

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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)

Sponsoning 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

Section   Sec	A	For t	ne 2009 calendar year, or tax year beginning and ending							
Section Street   Section	В	Check i	f Please C Name of organization D Em	ployer	identification number					
Second   S		Addre	ss use IRS							
Section 501(c)(2) or panizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (from 690 or 590-52).   F. Group Examption   Columba In J. Sci. 292.05	Ē	- Name	Name   print or   FEDERATION CENTER OF THE BLIND   57-0787174							
Section 5 (City) or from, slate or occurriny, and 20 + 4   Follow Examption   Number   Follow Examption   Numbe	Ĺ	linitia	type Number and street (or P.O. how if mail is not delivered to street address)   Doom/suite   F. Te	lephone	number					
Section 561(c)(3) organizations and 4947(a)(1) nonexempt sharitable trusts must attach a completed Schedule A (Form 990 or 990-62).    Website: ► N/A   H. Check ► If the organization is not a section 591(c)(3)   4947(a)(1) or   527   required to attach 501(c)(3)   4947(a)(1) or   527   required to attach 501(c)(3) or   527   required to attach 501(c)   727   728				803	)254-3777					
Sestion 501((3) erganizations and 9421(4)(1) nonexempt charitable trusts must attach a completed   Schedule A (Form 990 or 990-E2).   H. Check   If the organization state   The organization state   H. Check   If the organization state   H. Check   I		□Ame	nded trons City or fown state or country and 7IP + 4	oup Exe	emption					
Website: N N A   Tare-elempt status (check only one)   X   501(c) (3 )   4 (insert no )   4947(a) (1) or   52   required to attach Schedule B   germ you yourz, enterprise transport to the organization is not a section 509(a) (3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or   Form 990 return in or required, but of the organization of each chooses to the a return, be sure to file a complete return.    Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, \$500,000 or more, the Form 990 instead of Form 990-EZ				ımber I	<b>&gt;</b>					
Website: ► N/A		• Se		nethod	Cash X Accrual					
Tax-exempl status (check only one)					<u> </u>					
The continuous of the conti					_					
Add lines 5b, bb, and 7b, to line 9 to determine gross receipts, \$500,000 or more, the Form 990 instead of Form 990-EZ										
Part	K	Check		than \$	25,000 A Form 990-EZ or					
Part	_				00.000					
1   85,076.										
2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income 5a Gross amount from sale of assets other than inventory 1 Lass cost or rother basis and sales expenses 2 Gain or (foss) from sale of assets other than inventory (Subtract line 5b from line 5s) 5 Special events and activities (Complete applicable parts of Schedule G) if any amount is from gaming, check here  5 Special events and activities (Complete applicable parts of Schedule G) if any amount is from gaming, check here  5 Special events and activities (Subtract line 5b from line 6a) 7 Gross sales of inventory, liss returns and allowances 5 STMT 6 Tala 3,7776.  5 Gross sales of inventory, liss returns and allowances 5 STMT 6 Tala 3,7776.  7 Gross sales of inventory, liss returns and allowances 5 STMT 6 Tala 3,7776.  8 Other revenue (describe ► MISCELANEOUS INCOME 9 Tetal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 7 Gross sales of inventory and tetal because the standing and activities (Subtract line 7b from line 7a) 8 Other revenue (describe ► MISCELANEOUS INCOME 9 Tetal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue (describe ► MISCELANEOUS INCOME 9 Tetal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 CECIVED 12 Salaries, other compensation, and employee benefits 13 Protessional fees and other payments (Endependent Contractive) 14 Cocupancy, rent, utilities, and maintenantical 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► OGDEN, UT SEE STATEMENT 1) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year Combine lines 18 through 20 20 Cither changes in net assets or fund balances (datach explanation) 21 Velt assets or fund balances (attach explanation) 22 Cash, savings, and investments	P		M	1						
3   Membership dues and assessments   3   4   1,033.		1			85,076.					
Investment income					<del></del>					
Sa   Gross amount from sale of assets other than inventory   Less cost or other basis and sales expenses   C   Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here					1 022					
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here ▶□  a Gross revenue (not including \$		1 _		4	1,033.					
C   Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   Sepecial events and activities (complete applicable parts of Schedule (i) if any amount is from gaming, check here		1 .	,	-						
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ of contributions reported on line 1)  b Less direct expenses other than fundraising expenses  c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances  STMT 6 7a 3,776.  8 Other revenue (describe ▶ MISCELANEOUS INCOME 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 89,892.  10 Grants and similar amounts paid (attach schedula) STMT 5 10 800.  11 Benefits paid to or for members RECEIVED 12 Salaries, other compensation, and employer-benefits 12 Salaries, other compensation, and employer-benefits 15 Printing, publications, postage, and singing 16 Other expenses (describe ▶ OGDEN, UT SEE STATEMENT 1) 15 1, 215.  15 Pinting, publications, postage, and singing 19 year (from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 10 4, 781.  20 Other changes in net assets or fund balances (attach explanation) 20 1 Net assets or fund balances at end of year Combine line 18 through 20 1 Net assets or fund balances at end of year Combine line 18 through 20 1 Net assets or fund balances at end of year Combine line 18 through 20 1 Net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine line 18 through 20 1 Net assets or fund balances at end of year Combine line 18 through 20 1 Net assets or fund balances (attach explanation) 21 Net assets or fund balances (attach explanation) 22 1 93,798.  Part II Benefits and chive the year figure reported on prior year's return) 19 104,781.  20 Cher changes in net assets or fund balances (attach explanation) 21 1 93,798.  Part II Benefits and chive the year figure reported on prior year's return) 21 1 93,798.  Part II Benefits and chive the year figure reported on prior year's return) 22 1 9		-	——————————————————————————————————————	┥						
a Gross revenue (not including \$	a	1 .		56						
b Less direct expenses other than fundraising expenses c Net income or (foss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances STMT 6 7b   7c   3,7776.  8 Other revenue (describe ► MISCELANEOUS INCOME   9   89,892.  10 Grants and similar amounts paid (attach schedule)   STMT 5   10   800.  11 Benefits paid to or for members   RECEIVED   12   Salaries, other compensation, and employee-benefits   12   Salaries, other compensation, and employee-benefits   12   Salaries, other compensation, and employee-benefits   13   Foressional fees and other payments to independent outstanding   15   Printing, publications, postage, and shipping   16   Cocupancy, rent, utilities, and maintenanting   15   Printing, publications, postage, and shipping   16   SEE STATEMENT   17   100,875.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   104,781.  20 Other changes in net assets or fund balances (attach explanation)   20   21   93,7998.  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)   (A) Beginning of year (B) End of year   39,675. 22   39,467.  21 Cash, savings, and investments   SEE STATEMENT 2   32,771. 24   25,919.  22 Cash, savings, and investments   SEE STATEMENT 3   2,453. 26   4,194.  23 Catal liabilities (describe ► SEE STATEMENT 3   2,453. 26   4,194.  24 Other assets or fund balances (line 27 of column (B) must agree with line 21)   104,781. 27   93,798.	Š									
b Less direct expenses other than fundraising expenses c Net income or (foss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances STMT 6 b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► MISCELANEOUS INCOME 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members RECEIVED 12 Salaries, other compensation, and employee-benefits 13 Professional fees and other payments to independent contractors 11 Cocupancy, rent, utilities, and maintenarda 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► OGDEN, UT) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 39 4, 788 . 23 32, 7605 . 22 39, 467. 24 Other assets (describe ► SEE STATEMENT 2) 32, 771 . 24 25, 919 . 25 Total liabilities (describe ► SEE STATEMENT 3) 2, 453 . 26 4, 1944 . 26 Velt assets or fund balances (line 27 of column (B) must agree with line 21) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Land and buildings 30 4, 781 . 27 93, 7981 .	eve	a	· · · · · · · · · · · · · · · · · · ·							
