities	es with nonmembers?					
12	ls t	he organization a grantor, beneficiary or truningter charitable gaming?		mber of a partnership o	r other entity formed to	12		

Scriedule G (Form 990 or 990-EZ) 2009 Nationa	il Association of Blind Merchants	38-3/3135	ь	Page 3
			YES	S NO
13 Indicate the percentage of gaming activity open	rated in			İ
a The organization's facility	_	13a %		
b An outside facility	<u>-</u>	13b %]	
14 Enter the name and address of the person who	prepares the organization's gaming/special events l	pooks and records		
				1
Name •				
Address •		·		
15a Does the organization have a contact with a th	ird party from whom the organization receives gamin	ig revenue?	15a	
	eceived by the organization \$	and the amount		
of gaming revenue retained by the third party				
c If 'Yes,' enter name and address of the third pa	arty			
Maria				
Name ►				
Address ►				
16 Gaming manager information				
Name •				
Gaming manager compensation \$				
Description of annual and a			1	
Description of services provided				-
Director/officer Employee	Independent contractor		1 1	
17 Mandatory distributions				
a Is the organization required under state law to state gaming license?	make charitable distributions from the gaming proce	eds to retain the	17a	
b Enter the amount of distributions required under	er state law to be distributed to other exempt organiz	ations or spent in the		
organization's own exempt activities during the	tax year ► \$			
BAA	TEEA3703 02/05/10	Schedule G (Form 99	0 or 990-E	Z) 2009

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
National Association of Blind Merchants	38-3731356

Line 24 - Other Assets:	Beginning of Year	End of Year
Other Assets	0.	
Totals to Form 990-EZ, Part II, line 24	0.	
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

TEEW1801 SCR 02/11/10

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
Bank Fees	
Office & General Supplies	126.
Telephone/Fax/Cellular	588.
Conferences/Conventions/Meetings	17,993.
Web-site Development & Hosting	2,379.
Total	21.093.