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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning 07/01/09 06/30/10 and ending Please Check if applicable C Name of organization Employer identification number use IRS PA ASSOCIATION FOR THE BLIND Address change label or 23-1396837 Doing Business As Name change print or Number and street (or P O box if mail is not delivered to street address) tvpe. Room/suite Telephone number Initial return See 717-766-2020 555 GETTYSBURG PIKE A300 Specific Termination City or town, state or country, and ZIP + 4 G Gross receipts \$ 2,983,313 Instruc-Amended return **MECHANICSBURG** 17055 F Name and address of principal officer H(a) Is this a group return for Application pending ELAINE WELCH affiliates? Yes No H(b) Are all affiliates included? 555 GETTYSBURG PIKE, SUITE A300 MECHANICSBURG PA 17055 If "No," attach a list (see instructions) Tax-exempt status X 501(c) 3) ◀ (insert no ' 4947(a)(1) or Website: ▶ WWW.PABLIND.ORG H(c) Group exemption number ▶ Type of organization X Corporation 1912 PA Trust M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities See Schedule O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets 32 Number of voting members of the governing body (Part VI, line 1a) 3 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of employees (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 3,134, 389 2,773,716 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 33,637 43,146 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 60,147 80,407 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,228,173 2,897,269 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 440,442 383,544 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 25,337 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,707,547 2,674,608 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A)-line 25)

RECEIVED 3,147,989 3,058,152 80,184 -160,883 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 47 792,987 3,944,757 20 Total assets (Part X, line 16) JAN 25 2011 2 390,033 <u>496,841</u> 21 Total liabilities (Part X, line 26) 402,954 3,447,916 22 Net assets or fund balances Subtract line 21 from line 20 OGDEN. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Here Signature of officer President -15-1 laine Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) 1/6/2011 Paid signature employed > P01063674 Preparer's HAMILTON & MUSSER, 23-2213999 EIN Firm's name (or yours **Use Only** 176 Cumberland Parkway if self-employed), Mechanicsburg, PA 17055 ▶ 717-697-3888 address and ZIP + 4

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

X Yes

Form 990 (2009)

Form 990 (2009) PA ASSOCIATION FOR THE BLIND 23-1396837 Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission See Schedule O 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 1,808,681 including grants of \$ 4a (Code) (Expenses \$) (Revenue \$ SPECIALIZED SERVICES INCLUDING SUPPORT SERVICES. TRANSPORTATION AND ESCORT BLIND AND VISUALLY IMPARED CUSTOMERS IN 66 PA COUNTIES. SERVICES WERE PROVIDED UNDER CONTRACT WITH THE COMMONWEALTH OF PENNSYLVANIA THROUGH THE DEPARTMENT OF LABOR & INDUSTRY, OFFICE OF VOCATIONAL REHABILITATION, BUREAU OF BLINDNESS & VISUAL SERVICES. 505,212 including grants of \$) (Expenses \$) (Revenue \$ 4b (Code PREVENTION OF BLINDNESS SERVICES INCLUDING CHILDREN & ADULT VISION SCREENINGS AND CHILDREN AND ADULT HEALTH AND EYE SAFETY EDUCATIONAL PROGRAMS WERE PROVIDED TO CUSTOMERS IN 66 PA COUNTIES UNDER CONTRACT WITH THE COMMONWEALTH OF PENNSYLVANIA THROUGH THE DEPARTMENT OF LABOR & INDUSTRY, OFFICE OF VOCATIONAL REHABILITATION, BUREAU OF BLINDNESS & VISUAL SERVICES. 379,678 including grants of \$ 4c (Code) (Revenue \$) (Expenses \$ SPECIALIZED SERVICES, PREVENTION OF BLINDNESS, AND OTHER SERVICE PROGRAM COSTS THAT ARE NOT COVERED BY CONTRACT ARE SUBSIDIZED BY THE PENNSYLVANIA ASSOCIATION FOR THE BLIND WITH OTHER ASSOCIATION FUNDS IN ORDER TO PROVIDE THE FULL ARRAY OF SERVICES REQUIRED IN SECTION A AND B.

4d	Other	program services	(Describe in Schedule O)
		_		

(Expenses \$

4e Total program service expenses ▶

including grants of \$

) (Revenue \$

2,693,571

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," a 2 complete Schedulde A 3 complete Schedulde A 3 is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization and the school of the organization engage in direct or indirect political campaging activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organizations engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) indicate the organization proxy tas? If "Yes," complete Schedule C, Part II 6 Did the organization maniam any donor advased funds or any similar funds or accounts where donors have the right to provide advise on the displayuline or investment of amounts in such funds or accounts where donors have the right to provide advise on the displayuline or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maniam any donor advased funds or any similar funds or accounts where donors have the right to provide advise on the displayuline or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization request or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic sitructives? If "Yes," complete Schedule D, Part VI 9 Did the organization maniam and the part X, line 12 (line 1) and the second s					1	
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If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
		If "Yes," complete Schedule G, Part III		19	ļ	
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		