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances  8 D Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe ► MISCELANEOUS INCOME  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  RECEIVED  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments (or dependent cogtractor) 11 Benefits paid to or for members  RECEIVED  14 Occupancy, rent, utilities, and maintenantic 15 Printing, publications, postage, and shipping  15 Printing, publications, postage, and shipping  16 Other expenses (describe ► OGDEN, UT SEE STATEMENT 1) 16 14,626.  17 Total expenses. Add lines 10 through 16 ► 17 100,875.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at the divear Combine lines 18 through 20 ► 21 93,798.  Part II Balance Sheets. If Total assets on line 25, column (8) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of yea	Œ	١.	· ' '	-						
7a Gross sales of inventory, less returns and allowances   5TMT 6   7a   3,776.   7b		ט .		٠, ا						
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► MISCELANEOUS INCOME 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 RECEIVED 10 Grants and similar amounts paid (attach schedula) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors in 14 Occupancy, rent, utilities, and maintenance in 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► OGDEN, UT SEE STATEMENT 1 in 16 14,626. 17 Total expenses. Add lines 10 through 16 in 17 100 ,875. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Nat assets or fund balances at end of year Combine lines 18 through 20  in 19  in 19  in 10  in 19  in 10  in 19  in 19  in 19  in 19  in 10  in 19		72	amum 6   1 2 776	- 06						
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► MISCELANEOUS INCOME 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 89, 892.  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members RECEIVED 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to Endependent contractory 10 Cocupancy, rent, utilities, and maintenanted 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► OGDEN, UT SEE STATEMENT 1) 17 Total expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 17 100, 875.  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 19 3, 798.  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  20 Cash, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Jan and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets 26 Total assets 27 Total liabilities (describe ► SEE STATEMENT 3) 28 SEE STATEMENT 3 29 Jan 4781. 29 Jan 4781. 20 Other changes in the sasets or fund balances (attach explanation) 20 Jan 4781. 21 Jan 4781. 22 Cash, savings, and investments 23 Jan 4788. 24 Jan 4788. 25 Jan 4788. 26 Jan 4789. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Jan 4781. 20 Jan 4781. 21 Jan 4781. 22 Jan 4781. 23 Jan 4788. 24 Jan 4788. 25 Jan 4788. 26 Jan 4788. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Jan 4781. 28 Jan 4781. 29 Jan 4781. 20 Jan 4781. 21 Jan 4781. 22 Jan 4781. 23 Jan 4788. 24 Jan 4788. 25 Jan 4788. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		1 .	· · · · · · · · · · · · · · · · · · ·							
8 Other revenue (describe ► MISCELANEOUS INCOME 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members RECEIVED 12 Salaries, other compensation, and employee-brenfits 13 Fordessional fees and other payments to independent contractors in the con		"		7.	3.776.					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee-benefits 13 Fortessional fees and other payments to independent contractors 10 CO		8			7.					
10   Grants and similar amounts paid (attach schedula)   STMT 5   10   800.     11   Benefits paid to or for members   RECEIVED   11     12   Salaries, other compensation, and employer benefits   12   50,610.     13   Professional fees and other payments to independent contractors   13   6,220.     14   Occupancy, rent, utilities, and maintenantial   15   Printing, publications, postage, and shipping   16   OGDEN, UT   SEE STATEMENT   1   16   14,626.     17   Total expenses. (describe ► OGDEN, UT   SEE STATEMENT   1   18   14,626.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   <10,983.     19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   104,781.     20   Cher changes in net assets or fund balances (attach explanation)   20     21   Net assets or fund balances at end of year Combine lines 18 through 20   21   93,798.     22   Cash, savings, and investments   39,675.   22   39,467.     23   Land and buildings   34,788.   23   32,606.     24   Other assets (describe ► SEE STATEMENT 2   32,7771.   24   25,919.     25   Total assets   SEE STATEMENT 3   2,453.   26   4,194.     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   104,781.   27   93,798.     28   Part   18   Printing, publications, postage, and shipping of part of state of the pa		1			89,892.					
11   Benefits paid to or for members   RECEIVED   12   50,610.   13   6,220.   14   Occupancy, rent, utilities, and maintenante   15   Printing, publications, postage, and shipping   16   Other expenses (describe		+								
12   Salaries, other compensation, and employee-benefits   13   Professional fees and other payments to independent contractors   14   Occupancy, rent, utilities, and maintenair@     15   Printing, publications, postage, and shipping     16   Other expenses (describe		1	Benefits paid to or for members RECEIVED							
13	ģ		Salaries, other compensation, and employee-benefits	$\overline{}$	50,610.					
14	nse	13	Professional fees and other payments to Andependent contractors 10	13						
15    Printing, publications, postage, and shipping   16    14,626.     17    Total expenses. Add lines 10 through 16	e e	14	Occupancy, rent, utilities, and maintenance JUL 2 6 2010 SEE STATEMENT 4	14						
17   Total expenses. Add lines 10 through 16	ш	1	Printing, publications, postage, and shipping	15						
18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   <10,983.>		16	Other expenses (describe ► OGDEN, UT SEE STATEMENT 1)	16	14,626.					
19 Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   20 Other changes in net assets or fund balances (attach explanation)   21 Net assets or fund balances at end of year Combine lines 18 through 20   Part   18 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ   (See the instructions for Part II)		17	Total expenses. Add lines 10 through 16	17	100,875.					
Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ    Cash, savings, and investments   (A) Beginning of year   (B) End of year	<b>(</b> 0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<10,983.>					
Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ    Cash, savings, and investments   (A) Beginning of year   (B) End of year	set	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ    Cash, savings, and investments   (A) Beginning of year   (B) End of year	As		(must agree with end-of-year figure reported on prior year's return)	19	104,781.					
Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ    Cash, savings, and investments   (A) Beginning of year   (B) End of year	Žet	20	Other changes in net assets or fund balances (attach explanation)	20						
(See the instructions for Part II )  22			<del></del>	<u>,</u>	93,798.					
22 Cash, savings, and investments       39,675. 22       39,467.         23 Land and buildings       34,788. 23       32,606.         24 Other assets (describe ►       SEE STATEMENT 2 )       32,771. 24       25,919.         25 Total assets       107,234. 25       97,992.         26 Total liabilities (describe ►       SEE STATEMENT 3 )       2,453. 26       4,194.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       104,781. 27       93,798.	P	<u>art II</u>		0-EZ						
23 Land and buildings       34,788.23       32,606.         24 Other assets (describe ►       SEE STATEMENT 2       )       32,771.24       25,919.         25 Total assets       107,234.25       97,992.         26 Total liabilities (describe ►       SEE STATEMENT 3       )       2,453.26       4,194.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       104,781.27       93,798.			1,1-3,1-3,1-1							
24       Other assets (describe ►       SEE STATEMENT 2       32,771.24       25,919.         25       Total assets       107,234.25       97,992.         26       Total liabilities (describe ►       SEE STATEMENT 3       2,453.26       4,194.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       104,781.27       93,798.			0.4.700							
25 Total assets  26 Total liabilities (describe ► SEE STATEMENT 3 )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Total assets  107,234. 25 97,992.  2,453. 26 4,194.  104,781. 27 93,798.			*							
26 Total liabilities (describe ► SEE STATEMENT 3 ) 2,453. 26 4,194.  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 104,781. 27 93,798.			105 004							
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 104, 781. 27 93, 798.										
			104 701							
		171		• [2]						

Form 990-EZ (2009) FEDERATION CENTER OF T			57-	<u>-078</u> 71	74 Page 2
Part III Statement of Program Service Accomplis	hments (See the instructions for	Part III )		E	xpenses
What is the organization's primary exempt purpose? SEE STATEM	IENT 8				or section 501(c)(3)
Describe what was achieved in carrying out the organization's exem		cise manner, desci	abe		4) organizations and
the services provided, the number of persons benefited, and other r				for others )	7(a)(1) trusts, optiona
28 EMPLOYMENT ASSISTANCE: PROVIDING			)		
BLIND PEOPLE WHO ARE SOCIALLY AN					
DISADVANTAGED	B BOOKOIII OI IBBI			1 1	
			$\overline{}$		24 410
(Grants \$ ) If this amount includes for 29 PUBLIC EDUCATION: ALERTING BLIN		ID CONC	ــــيا_	28a	24,418.
	D AND SIGHTED PE			1 1	
ALIKE TO PROPER ATTITUDES TOWARD		O FINDING	·		
AND REACHING THE FULL POTENTIAL	OF ALL BLIND PEC	PLE		<b>!</b>	
(Grants \$ ) If this amount includes for	reign grants, check here			29a	10,500.
30 OTHER PROGRAMS					
(Grants \$ ) If this amount includes for	reign grants, check here		$\Box$	30a	49,645.
31 Other program services (attach schedule)				-	
(Grants \$ ) If this amount includes for	rolan aranta, abaak bara			31a	
<u> </u>	reign grants, check here	<u></u>		-	84,563.
32 Total program service expenses (add lines 28a through 31a)	You Employees			32	
Part IV List of Officers, Directors, Trustees, and K	Aey Employees. List each one e	ven if not compensated			for Part IV)
	(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
• •	position	-0)	d	eferred	other allowances
				pensation	
FRANK COPPEL, 847 JEFFERSON ST., W	. CHAIRMAN			-	
COLUMBIA, SC 29169	2.00	0.		0.	0.
ED BIBLE	CHAIRMAN	<del> </del>	İ		
136 PENNY LANE, LEXINGTON, SC 2907		0.	į	0.	0.
DOROTHY BARKSDALE	SECRETARY	•			
3018 RIVER DR., COLUMBIA, SC 29201	2.00	0.		0.	0.
	TRUSTEE	0.		0.	0.
DONALD CAPPS				^	
1829 BELMONT DR., COLUMBIA, SC 292		0.	ļ <u>.</u>	0.	0.
ISAIAH NELSON	TRUSTEE	_			
6957 OLIVE DR, COLUMBIA, SC 29203	1.00	0.		0.	0.
TIFFANY MITCHELL, 802 CENTRAL DR.,	TRUSTEE				
W. COLUMBIA, SC 29169	1.00	0.		0.	0.
STEVE COOK	TRUSTEE				
2446 HARRISON RD, COLUMBIA, SC 292	1.00	0.		0.	0.
FRED VERCHER, 1510 ST. ANDREWS RD,	TRUSTEE				
COLUMBIA, SC 29210	1.00	0.		0.	0.
TEENA ADAMS	TRUSTEE				
40 ROCKY COVE RD, LEXINGTON, SC 29		0.		0.	0.
DAVID R HOUCK, 20 A WOODLAND TERRA		0.		<u> </u>	0.
320 S. BELTLINE, COLUMBIA, SC 2920		27 072		^	_
320 S. BELTLINE, COLUMBIA, SC 2920	3 40.00	37,973.		0.	0.
		<del></del>			
			<u> </u>		
932172					000 EZ (0000)
					MINI ET /0000