_ <u>Pa</u>	RT 1V , Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	20		x
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		İ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		х
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		х
_	24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
b		240	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a		25a		x
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	234	<u> </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25b	1	x
20	990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	235	 	
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	 	
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	İ		
		27		x
20	If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28				1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	Ì	x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	 	+
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	1	x
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200	1	† <u></u>
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		1	
		28c	1	x
	Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	+	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If Fes, complete schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		 	
30	conservation contributions? If "Yes," complete Schedule M	30		x
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	00	+	+
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	1	1
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		1	
J-	III, IV, and V, line 1	34	İ	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		1 -	
33	Schedule R, Part V, line 2	35	l	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			\top
50	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
J/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> , , , , , , , , , , , , , , , , , ,</u>	1	1
50	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 - 11010, 1 m 1 0111 000 mon de loquina la complete actività d			

га	. Statements Regarding Other IRS Fillings and Tax Compliance					
4	Foliation and the second of the Police of Four 1000. Accord Commence of Tours while for			F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	40	16			
b	U.S. Information Returns. Enter -0- if not applicable. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1a 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and report			 	1	
·	gaming (gambling) winnings to prize winners?	abic		1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax]]	''		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2 _b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,				
	this return?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				
	account)?			4a		X
b	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 Bar α	ık				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		c h		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de de				
a	and services provided to the payor?	43		7a		Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.5		
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d]			
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal directly or indirectly.	onal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
_	required?			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					I
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					ŧ
	organization, have excess business holdings at any time during the year?			8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			0.0		ŧ
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
ь 10	Section 501(c)(7) organizations. Enter			30	\vdash	\vdash
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				Ī
11	Section 501(c)(12) organizations. Enter					Ī
a	Gross income from members or shareholders	11a	1	ŀ		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against					I
	amounts due or received from them)	11b				1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	412		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
					000	

Part VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.						
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a	3:		_		É
b	Enter the number of voting members that are independent	1b	3	1	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						ĺ
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	7			4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?				6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						ĺ
	the year by the following					į	-
а	The governing body?				_8a	X	L
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal					
Rev	enue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				1 1		
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990						<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?				12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this is done				12c		X
13	Does the organization have a written whistleblower policy?				13	X	Ь—
14	Does the organization have a written document retention and destruction policy?				14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by						Ī
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	<u> </u>
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						1
	with a taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				ŀ		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				•		
	the organization's exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ly)					
	available for public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	t					
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	:					
	organization ▶ PA ASSOCIATION FOR THE BLIND 555 GETTYSBURG PIK		UIT	E A30	0		
М	ECHANICSBURG PA 170	55					