Pa	ort V Other Information (Note the statement requirements in the instructions for Part V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	162	No X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>	, O T		
00	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		<u> </u>	1
-	and proxy tax requirements?	35a		X
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	-505		
	complete applicable parts of Sch N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.0		
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	7		
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			ĺ
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			ĺ
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	7,77		Ĺ.,
	or disqualified persons during the year under sections 4912, 4955, and 4958	,		ĺ
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the	1		ĺ
	organization . D.	'		l
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ
	transaction? If "Yes," complete Form 8886-T	40e	]	Х
41	List the states with which a copy of this return is filed ► SC			
42 a	The organization's books are in care of ► DAVID HOUCK  Telephone no ► 803-25	<u> 4-3</u>	777	
	Located at ► 119 SOUTH KILBOURNE ROAD, COLUMBIA, SC ZIP+4 ► 2	2920	5	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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			i
C	At any 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	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1		
			Yes	<u>No</u>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u> </u>
		Form Q	10-E7 /	20001

Pa	organizations and section 4947(a)(1) nonexemption and 51								
46	Did the organization engage in direct or indirect political campa	ign activities o	on behalf of or in opposition	n to candidates fo	or public			Yes	No
	office? If "Yes," complete Schedule C, Part I						46		X
47	Did the organization engage in lobbying activities? If "Yes," co	omplete Sch	edule C, Part II				47		Х
48	Is the organization a school as described in section 170(b)(1)(	۹)(۱۱)۶ If "Yes	," complete Schedule E				48		X
49 a	Did the organization make any transfers to an exempt non-char	itable related (	organization?				49a		X
b	If "Yes," was the related organization a section 527 organization	?					49b		
	Complete this table for the organization's five highest compens than \$100,000 of compensation from the organization. If there			ctors, trustees ar	ıd key er	nployees) who	each re	ceived i	more
	(a) Name and address of each employee paid more than \$100,000 NONE		(b) Title and average ho per week devoted to position		nsation	(d) Contribution to employee benefit plans deferred compensation	& a	e) Expe eccount er allow	and
	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compens.	ated independ	ent contractors who each r	eceived more that	an \$100,	000 of compen	sation 1	rom the	 
	organization   If there is none, enter "None "	·				,	-		
	(a) Name and address of each independent contract	or paid more t	than \$100,000	<b>(b)</b> Typ	e of sen	vice	(c) Con	npensati	ion
							-	<del></del>	
d	Total number of other independent contractors each receiving of	ver \$100,000		<b>&gt;</b> _					
	( lades accelled of parties I declare the Alberta					1.2223			
Sign Here		s based on all in	companying schedules and state formation of which preparer has	ements, and to the to any knowledge	est of my	Date 2	elief, it is	-6	
	Day of Huch, Exe	cetive 1	W COO						<del></del>
Paid Prepa Use O		A		Check if self- employed	Prepa	rer's identifying i	umber (	See instr	)
USE U	Firm's name (or yours MCGREGOR AND COM)		LLP		EIN D	<u> </u>			
	of self-employed), address, and ZIP+4  POST OFFICE BOX COLUMBIA, SOUTH COLUMBIA		NA 29202		Phone no	<b>▶</b> (803)	78	7-00	 003
May th	the IRS discuss this return with the preparer shown above? See					▶ [	ΧΥe	s	No
		-						90-EZ (	20091

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

**Public Charity Status and Public Support** 

OMB No: 1545-0047 1

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection

**Employer identification number** 

			TON CENTER C							-0/8/	<u> 1/4</u>	<u> </u>
Part I	Reason	for Public Char	ity Status (All organia	zations mi	ust comple	te this pa	rt.) See ins	tructions.				
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box.)					
1 🗀	A church, co	envention of churche	s, or association of chur	ches desc	cribed in se	ection 17	0(b)(1)(A)(i	).				
2 🗀	A school des	scribed in section 17	7 <b>0(b)(1)(A)(ii)</b> . (Attach Sc	hedule E.	)							
з 🗀	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1	)(A)(iii).					
4 🗀	A medical re	search organization	operated in conjunction	with a hos	spitał desc	ribed in s	ection 170	)(b)(1)(A)(ii	ii). Enter th	ne hospital	's nan	ne,
	city, and sta	te:										
5 🔲	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or or	perated b	y a govern	mental uni	t describe	d in		
		)(b)(1)(A)(iv). (Compl		-	•							
6 🗀			ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7 X	•	, •	eives a substantial part					or from the	general p	ublic desc	ribed	ın
	_	(b)(1)(A)(vi). (Comple	•			<b>3</b>			9-1.1-1.0.			
8 🗀			section 170(b)(1)(A)(vi).	(Complete	e Part II.)							
9 🗔	-		eives: (1) more than 33		-	rom conte	abutions r	nemhershi	n fees, an	d arnes re	ceints	from
•			nctions - subject to certa									
			axable income (less sec							_		
		509(a)(2). (Complete			29 110111 00	0.1100000	aoquirea i	y the orga	anzadon a	iter ourie e	0, 10,	, 0.
10 🔲			perated exclusively to te	et for nub	lic safety 9	See sectio	on 509(a)(	4)				
11 🖂	-	-	perated exclusively for the	-				-	v out the r	nurnoses o	of one	or
	-	-	ations described in secti		-					•		<b>O</b> ,
			organization and compl				L). 000 <b>00</b>	J. 1011	<b>4)(0).</b> 0(10)		tilat	
	a Type	- '' - ''	¬ '		e III - Fund		tegrated		dП	Type III - 0	Ther	
е 🗀			at the organization is not	• •		•	-	r more disc	nualified o	••		an.
<b>е</b>		<del>-</del>	han one or more publicly		·=·		-		•			A1 1
f			tten determination from						(a)(1) OI S	ection 303	(4)(2)	
•	-	rganization, check th		ine into th	atitisa ty	pe i, Type	s II, OI Typ	5 III				
•		_	organization accepted ar	ov aft or c	ontribution	from any	of the fall	owing per	cone?			
9	_		lirectly controls, either al			•					Yes	No
	•	•	upported organization?	ione or tog	jetilei with	persons	Jeschbeu	iii (ii) ai iu (	iii) DelOw,	11g(i)	163	140
	-	-	n described in (i) above?	1								
	• •		person described in (i) above :		o?					11g(ii)		
<b>h</b>										11g(iii)	<u> </u>	<u> </u>
h	FIOVICE (IIE I	Ollowing information	about the supported or	garrization	(5).							
			(III) Type of	(iv) Ic tho	organization	(v) Did vo	u notify the	(vi) Is	the			
	of supported	(ii) EIN	organization		sted in your		tion in col	lorganizátio	on in col	(vii) Am		)Î
org	anization		(described on lines 1-9		document?	l	r support?	(i) organiz U S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
	<del></del>		(oco monuono),	100				105	''	·· <del>··</del> ····		
	<del></del>				1		<del> </del>	-	<del>  -</del>			_
								<del>                                     </del>				
					1			}				
							<del> </del> -			.—.		
		<del></del>			ļ							
	·				-		<del> </del>			<del></del> -	<del></del>	
<b>-</b>												
Total				1			<u> </u>		<u> </u>			
LHA FOR F	rivacy Act ar	ia Paperwork Redu	ction Act Notice, see th	ne instruc	tions for			Schedule	e A (Form	990 or 99	u-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990-EZ) 2009 FEDERATION CENTER OF THE BLIND 57-0787174 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	(e) 2009	(f) Total
1 (	Gifts, grants, contributions, and						
ſ	membership fees received (Do not						
t	nclude any "unusual grants.")	62,013.	85,627.	91,803.	76,209.	85,076.	400,728.
2	Tax revenues levied for the organ-						
- 1	zation's benefit and either paid to						
(	or expended on its behalf						
3 7	The value of services or facilities						
f	furnished by a governmental unit to						
t	he organization without charge						
4	Total. Add lines 1 through 3	62,013.	85,627.	91,803.	76,209.	85,076.	400,728.
5	The portion of total contributions			1			
ì	oy each person (other than a						
ç	governmental unit or publicly						
5	supported organization) included			j			
(	on line 1 that exceeds 2% of the			1			
8	amount shown on line 11,						
C	column (f)			1			21,598.
6 [	Public support. Subtract line 5 from line 4						21,598. 379,130.
	tion B. Total Support	·					
Caler	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 /	Amounts from line 4	62,013.	85,627.	91,803.	76,209.	85,076.	400,728.
8 (	Gross income from interest,				<del></del>		
(	dividends, payments received on						
	securities loans, rents, royalties			Ì			
	and income from similar sources	2,544.	2,159.	1,997.	1,339.	1,033.	9,072.
9 1	Net income from unrelated business	·		·		-	
ŧ	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		642.	6,162.	8,485.	7.	15,296.
	Total support. Add lines 7 through 10				•		425,096.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	23,480.
	irst five years. If the Form 990 is for	•	•	d, fourth, or fifth tax	x vear as a sectio	<del></del>	
	organization, check this box and stop	•	, ,	, ,	,		ightharpoons
Sect	ion C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2009 (li			olumn (f))		14	89.19 %
15 F	Public support percentage from 2008	Schedule A, Part	ll, line 14			15	92.88 %
16a 3	33 1/3% support test - 2009. If the or	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	k and
	top here. The organization qualifies						$\blacktriangleright X$
ьз	33 1/3% support test - 2008. If the or	rganization did not	check a box on lin	ne 13 or 16a, and li	ne 15 is 33 1/3%	or more, check the	s box
ε	and <b>stop here.</b> The organization quali	fies as a publicly s	upported organiza	tion			▶□
	0% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac-						
	neets the "facts-and-circumstances"						
	0% -facts-and-circumstances test				-	7a, and line 15 is 1	0% or
	nore, and if the organization meets th	•				· ·	
	organization meets the "facts-and-circ						▶□
	Private foundation. If the organization			•			

Schedule A (Form 990 or 990-EZ) 2009

Pŧ	art III Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	rf you checked the b	ox on line 9 of Part I
Se	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")		<u> </u>	-		-	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-						
•	ization'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				İ		
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b				ļ		
	Public support (Subtract line 7c from line 6)			<u> </u>			
<u>Se</u>	ction B. Total Support		<u> </u>		<del></del>	η	
Cal	<b>endar year</b> (or fiscal year beginning in) <b>▶</b>	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	<u> </u>					
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here					<del></del> _	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·
15	Public support percentage for 2009 (	ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2008	Schedule A, Part	III, line 15		· · · · · · · · · · · · · · · · · · ·	16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage		·		
17	Investment income percentage for 20	109 (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	
18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶∟
b	33 1/3% support tests - 2008. If the	-					and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th		structions nedule A (Form 99)	● 0 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	· · · · · · · · · · · · · · · · · · ·	STATEMENT 1
DESCRIPTION			AMOUNT
PAYROLL TAXES			3,879.
OFFICE SUPPLIES			1,421.
TELEPHONE			2,457.
INSURANCE			1,638.
RENTAL EQUIPMENT			3,142.
TRAVEL			212.
CONFERENCES & MEETINGS			1,696.
MISCELLANEOUS AWARDS			181.
TOTAL TO FORM 990-EZ, LINE 16			14,626.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLES		975.	0.
INVESTMENTS		405.	0.
OTHER DEPRECIABLE ASSETS		31,391.	25,919.
TOTAL TO FORM 990-EZ, LINE 24		32,771.	25,919.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLES		1,084.	3,099.
ACCRUED PAYROLL TAXES		1,369.	1,095.
TOTAL TO FORM 990-EZ, LINE 26		2,453.	4,194.
TOTAL TO FORM 990-EU, LINE 20		2,453.	4,174.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND	MAINTENANCE	STATEMENT	4
DESCRIPTION		AMOUNT	
DEPRECIATION OTHER EXPENSES		7,65 19,75	
TOTAL TO FORM 990-EZ, LINE 14		27,40	04.
FORM 990-EZ CASH GRANTS AND ALLOCAS	FIONS	STATEMENT	5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	r
SCHOLARSHIP	NONE	80	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		90	00.