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition ((C) (D) (E) (check all that apply) Reportable Reportable		(F) Estimated				
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ELAINE WELCH										
PRES./CEO	40.00	X						130,000	0	15,957
JUDITH POBUDA										
CHAIRWOMAN	1.00	X	<u> </u>	Х		$oxed{oxed}$		0	0	0
KATHLEEN MECKES]									•
BOARD MEMBER	1.00	X	<u> </u>			$oxed{oxed}$		0	0	0
PERRY TEMPLETON						1				
BOARD MEMBER	1.00	X						0	0	0
DAVID NEIDEIGH										
BOARD MEMBER	1.00	X	ļ			$oxed{oxed}$		0	0	0
JOSEPH FAGNANI										
BOARD MEMBER	1.00	X						0	0	0
ANNE MARIE SPINDE	1									
BOARD MEMBER	1.00	X						0	0	0
JENNIFER BINDERNA	l .									
BOARD MEMBER	1.00	X						0	0	0
STEPHEN BARRETT										
BOARD MEMBER	1.00	X				<u> </u>		0	0	0
RICHARD BOSSERMAN	1									
BOARD MEMBER	1.00	X				<u> </u>		0	0	0
SHELLY STROBLE										
BOARD MEMBER	1.00	X						0	0	0
NANCY SHOCKEY										
BOARD MEMBER	1.00	X		_		Щ.		0	0	0
WILLIAM RHINESMIT										
BOARD MEMBER	1.00	X				_		0	0	0
RONALD PETRILLA									_	
BOARD MEMBER	1.00	X		ļ				0	0	0
LORI LESANTE		l							_	_
BOARD MEMBER	1.00	X		ļ_	<u> </u>			0	0	0
MARIANN MCGEE									_	_
BOARD MEMBER	1.00	X			_	<u> </u>		0	0	0
WILLA ADAMS		l							_	_
BOARD MEMBER	1.00	X			<u></u>	<u> </u>		0	0	
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Part VII Section A. Officers,	Directors, Trus	tees	, Ke	/ Em	ploy	ees,	and	d Highest Compensated E	mployees (continued)	,			
. (A) Name and Title	(B) Average hours per	_			all t	nat ap		(D) Reportable compensation	(E) Reportable compensation		(F) Estimati amount		
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	0 0	other empensa from the rganizat and relater ganizat	ition e tion ted	
JONATHAN FISTER						٥							
BOARD MEMBER	1.00	х						0	0				0
MARY LOU WASCAVIO									_				_
BOARD MEMBER REBECCA SHANER	1.00	X				\vdash		0	0				0
BOARD MEMBER	1.00	x						l	0				0
DOUGLAS YINGLING	1.00	-											
BOARD MEMBER	1.00	x						0	0				0
ROBERT GARRET													
BOARD MEMBER	1.00	X	<u> </u>	_				0	0				0
ABBY DIVELY BOARD MEMBER	1.00	x						o	0				0
KAY MACSI	1.00	^	-					0	<u>. </u>				
BOARD MEMBER	1.00	x						0	0				0
DANETTE BLANK													
BOARD MEMBER									0				
LORETTA STRAWBRID	ł												_
BOARD MEMBER LINDA HACKSHAW	1.00	00 X 0 0							0				
BOARD MEMBER	1.00	x										0	
DENNIS CHARLTON													
BOARD MEMBER	1.00	x						0	0				0
LARRY HELKOWSKI				Ì									_
BOARD MEMBER	1.00	X	├					0	0	 			0
PAUL FREEMAN MEM AT LARGE	1.00	x						0	0				0
1b Total	1.00	122	1	L	<u> </u>		•	130,000	<u></u>	 	1	15,	957
2 Total number of individuals (inc	cluding but not lin	nıted	to th	ose	liste	d abo	ve)		00,000 in				
reportable compensation from	the organization	<u> </u>	1										
										f		Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	•					•	•	ee, or highest compensated		Ī	3		х
4 For any individual listed on line								and other compensation from	n	Ì			
the organization and related organization	ganizations great	ter th	an \$	150,	0007	If "Y	es,	' complete Schedule J for su	ıch		4	1	х
individual 5 Did any person listed on line 1a	a receive or accri	ue co	ompe	ensat	ion f	rom a	any	unrelated organization for					
services rendered to the organ	zation? If "Yes,"	com	plete	Sch	edul	e J fo	or su	uch person			5		X
Section B. Independent Contracto									- 0100 000 -6				
 Complete this table for your five compensation from the organiz 		nsate	ea in	aepe	naei	nt cor	ntra						
Name and	(A) business address							Descrip	(B) tion of services		Coi	(C)	tion
NORTH CENTRAL SIGHT SERVICES 2121 REACH RD													
WILLIAMSPORT				01			+	SEE SCHEDULE C)			264	,614
THE SIGHT CENTER OF					240	2 (L.	ERRY ST					
ERIE TRI-COUNTY ASSOC F/T		, 1	100	02	113	30 8		SEE SCHEDULE C	,			202	758
HARRISBURG		. 1	L 71	04		, ,		SEE SCHEDULE C)			111	L,546
KEYSTONE BLIND ASSOC					123	0 5	_	AMBAUGH AVE	· · · · · · · · · · · · · · · · · · ·				,
SHARON	P.	1 1	61				-	SEE SCHEDULE C)			108	3,580
CBVI					100) WI		FIFTEENTH ST					
CHESTER				13	0140	1 40 41		SEE SCHEDULE C				101	L,185
2 Total number of independent of	ontractors (includ	uirig	սսւ Ր	IOL III	mec	ו נט נר	iuse	s nated above) who received		,			