FORM 990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A		STATEMENT 6
INCOME			
	ICES	3,776	3,776
	(LINE 13)		3,776
COST OF GOODS SOLD			
7. MERCHANDISE PURCHAS 8. COST OF LABOR 9. MATERIALS AND SUPPI 10. OTHER COSTS	ING OF YEAR		
12. INVENTORY AT END OF 13. COST OF GOODS SOLD	YEAR (LINE 11 LESS LINE 12)		

FO	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT			
A)	DIRECTLY OR INDIRECTLY,	RING THE YEAR, RECEIVE ANY FUNDS, TO PAY PREMIUMS ON A PERSONAL	[	}	YES	[X]	NO	
В)		RING THE YEAR, PAY PREMIUMS, ON A PERSONAL BENEFIT CONTRACT? .	• [	3	YES	[X]	NO	

8

STATEMENT

990-EZ PG 2

TO SERVE THE NEEDS OF THE BLIND IN SOUTH CAROLINA

### 4562

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No ,1545-0172 ,

Identifying number

Name(s) shown on return Business or activity to which this form relates FEDERATION CENTER OF THE BLIND FORM 990-EZ PAGE 1 57-0787174 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 3 800,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If marned filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 7,654 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed period in service only - see instructions) 3-year property 19a 5-year property b 7-year property C d 10-year property 15-year property e f 20-year property 25-year property 25 yrs. S/L g MM 27.5 yrs. S/L h Residential rental property 27.5 yrs MM S/L MM 39 yrs. S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-y<u>ear</u> 40 yrs MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 7,654. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(c) Update Business   Control   Cont	Form 456	<del>-, · ·</del>		ERATION										-0787		
Section A. Depreciation and Other information (Caution: See the instructions for limits for passanger automobiles)  149. Do yet have evidence to support the business/investment use claimed? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee I No 24b if Yee, "is the evidence written? I Yee I No 24b if Yee I No 24b i	Part V				ertain ot	her vehic	cles, cel	lular tele	phone	s, certain	compute	ers, and	proper	ty used f	or entert	ainme
No. D by us have endence to support the business/investment use claim?   Yes   No   24b ff (Yes, "s, "s the evidance without?   No.   No.   No.   No.   No.   No.   Yes   No		Note: For any through (c) of S	vehicle for w Section A, ali	hich you are u of Section B,	sing the and Se	standar ction C if	d mileag applica	ge rate o ble.	r dedu	cting leas	e expens	se, com	olete <b>on</b>	ly 24a, 24	4b, colur	nns (a,
(b) (c) (c) (c) (d) (e) (f) (g) (h) (ii) (h) (h) (iii) (h) (iii) (h) (iii) (h) (iii) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		Section A	- Depreciati	on and Other	Inform	ation (C	aution:	See the	instruc	tions for i	imits for	passen	ger auto	mobiles)		
Type of property (inst vehicles into) Plazed in submersely (inst vehicles into) Plazed in service during the content of service during the tax year and used more than 50% in a qualified business use.  25 Special depreciation allowance for qualified itself property placed in service during the tax year and used more than 50% in a qualified business use.  26 Property used more than 50% in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Add amounts in column (h), lines 25 through 27. Either here and on line 21, page 1  29 Section 8 - Information on Use of Vehicles  29 Opposition of the section for vehicles used by a sole propertien, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles.  30 Total business/investment mites driven during the year. Add here 30 through 32 which were a vehicles used by a sole propertien, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles.  30 Total business/investment mites driven during the year. Add here 30 through 32 which were a vehicles used by employees and the section of the presonal (noncommuting) mites driven during the year. Add these 30 through 32 which were a vehicles to you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owner or related person.  31 Total mites driven during the year.  32 Add sheep a vehicle to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related person.  33 Total mites driven during the year.  43 Do you meet than 90% statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corpora	24a Do yo	ou have evidence to s	T-' '		nt use c	aimed?	<u> </u>		No		es," is ti	<u>ne evide</u>	nce wr	tten?		<u> </u>
used more than 50% in a qualified business use:    26   Property used more than 50% in a qualified business use:   36   36   36   36   37   37   38   39   30   30   30   30   30   30   30	Type of property Date Busin		Business/ investment	t Cost or		Basis for depred (business/inves		stment	Recovery	Me	Method/		Depreciation		cted on 179	
27 Property used more than 50% or less in a qualified business use:  28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Section B - Information on Use of Vehicles  29 Complete this section for vehicles used by a sole propertor, pariner, or other 'more than 5% owner,' or related person.  29 In the section for vehicles used by a sole propertor, pariner, or other 'more than 5% owner,' or related person.  29 In the section for vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles.  30 Total business/investment males driven during the year (do not include commuting miles)  31 Total allower personal (knoncommuting) miles of the year (do not include commuting) miles of the year.  32 Add lines 30 through 32  33 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use during off-duty hours?  36 Is another vehicle available for personal use during off-duty hours?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees. Who are not more than 5% owners or related persons.  38 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees. See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees and the requirements concerning qualified automobile demonstration use?  30 Do you meet the requirements concerning qualified automobile demonstration use?  30 Do you meet the requirements concerning qualified automobile demonstration use?  31 Do you meet the requirements concerning	25 Speci	ial depreciation allo	owance for o	ualified listed	propert	y placed	ın servi	ce durin	g the ta	ax year ar	ıd					
Section   Sect		· · · · · · ·										25			<u> </u>	
96   S/L   S	26 Prope	erty used more tha	n 50% in a c	i ·		<u> </u>				<del> </del>	_				·1	
27 Property used 50% or less in a qualified business use:  95   S/L    96   S/L    28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Saction B - Information on Use of Vehicles  Socion B - Information on Use of Vehicles  Vehicle Vehicle			<u> </u>								<del> </del>				ļ	
Property used 50% or less in a qualified business use:		- "	<u> </u>								<u> </u>				<del> </del>	
86 S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L			l	· · · · · · · · · · · · · · · · · · ·							<u> </u>		J		<u>L</u>	
96	27 Prope	erty used 50% or le	ess in a quali							I	1		<del></del>		Γ	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles.  29 Total business/investment miles driven during the year (do not include commuting miles)  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year.  Add lines 30 through 32  4 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use as of the vehicle used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  30 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles by employees as personal use?  30 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  31 Do you maintain a written policy statement that prohibits personal use?  32 Amoritization of costs that begins dur	<del> </del>		<del> </del>				-						<del> </del>		-	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  29 Add amounts in column (h), line 26 Enter here and on line 7, page 1  29 Add amounts in column (h), line 26 Enter here and on line 7, page 1  29 Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  17 you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles.  20 Total business/investment miles driven during the year (do not include commuting miles)  21 Total commuting miles driven during the year 22 Total other personal (incommuting miles driven during the year.  23 Total miles driven during the year.  24 Was the vehicle available for personal use during off-duty hours?  25 Was the vehicle used primarily by a more than 5% owner or related person?  26 Is another vehicle available for personal use which we have the sequestions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owner or related persons.  26 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by employees who are not more than 5% owner or related persons.  27 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  29 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and frain the information received?  20 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and frain the information received?  20 Do you provide more than five vehicles to your employees, obtain inf	<del>-</del>		<del> </del>										<del></del>		-	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  Fyou provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles.  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year 22 Total other personal (inoncommuting) miles driven  32 Total other personal (inoncommuting) miles driven during the year.  33 Total miles driven during the year.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 is another vehicle available for personal use?  37 Experimental off-duty hours?  38 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  39 Another vehicle available for personal use of vehicles, including commuting, by your employees?  39 Section C - Questions for Employers Who Provide Vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  30 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  30 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  31 Do you maintain the information received?  32 Amoritization of costs that begins during your 2009 tax year.  33 Amoritization of costs that began before your 2009 tax year.			4) 1. 05	<u> </u>						<u> </u>	S/L·		<del> </del>		-	
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for hose vehicles.  (a) (b) (c) (d) (e) (f) Vehicle Vehicl				-				, page 1				28			ļ	•
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.  1 you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for noise vehicles.  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year.  33 Total miles driven during the year.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use during off-duty hours?  36 Is another vehicle available for personal use?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  30 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  30 Description of costs that begins during your 2009 tax year.  40 Description of costs that begins during your 2009 tax year.  41 Amortization of costs that begins before your 2009 tax year.  43 Amortization of costs that began before your 2009 tax year.	29 Add a	amounts in column	(I), line 26 E					!!	-41/-1		-			29		