more than \$100,000 in compensation from the organization ▶

Ра	π νι	u Staten	ient of Reve	nue		<u>1</u>	(A)	(B)	(C)	(D)
							Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated carr	paigns	1a				,-,-		
Contributions, gifts, grants and other similar amounts		Membership di		1b		53,500				
E, g		Fundraising ev		1c			1			
a ji		Related organi		1d						
S, C		Government grants (1e	2,	655,255				
ion		All other contribution		1						
ള림		and similar amounts		1f		64,961				
들	g	Noncash contribution	ns included in lines 1a-	1f \$	 S					
ပ္ပန	_	Total. Add line				•	2,773,716			
e						Busn. Code				
je j	2a									
§	b								_	
Ş.	С									·
Ser	d									
ᇣ	е									
Program Service Revenue	f	All other progra	am service rever	nue						, , ,
å	g	Total. Add line	s 2a-2f			•				
	3	Investment inc	ome (including d	ividend	s, interest	t, and				
		other similar ai	mounts)			▶	60,690	60,690		
	4		vestment of tax-	exemp	t bond pro	ceeds 🕨				
	5	,		<u> </u>						
			(ı) Real		(II) P	ersonal				
	6a	Gross Rents								
	þ	Less rental exps								
	C	Rental inc or (loss)					į			
	d 7a	Net rental inco Gross amount from			()	Other				
		sales of assets	(i) Securities		(11)	Other				
		other than inventory	80	,000		8,500				
	b	Less cost or other	7.0	, 399		6,645				
	_	basis & sales exps		, 399 , 399		1,855			• •	
	_	Gain or (loss) Net gain or (loss)		, , , , ,	l	<u> 1,033</u>	-17,544	-17,544	=	:
	d 8a	-	om fundraising evel	nte [2,,511	2,7522		
nue	U.	(not including \$	on randraising ever	"						
ven			eported on line 1c)							
Re		See Part IV, line		а						
Other Reve	ь	Less direct ex		ь						
õ			(loss) from fund	- (events	•			•	
			om gaming activitie	- 1		-				
		See Part IV, line		а						
	b	Less direct ex		ь						
			(loss) from gam	ing acti	vities	•	-			
			inventory, less	ſ						
		returns and all	owances	а						‡
	b	Less cost of g	oods sold	ь						‡
	С	Net income or	(loss) from sales	s of inv	entory	<u> </u>				<u></u>
		Misc	ællaneous Revenue	•		Busn. Code				
	11a	DISTRIBUT	TIONS FROM P	ER TR	JST		34,223			
	b	DEVELOPM	ENT INCOME				18,617			ļ
	С	SPECIAL I	EVENTS				18,039			
	d					L	9,528			
	е	Total. Add line				•	80,407			-
	12	Total Revenu	e. See instructio	ns			2,897,269	123,553	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	,			
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145,957	118,177	27,780	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	100 714	04 000	72 (15	15 000
7	Other salaries and wages	182,714	94,099	73,615	15,000
8	Pension plan contributions (include section 401(k)	14,703	6,863	7,840	
9	and section 403(b) employer contributions)	15,815	8,114	7,701	
-	Other employee benefits	24,355	13,036	11,319	
10 11	Payroll taxes Fees for services (non-employees)	24,333	13,030	11,313	
a	Management				
	Legal				
	Accounting				
	Lobbying	72,000		72,000	
	Professional fundraising services See Part IV, line 17			,	
f	Investment management fees	16,210		16,210	
g	Other	92,110	68,867	23,243	
12	Advertising and promotion				
13	Office expenses	37,089	18,857	7,895	10,337
14	Information technology	24,195	22,354	1,841	
15	Royalties				
16	Occupancy	19,613	10,973	8,640	
17	Travel	46,915	21,030	25,885	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,274	239	11,035	
21	Payments to affiliates	26 202		0.5 0.00	
22	Depreciation, depletion, and amortization	26,820	0.070	26,820	
23	Insurance	5,909	2,878	3,031	
	Other constraint the constraint	<u> </u>			
24	Other expenses Itemize expenses not	1		1	
	covered above (Expenses grouped together and labeled miscellaneous may not exceed			#	
	5% of total expenses shown on line 25 below)	-		•	
•	SUBCONTRACTORS	1,941,086	1,941,086	-	
a b	GRANTS TO OTHERS	300,000	300,000		
c	STEP - BEACON LODGE EXP	56,945	56,618	327	· · · · · · · · · · · · · · · · · · ·
ď	MAINTENANCE	7,928	4,507	3,421	
9	MISCELLANEOUS	4,453		4,453	
-	All other expenses	12,061	5,873	6,188	
25		3,058,152	2,693,571	339,244	25,337
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
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	rt X	Balance Sheet					Page 11
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			200	1	200
ļ	2	Savings and temporary cash investments		L	320,514	2	37,992
ļ	3	Pledges and grants receivable, net		<u> </u>		3	414,760
	4	Accounts receivable, net			180,447	4	1,000
İ	5	Receivables from current and former officers, directors, tru	ustees, key			I	
		employees, and highest compensated employees Comple	ete Part II of			1	
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined un	nder section			1	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	ŀ		ŧ	
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net		Γ		7	
SS	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			1,566	9	
		Land, buildings, and equipment cost or			_		
		other basis Complete Part VI of Schedule D	10a	752,474		1	
1		Less accumulated depreciation	10b	36,745	742,255	10c	715,729
		Investments—publicly traded securities		•	1,885,878	11	2,096,723
		Investments—other securities See Part IV, line 11				12	
		Investments—program-related See Part IV, line 11				13	
1		Intangible assets		T T		14	
		Other assets See Part IV, line 11		Ī	662,127	15	678,353
		Total assets. Add lines 1 through 15 (must equal line 34)		Ť	3,792,987	16	3,944,757
		Accounts payable and accrued expenses			40,476	17	37,821
	18	Grants payable		Ī		18	,
	19	Deferred revenue		İ	168,612	19	5,884
- 1		Tax-exempt bond liabilities		Ţ		20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D	Ì		21	
.≝ ∣		Payables to current and former officers, directors, trustees					*** ***
≣Ⅰ		employees, highest compensated employees, and disqua					
<u>.</u> =		persons Complete Part II of Schedule L	cu			22	
	23	Secured mortgages and notes payable to unrelated third p	narties	<u></u>		23	
- 1	24	Unsecured notes and loans payable to unrelated third par				24	
- 1	25	Other liabilities Complete Part X of Schedule D			180,945	25	453,136
	26	Total liabilities. Add lines 17 through 25			390,033		496,841
$\overline{}$		Organizations that follow SFAS 117, check here ▶ 🎗	and		000,000		
ξ		complete lines 27 through 29, and lines 33 and 34.	-j				
a	27	Unrestricted net assets			2,451,777	27	2,480,513
αl	28	Temporarily restricted net assets		-		28	
핗	29	Permanently restricted net assets			951,177	29	967,403
Fund		Organizations that do not follow SFAS 117, check her	·• ► 🗀		,		20.,200
빈		and complete lines 30 through 34.	~ ·				
o	30	Capital stock or trust principal, or current funds		Ė		30	:
ets		Paid-in or capital surplus, or land, building, or equipment f	fund	ł	<u> </u>	31	
SS	31	Retained earnings, endowment, accumulated income, or		}		32	
~	32 33	Total net assets or fund balances	omer fullus	ŀ	3,402,954	$\overline{}$	3,447,916
-	JJ	Total liabilities and net assets/fund balances		}	3,792,987	34	3,944,757

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PA ASSOCIATION FOR THE BLIND

Employer identification number

23-1396837 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type il c Type III–Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? |11g(ii) 11g(III) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization organization in col in cot (i) listed in your the organization in support (described on lines 1-9 organization (i) organized in the col (I) of your governing document? above or IRC section US? support? (see instructions)) Yes Yes Nο Yes No No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Page 2 . Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 2,910,059 3,190,239 include any "unusual grants") 2,912,095 3,200,902 2,773,716 14,987,011 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,910,059 2,912,095 3,200,902 3,190,239 2,773,716 14,987,011 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 14,987,011 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2,910,059 2,912,095 3,200,902 3,190,239 2,773,716 14,987,011 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 108,065 230,331 77,474 75,449 60,690 552,009 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 51.927 80,407 15.567 24.163 11.044 183,108 (Explain in Part IV) 11 Total support. Add lines 7 through 10 15,722,128 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 95.32% 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 95.65% 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a X and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	oncu the box	on mie a or Fa	11.1			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
С	Add lines 7a and 7b		ļ				
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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)	<u> </u>	<u> </u>		<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the c	_	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						<u> </u>
Sec	ction C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •					
15	Public support percentage for 2009 (line 8,	` '	•	(f))		15	%_
16	Public support percentage from 2008 Schei					16	<u>%</u>
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2009 (lin			column (f))		17	%
18	Investment income percentage from 2008 S					18	%
19a	• • • • • • • • • • • • • • • • • • • •						
	17 is not more than 33 1/3 %, check this bo		=		· · · · · · · · · · · · · · · · · · ·		▶ _
b	33 1/3 % support tests—2008. If the organ						. □
20	line 18 is not more than 33 1/3 %, check the Private foundation . If the organization did		=	•		=	

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

Part II, Line 10 - Other Income Deta	il	
CONFERENCE INCOME	\$	44,242
MISCELLANEOUS	\$	8,503
PROGRAM & OTHER FEES	\$	50,172
DISTRIBUTIONS FROM PERPETUAL TRUSTS	\$	61,574
DEVELOPMENT INCOME	\$	18,617

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nan	ne of organization			Employer identific								
	PA ASSOCIATION FOR THE BLIND 23-1396837 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.											
Par	t I-A Complete if the organization is exen	npt under section 501(c)	or is a section 5	27 organization								
1	Provide a description of the organization's direct and indirect	ct political campaign activities in P	art IV									
2	Political expenditures			> \$								
3	Volunteer hours											
Par	t I-B Complete if the organization is exer		3).									
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$								
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955		▶ \$								
3	If the organization incurred a section 4955 tax, did it file For	rm 4720 for this year?			Yes No							
4a	Was a correction made?				Yes No							
<u>b</u>	If "Yes," describe in Part IV											
Pai	t I-C Complete if the organization is exer	npt under section 501(c),	except section	501(c)(3).								
1	Enter the amount directly expended by the filing organization	on for section 527 exempt function	1									
	activities			▶ \$								
2	Enter the amount of the filing organization's funds contribut	ed to other organizations for secti	on									
	527 exempt function activities			▶ \$								
3	Total exempt function expenditures Add lines 1 and 2 Enti-	er here and on Form 1120-POL,										
	line 17b			▶ \$								
4	Did the filing organization file Form 1120-POL for this year	?			Yes No							
5	Enter the names, addresses and employer identification nu	· · · · · · · · · · · · · · · · · · ·	-									
	were made. For each organization listed, enter the amount											
	contributions received that were promptly and directly deliv			arate segregated								
	fund or a political action committee (PAC) If additional spa	ce is needed, provide information	in Part IV									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political							
			 	filing organization's nds If none, enter -0-	contributions received and promptly and directly							
			"	nas ir none, enter s	delivered to a separate							
					political organization If none, enter -0-							
					none, enter -o-							
												
			1									
			-									
	-		-		·							

	3010 0 (1 01111 000 01 000 <u>===</u>) 2000	ASSOCIATION FOR THE BLIND	23-139683	- ruge =
Pa:	rt II-A 🕡 Complete if the organiz	ation is exempt under section 501(c)(3) ar	nd filed Form 5768 (electi	on
	under section 501(h)).			
. (on belongs to an affiliated group		
(Check ▶ ☐ if the filing organizati	on checked box A and "limited control" prov	isions apply.	
		bying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)	72,000	
С	Total lobbying expenditures (add lines 1a an	d 1b)	72,000	
d	Other exempt purpose expenditures		2,986,152	•
9	Total exempt purpose expenditures (add line	es 1c and 1d)	3,058,152	
f	Lobbying nontaxable amount. Enter the amount			
	columns	•	302,908	
ſ	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is.		
	Not over \$500,000	20% of the amount on line 1e]	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000]	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000]	
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of	of line 1f)	75,727	
h	Subtract line 1g from line 1a If zero or less,	enter -0-	0	
i	Subtract line 1f from line 1c If zero or less,	enter -0-	0	
j	If there is an amount other than zero on eith	er line 1h or line 1i, did the organization file Form 4720 re	porting	
	section 4911 tax for this year?			Yes No
	(Some organizations tha	4-Year Averaging Period Under Section 50 t made a section 501(h) election do not ha ow. See the instructions for lines 2a throu	eve to complete all of the	five