10 Total business/investment miles driven during the year (do not include commuting miles) 11 Total commuting miles driven during the year 12 Total other personal (noncommuting) miles driven 12 Total other personal (noncommuting) miles driven 13 Total miles driven during the year.  Add lines 30 through 32 14 Was the vehicle available for personal use during off-duty hours?  15 Was the vehicle used primarily by a more than 5% owner or related person? 16 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% with a summary of the personal use?  Solve the sequestions to determine if you mean that prohibits all personal use of vehicles, including commuting, by your employees?  18 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  19 Do you treat all use of vehicles by employees as personal use of vehicles, except commuting, by your employees?  10 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a) (b) (c) (c) (c) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	-	-	our employe	es, first answ	·		1		see If y		an excep	otion to	comple	ting this s	<del>,</del>	
Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32 AW was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Bis another vehicle available for personal uses?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  To Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Amortization  (b) (c) (d) (e) (f) (Amortization period or period	30 Total b	O Total business/investment miles driven during the			1 '' 1						1			l '' l		
Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32  Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you or treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs that begins during your 2009 tax year.  43  Amortization of costs that began before your 2009 tax year	year (c	do not include comm	nuting miles)										<u> </u>			
driven 33 Total miles driven during the year. Add lines 30 through 32 44 Was the vehicle available for personal use during off-duty hours? 45 Was the vehicle used primarily by a more than 5% owner or related person? 46 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a) Description of costs that begins during your 2009 tax year.  43 Amortization of costs that began before your 2009 tax year	31 Total	commuting miles o	inven during	the year							ļ					
Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 30 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 39 Do you meet the requirements concerning qualified automobile demonstration use? 30 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles 30 Description of costs 31 Amortization of costs that begins during your 2009 tax year. 32 Amortization of costs that begins during your 2009 tax year. 33 Amortization of costs that began before your 2009 tax year	32 Total	other personal (no	ncommuting	) miles							1					
Add lines 30 through 32  44 Was the vehicle available for personal use during off-duty hours?  45 Was the vehicle available for personal use during off-duty hours?  46 Is another vehicle available for personal use?  46 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  47 Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  48 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  49 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  49 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you maintain a written policy estatement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you maintain a written policy estatement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you provide more than five vehicles to your employees a personal use?  41 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  42 Amortization  43 Description of costs that begins during your 2009 tax year.  43 Amortization of costs that began before your 2009 tax year.											ļ		_			
Was the vehicle available for personal use during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  To Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs that begins during your 2009 tax year.		_	•													
during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you treat all use of vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  30 Do you meet the requirements concerning qualified automobile demonstration use?  31 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  32 Amortization  33 Amortization of costs that begins during your 2009 tax year.	· ·							T		T			ļ	1		
Was the vehicle used primarily by a more than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  To be you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Be Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees about the use of the vehicles by employees about the use of the vehicles, and retain the information received?  Be Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Be Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, not provide more than five vehicles.  Be Do you mai				ai use	Yes	No	Yes_	No	Yes	No	Yes	No	Yes	No	Yes	No
than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  9 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  Date amortization begins  Date amortization for this year.  (a)  Description of costs that begins during your 2009 tax year.  43  Amortization of costs that began before your 2009 tax year.	`	•														
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  Date amortization  Logins  Amortization of costs that begins during your 2009 tax year.  43  Amortization of costs that began before your 2009 tax year		•		more												
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  42 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  43 Amortization of costs that begins during your 2009 tax year.  43			•	and!				<del> </del>	-	-				1		
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  70 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  80 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  90 Do you treat all use of vehicles by employees as personal use?  90 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you meet the requirements concerning qualified automobile demonstration use?  10 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  10 Description of costs  10 Description of costs  10 Description of costs that begins during your 2009 tax year.  11 Amortization of costs that began before your 2009 tax year		otrier verlicle availa	ble for perso	ııaı												
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  42 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  43 Amortization of costs that begins during your 2009 tax year.	430		Section C	- Questions f	or Emp	lovers W	ho Pro	vide Vet	icles f	for Use b	Their F	- - - - -	200	J		
Powners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  30 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  30 Do you meet the requirements concerning qualified automobile demonstration use?  31 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  32 Part VI Amortization  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g	Answer th	nese questions to c												re not m	ore than	5%
employees?  Bo you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  (a)  Description of costs  (b)  Date amortization  Amortization  Amortization  Amortization  for this year  Amortization of costs that begins during your 2009 tax year.  43		· ·									,					
employees?  Bo you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  (a)  Description of costs  (b)  Date amortization  Amortization  Amortization  Amortization  for this year  Amortization of costs that begins during your 2009 tax year.  43	<b>37</b> Do yo	u maintain a writte	n policy stat	ement that pro	ohibits a	all person	nal use o	of vehicle	es, incl	uding con	nmuting.	by you	r		Yes	No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you meet the requirements concerning qualified automobile demonstration use?  11 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  12 Amortization  13 Amortization of costs that begins during your 2009 tax year.  143	emplo	yees?	•	•		·										
Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  In Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  (b)  Date amortization  Amortizable amount  Amortization for this year  (c)  Amortization of costs that begins during your 2009 tax year.  43  Amortization of costs that began before your 2009 tax year	<b>38</b> Doyo	u maintain a writte	n policy stat	ement that pro	ohibits p	ersonal	use of v	ehicles,	excep	t commut	ıng, by y	our				
the use of the vehicles, and retain the information received?  If Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  Amortizable amount  Amortizable section  Amortization pend or percentage  Amortization of costs that begins during your 2009 tax year.  43  Amortization of costs that began before your 2009 tax year	emplo	yees? See the ins	tructions for	vehicles used	by corp	orate of	ficers, d	irectors,	or 1%	or more	owners					
the use of the vehicles, and retain the information received?  If Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a) (b) (c) (d) (e) Amortization pend or percentage for this year for this year section of costs that begins during your 2009 tax year.  43 Amortization of costs that began before your 2009 tax year	<b>39</b> Do yo	u treat all use of ve	ehicles by en	nployees as p	ersonal	use?										
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  (b)  Date amortization  Legins  Amortization  Amortization  For this year  Amortization  Amortization  For this year  Amortization of costs that begins during your 2009 tax year.  Amortization of costs that began before your 2009 tax year  43	40 Do you provide more than five vehicles to your employees, obtain information from your employees about															
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Description of costs  (b)  Date amortization  Amortization begins  (c)  Amortizable amount  Code section  Amortization pend or percentage for this year  Amortization of costs that begins during your 2009 tax year.  43	the us	se of the vehicles, a	and retain th	e information i	received	<b>!</b> ?										<u> </u>
Part VI Amortization  (a) (b) (c) (d) (e) Amortization pend or percentage for this year  12 Amortization of costs that begins during your 2009 tax year.  13 Amortization of costs that began before your 2009 tax year.	<b>11</b> Do yo	u meet the require	ments conce	erning qualified	d autom	obile der	monstra	tion use	?							
(a) (b) (c) (d) (e) Amortization of costs (b) Date amortization begins (c) Amortization section (c) Amortization of costs that begins during your 2009 tax year.			37, 38, 39 <mark>, 4</mark> 0	0, or 41 is "Yes	s," do no	ot compl	ete Sec	tion B fo	r the c	overed ve	hicles					<u> </u>
Description of costs  Date amortization begins  Amortizable amount  Amortizable section  Amortization of costs that begins during your 2009 tax year.  Amortization of costs that began before your 2009 tax year  43	Part VI															
3 Amortization of costs that began before your 2009 tax year 43					amortization Amortizable				Code		Amortization		Amortization			
——————————————————————————————————————	2 Amort	ization of costs tha	at begins du	ring your 2009	tax yea	ır.										
——————————————————————————————————————																
——————————————————————————————————————						l ,,										
	3 Amort	ization of costs the	at began bef	ore your 2009	tax yea	r							<del></del>			