L	obbying Expenditure	es During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	308,601	300,233	307,399	302,908	1,219,141
b Lobbying ceiling amount (150% of line 2a, column(e))					1,828,712
c Total lobbying expenditures	51,500	64,000	61,000	72,000	248,500
d Grassroots nontaxable amount	75,058	77,150	76,850	75,727	304,785
 Grassroots ceiling amount (150% of line 2d, column (e)) 					457,178
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has Not (election under section 501(h)).	OT filed I	Form	5768		age J
	(election under Section 30 f(ff)).	(6	a)	(t	·)	
		Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5), d	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	ļ	ļ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	—	<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 50					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III- "Yes."	A, line 3	is an	swered		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			_
Pa	t IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B	, line 1ı				
Also	complete this part for any additional information					

Part IV · Supplemental Information (continued)

SCHEDULE D (Form 990),

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

▶ Complete of the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

PA	ASSOCIATION FOR THE BLIND		23-1396837	
Par		ds or Other Similar Funds or Acart IV, line 6.	counts. Complete if	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that th	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	Yes] No
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other		_
	purpose conferring impermissible private benefit?		Yes	No
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area	
	Protection of natural habitat	Preservation of certified historic str	ructure	
	Preservation of open space	_		
2	 Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservati	ion	
	easement on the last day of the tax year			
			Held at the End of the Ta	ax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure include	led in (a)	2c	
	Number of conservation easements included in (c) acquired after 8/17/06		2d	
	Number of conservation easements modified, transferred, released, extin		during	
	the taxable year ▶		J	
	Number of states where property subject to conservation easement is loc	ated ▶		
	Does the organization have a written policy regarding the periodic monito			
•	violations, and enforcement of the conservation easements it holds?	g,opeanon,eg er	Yes	□ N
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
٠		g 00g ,		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
•	\$ \$	toorvation describing dailing the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		
0	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	requirements of occitori	☐ Yes ☐	□ N
9	In Part XIV, describe how the organization reports conservation easemer	ats in its revenue and expense statement, a		
3	balance sheet, and include, if applicable, the text of the footnote to the or			
	the organization's accounting for conservation easements	3		
Pa	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet v	works of	
	art, historical treasures, or other similar assets held for public exhibition,			
	provide, in Part XIV, the text of the footnote to its financial statements tha	it describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its i	revenue statement and balance sheet work	ks of art,	
	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items	·		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		> \$	_
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial dain, provide	le the	_
-	following amounts required to be reported under SFAS 116 relating to the		-	
2	Revenues included in Form 990, Part VIII, line 1		▶ \$	
a h	Assets included in Form 990, Part X		\$	_
D	models included in Form 550, Fait A		· ·	_

<u>Sche</u>	dule D (Form 990) 2009 PA ASSOCIA	TION FOR TH	E BLIND	23-13	96837	Page 2								
Pa	rt III · Organizations Maintaining C	ollections of Art	, Historical Treas	ures, or Other S	Similar Assets	(continued)								
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, che	ck any of the following	that are a significant	use of its									
а	Public exhibition	d Loai	n or exchange program	ns										
b	Scholarly research	e Othe												
С	Preservation for future generations													
4	Provide a description of the organization's collect Part XIV	tions and explain how t	they further the organiz	ation's exempt purpo	se in									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part													
Pa					Yes" to Form 9									
	IV, line 9, or reported an amo					•								
1a	Is the organization an agent, trustee, custodian of			assets not										
	included on Form 990, Part X?	,				Yes No								
b	If "Yes," explain the arrangement in Part XIV and	complete the following	n table											
_		oomplote the tenermi,	, 12.0			Amount								
_	Beginning balance				1c									
	Additions during the year				1d	··								
	<u> </u>				1e									
	Distributions during the year				1f									
	Ending balance	000 D-4V I 040												
	Did the organization include an amount on Form	990, Part X, line 217				U Yes U No								
	If "Yes," explain the arrangement in Part XIV	e if argenization	anaugaad "Vaa" te	- Corm OOO Dor	+ IV / line 10									
12	ert V Endowment Funds. Complet					1775								
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back								
1a	Beginning of year balance													
b	Contributions				ļ									
C	Net investment earnings, gains,													
	and losses													
d	Grants or scholarships													
е	Other expenditures for facilities													
	and programs													
f	Administrative expenses													
g	End of year balance													
2	Provide the estimated percentage of the year en	d balance held as												
а	Board designated or quasi-endowment	%												
b	Permanent endowment ▶ %													
С	Term endowment ▶ %													
3a	Are there endowment funds not in the possession	n of the organization th	nat are held and admin	stered for the										
, 24	organization by	3 •				Yes No								
	(i) unrelated organizations					3a(ı)								
	(ii) related organizations					3a(ii)								
ь	If "Yes" to 3a(ii), are the related organizations list	ted as required on Sch	edule R2			3b								
4	Describe in Part XIV the intended uses of the org	•				_ 11								
	art VI Investments—Land, Buildin) Part X line 10)									
	Description of investment	(a) Cost or other basi			cumulated	(d) Book value								
	2000 piloti ot intoosition	(investment)	basis (other	', '	reciation	(4) 2001. 12.20								
4	Land			·										
	Land													
	Buildings				1									
	Leasehold improvements													
	Equipment		750	174	26 745	715 720								
	Other	J. Com. 000 . D = 4.V		2,474	36,745	715,729								
ı cıta	 Add lines 1a through 1e. (Column (d) must equal 	и пони ээм. Ман А. СО	numin (D), II(IE TV(C))		▶	113.149								

23-1396837

Page 3

Schedule D (Form 990) 2009 PA ASSOCIATION FOR THE BLIND

organization's liability for uncertain tax positions under FIN 48

_	dule D (Form 990) 2009 PA ASSOCIATION FOR THE BLIND		23-139683		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,897,269
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	3,058,152
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-160,883
4	Net unrealized gains (losses) on investments			4	205,845
5	Donated services and use of facilities			5	
6	Investment expenses			6	···
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	205,845
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	44,962
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	its W	ith Revenue per Reti	urn	
1	Total revenue, gains, and other support per audited financial statements			1	3,103,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	205,845		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	205,845
3	Subtract line 2e from line 1		1	3	2,897,269
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b			
¢	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,897,269
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per R	eturn	
1	Total expenses and losses per audited financial statements			1	3,058,152
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	3,058,152
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,058,152
Pa	rt XIV Supplemental Information				
Comi	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	d 4, Part IV, lines 1b		
-	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines				
	art to provide any additional information		•		
·					
	·				
			- -		
			·		

Sche	dule	D (Forr	n 990) 200	9	P	A P	SS	SOC	IA:	TI	ON	F	OR	T	ΗE	B.	LIN	ID.				23	3-1:	396	83	7				P	age 5
Pa	irt)	ΚIV		ո 990 Տս ք	pler	nen	tal	Info	rma	atio	n (con	tinu	ed))																		
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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

PA ASSOCIATION FOR THE BLIND

Employer Identification number

23-1396837

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part 1 **Employees** (A) (B) (C) (D) (F) Average hours Position (check all that apply) Reportable Reportable Estimated Name and Title per week compensation compensation amount of Individual trustee or director Highest compensated employee Institutional trustee (ey employee from from related other the organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations JOHN HORST 0 0 MEM AT LARGE 1.00 X 0 CHARLES STUCKEY 0 X 0 0 MEM AT LARGE 1.00 GEORGE ZIMMERMAN 0 0 0 X MEM AT LARGE 1.00

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

PA ASSOCIATION FOR THE BLIND

Employer identification number 23 - 1396837

Form 990 - Organization's Mission or Most Significant Activities

TO PREVENT UNNECESSARY BLINDNESS AND PROMOTING THE PHYSICAL, SOCIAL AND

ECONOMICAL SELF-SUFFICIENCY FOR THE COMMONWEALTH'S BLIND AND VISUALLY

IMPAIRED POPULATION. THE ASSOCIATION FUNCTIONS AS AN EXECUTIVE OFFICE FOR

A NETWORK OF 29 MEMBER AGENCIES TO EXPAND THE ASSOCIATION INTO 66 COUNTIES

OF THE COMMONWEALTH

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

ALL PAB MEMBER AGENCIES, AS A PRIMARY MISSION, PROVIDE SERVICES TO PEOPLE

WHO ARE BLIND OR VISUALLY IMPAIRED. EVERY MEMBER AGENCY IS A NON-PROFIT

CORPORATION INCORPORATED UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA

AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRS.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE 990 WILL BE REVIEWED BY THE ORGANIZATION BEFORE FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD APPROVED A SALARY STUDY DONE BY THE PENNSYLVANIA ASSOCIATION OF
NONPROFIT ORGANIZATIONS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O - Additional Information

Name of the organization ,

PA ASSOCIATION FOR THE BLIND

Employer identification number 23-1396837

Form 990, Part VII, Section B, Line 1, Column B - Description of Services
TO PROVIDE SPECIALIZED AND SUPPORTIVE SERVICES TO PEOPLE WHO ARE BLIND.
ALSO TO PROVIDE VISION SCREENINGS AND EYE SAFETY EDUCATION FOR CHILDREN AND
ADULTS.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Attachment Sequence No

► See separate instructions. Name(s) shown on return

► Attach to your tax return.