Form **4562** (2009)

916252 11-04-09

## Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

-	u are filing for an <b>Automatic 3-Month Extension, complete only Part I</b> and check this box u are filing for an <b>Additional (Not Automatic) 3-Month Extension, complete only Part II</b> (on page 2 of this	form)	► X						
	complete Part II unless you have already been granted an automatic 3-month extension on a previously fi								
·············		ieu rc							
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
A corpo	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nolete							
Part Io	· · · · · · · · · · · · · · · · · · ·	,p.o.c	▶ □						
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar Income tax returns	n exter	nsion of time						
noted to (not aut) you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coast submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files.	ically r	f (1) you want the additional ated Form 990-T. Instead,						
Туре о	Name of Exempt Organization	Employer identification number							
print									
File by the	FEDERATION CENTER OF THE BLIND	57-0787174							
due date filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  119 SOUTH KILBOURNE ROAD								
return Se instructio									
	COLUMBIA, SC 29205								
Check	type of return to be filed (file a separate application for each return):								
	orm 990 Form 990-T (corporation) Form 47	720							
$\equiv$	orm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52								
	orm 990-EZ Form 990-T (trust other than above) Form 60								
$\overline{}$	orm 990-PF Form 1041-A Form 88								
	DAVID HOUCK								
• The	books are in the care of ▶ 119 SOUTH KILBOURNE ROAD - COLUMBIA, SC	29	205						
Tele	phone No. ▶ 803-254-3777 FAX No. ▶								
	e organization does not have an office or place of business in the United States, check this box		<b></b>						
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is fo	r the whole group, check this						
	. If it is for part of the group, check this box and attach a list with the names and EINs of all								
		_							
<b>1</b> - I	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt $AUGUST\ 15$ , $2010$ , to file the exempt organization return for the organization named a		The extension						
IS	for the organization's return for								
•	► X calendar year 2009 or								
•	tax year beginning, and ending								
			_						
<b>2</b> If	this tax year is for less than 12 months, check reason.  Initial return Final return		Change in accounting period						
3a If	Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
<u>n</u>	onrefundable credits. See instructions.	3a	\$						
b If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated								
ta	ex payments made Include any prior year overpayment allowed as a credit.	3ь	\$						
_	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,								
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).								
	ee instructions.	3с	s N/A						
		00-0							
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions						
НΔ	For Privacy Act and Panerwork Reduction Act Notice see Instructions		Form 8868 (Rev. 4-2009)						