	PA ASSO	CLATION FO	K THE BUIN	ע			23-	<u> 139</u>	6837
	ess or activity to which this form relates								
	ndirect Depreciati			486					
Pa	rt Election To Expension Note: If you have a				com	aloto Par	+ 1		
1	Maximum amount See the instructi				COIII	Jiele i ai	' 	1	250,000
2	Total cost of section 179 property p			,			ŀ	2	
3	Threshold cost of section 179 prope	•	•	uctions)			Ī	3	800,000
4	Reduction in limitation Subtract line	-		,			Ī	4	•
5	Dollar limitation for tax year Subtract line			filing separately, se	e instru	ctions	Ì	5	
6	(a) Description) Cost (business us			lected cost		
7	Listed property Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pro	operty Add amounts	ın column (c), lines 6	and 7				8	
9	Tentative deduction Enter the sma	fler of line 5 or line 8					ļ	9	
10	Carryover of disallowed deduction f	from line 13 of your 20	008 Form 4562				ļ	_10	
11	Business income limitation. Enter the	ne smaller of business	s income (not less tha	ın zero) or lıne 5 (see ins	tructions)	ļ	11	
12	Section 179 expense deduction Ad	ld lines 9 and 10, but	do not enter more tha	ın line 11				12	
13	Carryover of disallowed deduction t				13				
	: Do not use Part II or Part III below f								· · · · · · · · · · · · · · · · · · ·
	rt II Special Depreciati		··· • • • • • • • • • • • • • • • • • •			ude liste	d proper	rty.) (See instr.)
14	Special depreciation allowance for o		er than listed propert	y) placed in service	e				
	during the tax year (see instructions	•					ŀ	14	
15	Property subject to section 168(f)(1							15	26,821
16	Other depreciation (including ACRS		de listed proport	h.) (See instr	uotion	\		16	20,021
Pa	rt III MACRS Depreciati	ion (Do not inclu	ide iisted properi Sectior		uction	S.)			
17	MACRS deductions for assets place	od in contino in tax va						17	0
	If you are electing to group any assets place	•			counte c	hack hara			<u> </u>
<u>18</u>		Assets Placed in Se						stem	
		(b) Month and year	(c) Basis for deprecia			•			
	(a) Classification of property	placed in service	(business/investment only-see instruction	use Dorod	(e) (Convention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	-			+				
<u> b</u> _	5-year property	-			+				
<u> </u>	7-year property	-							
<u>d</u>	10-year property				-				
<u> </u>	15-year property	4			+				
	20-year property	-		25	1		S/L		
<u> </u>	25-year property			25 yrs	+	A 4 A 4	S/L		
n	Residential rental property			27 5 yrs		MM MM			
	Nonresidential real			27 5 yrs		MM	S/L S/L		· · - · - · · · - · · · · · · · · · · ·
'	property			39 yrs	+	MM	S/L		
	<u> </u>	ssets Placed in Sen	rice During 2009 Tax	Year Using the	Alterna			vstem	
 20a	Class life				T		S/L	,	
	12-year	1		12 yrs	†		S/L		
	40-year			40 yrs	+	MM	S/L		
	art IV Summary (See ins	tructions)	<u> </u>	1 40 110			<u> </u>		L
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, lii		es 19 and 20 in colur	nn (g), and line 2	1 Enter	here			
	and on the appropriate lines of your	_						22	26,821
23	For assets shown above and place						· -		
	portion of the basis attributable to s	•	<u> </u>		23	<u> </u>		_	

23-1396837

Federal Asset Report Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 2 3	Depreciation: 2006 CHRYSLER TOWN & COUNTRY V Sold/Scrapped 12/31/09 26" SAMSUNG MONITOR (NANCY) SERVER	7/26/06 3/01/08 3/01/08	20,984 630 5,198		20,984 630 5,198	5 MO S/L 5 MO S/L 5 MO S/L	12,240 168 1,386	2,099 126 1,040
4 5 6 7 8 9	APC SMART-UP UPS COPIER C3528 RANGE AND HOOD DISHWASHER REFRIGERATOR ELAINE & NANCY'S OFFICE FURNITUI	6/01/08 8/03/06 3/10/09 3/10/09 3/13/09	545 8,470 924 595 1,050 4,227		545 8,470 924 595 1,050 4,227	5 MO S/L 10 MO S/L 7 MO S/L 7 MO S/L 7 MO S/L 5 MO S/L	118 2,470 44 28 50 282	109 847 132 85 150 845
10 11 12 13	JUNIATA CUSTOM DRAPERY AMERICOM TELEPHONE SYSTEM ADT SECURITY SYSTEM BUILDING PEACHTREE	6/16/09 3/01/09 4/24/09 3/21/09 11/17/08	3,383 4,744 3,703 707,397 685		3,383 4,744 3,703 707,397 685	5 MO S/L 5 MO S/L 7 MO S/L 39 MO S/L 3 MO S/L	0 316 88 4,535 133	677 949 529 18,138 229
17	COMPUTER (HP DC5750 - WILLARD) COMPUTER (HP DC5750 - DENISE) DELL OPTI 210L (KIM & NANCY) PRINTER (HP LASERJET P2035N) DELL COMPUTER (DENISE & ELAINE) DISPLAY CASE	11/17/08 12/19/08 11/06/06 4/06/09 3/16/05 7/15/09	715 710 926 335 1,297 817		715 710 926 335 1,297 817	3 MO S/L	139 118 823 28 1,297	238 237 103 112 0
21 22 23	Chair Server Software New Server & Laptop Total Other Depreciation	12/15/09 6/16/10 6/21/10	108 749 5,265 773,457		108 749 5,265 773,457	5 MO S/L 5 MO S/L 5 MO S/L	24,263	13 0 0 26,821
	Total ACRS and Other Deprec	iation =	773,457	•	773,457		24,263	26,821
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	r s - =	773,457 20,984 0 752,473		773,457 20,984 0 752,473		24,263 12,240 0 12,023	26,821 2,099 0 24,722