

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
214 VAN NESS AVENUE

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94102

D Employer identification number
94-1415317

E Telephone number
(415) 431-1481

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: _____

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.LIGHTHOUSE-SF.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **6,171,741.**

I Group Exemption Number: _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	1,905,429.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	548,213.	
	d Total (add lines 1a through 1c) (cash \$ 2,285,544. noncash \$ 168,098.)	1d		2,453,642.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		186,968.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		537,373.
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe CAPITAL GAIN DISTRIBUTION)	7		713,441.	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	8b Less: cost or other basis and sales expenses	8b		
	8c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	24,469.		
b Less: direct expenses other than fundraising expenses	9b	36,883.		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 3	<12,414.>	
10 a Gross sales of inventory, less returns and allowances	10a	2,240,283.		
	b Less: cost of goods sold	10b	699,007.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1	1,541,276.
11 Other revenue (from Part VII, line 103)	11		15,565.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,435,851.	
Expenses	13 Program services (from line 44, column (B))	13		3,245,360.
	14 Management and general (from line 44, column (C))	14		451,963.
	15 Fundraising (from line 44, column (D))	15		373,798.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		4,071,121.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,364,730.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		28,237,125.
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	2,392,932.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		31,994,787.

LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED

94-1415317

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 187,227.	146,037.	22,467.	18,723.
26 Other salaries and wages	26 1,807,428.	1,412,134.	214,251.	181,043.
27 Pension plan contributions	27 71,868.	56,057.	8,624.	7,187.
28 Other employee benefits	28 287,948.	214,176.	37,838.	35,934.
29 Payroll taxes	29 168,809.	131,671.	20,257.	16,881.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 18,408.	16,383.	1,381.	644.
34 Telephone	34 33,806.	30,330.	2,230.	1,246.
35 Postage and shipping	35 57,714.	49,495.	3,906.	4,313.
36 Occupancy	36 241,244.	226,023.	9,766.	5,455.
37 Equipment rental and maintenance	37 56,762.	50,618.	4,311.	1,833.
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 71,638.	55,556.	3,746.	12,336.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 185,352.	159,914.	16,321.	9,117.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 4	43e 882,917.	696,966.	106,865.	79,086.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 4,071,121.	3,245,360.	451,963.	373,798.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a COMMUNITY AND INFORMATION SERVICES-SEE STATEMENT A	(Grants and allocations \$ _____)	969,352.
b REHABILITATION SERVICES-SEE STATEMENT A	(Grants and allocations \$ _____)	1,239,628.
c LIGHTHOUSE ENTERPRISES-SEE STATEMENT A	(Grants and allocations \$ _____)	1,036,380.
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,245,360.

LIGHTHOUSE FOR THE BLIND AND VISUALLY
IMPAIRED

Form 990 (2004)

94-1415317 Page 3

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,490.	1,490.
	46 Savings and temporary cash investments	776,725.	1,452,813.
	47 a Accounts receivable	653,332.	
	b Less: allowance for doubtful accounts		653,332.
	48 a Pledges receivable	384,379.	
	b Less: allowance for doubtful accounts		384,379.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	244,862.	260,923.
	53 Prepaid expenses and deferred charges	74,858.	310,930.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
b Less: accumulated depreciation			
56 Investments - other	SEE STATEMENT 6	23,876,910.	27,691,654.
57 a Land, buildings, and equipment: basis	4,948,484.		
b Less: accumulated depreciation	2,555,608.	2,392,876.	
58 Other assets (describe)			
59 Total assets (add lines 45 through 58) (must equal line 74)	28,507,166.	33,148,397.	
Liabilities	60 Accounts payable and accrued expenses	270,041.	353,610.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		800,000.
	65 Other liabilities (describe)		
66 Total liabilities (add lines 60 through 65)	270,041.	1,153,610.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	26,970,264.	30,920,562.
	68 Temporarily restricted	1,139,753.	946,517.
	69 Permanently restricted	127,108.	127,708.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	28,237,125.	31,994,787.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	28,507,166.	33,148,397.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

LIGHTHOUSE FOR THE BLIND AND VISUALLY
IMPAIRED

Form 990 (2004)

94-1415317 Page 5

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 6,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 56		
91	The books are in care of THE ORGANIZATION Telephone no. (415) 431-1481		
	Located at 214 VAN NESS AVENUE, SAN FRANCISCO, CA ZIP + 4 94102		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED

Form 990 (2004)

94-1415317 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SERVICE FEES					186,968.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	537,373.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	713,441.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<12,414.>
102 Gross profit or (loss) from sales of inventory					1,541,276.
103 Other revenue:					
a OTHER INCOME					15,565.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,250,814.	1,731,395.
105 Total (add line 104, columns (B), (D), and (E))					2,982,209.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Prepared Here: Signature of officer *[Signature]* Date *2/21/06* Executive Director/CEO *Anita S. Aaron*

Paid Preparer's Use Only: Preparer's signature *Alex Wong CPA* Date *2/21/06* Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4: LINDQUIST, WON HUSEN & JOYCE
90 NEW MONTGOMERY STREET, 11TH FLOOR
SAN FRANCISCO, CA 94105

EIN: _____ Phone no.: (415) 957-9999

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 214 VAN NESS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94102	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ THE ORGANIZATION
 Telephone No. ▶ (415) 431-1481 FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until MAY 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning OCT 1, 2004, and ending SEP 30, 2005.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. 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.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization **LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED** Employer identification number **94 1415317**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SKIP FOSTER ----- 214 VAN NESS AVENUE, SF, CA 94102	LHI MANAGER 37.5	57,000.	2,850.	
GEORGE CLARK ----- 214 VAN NESS AVENUE, SF, CA 94102	C. D. O. 37.5	75,246.	3,762.	
KATHY ABRAHAMSON ----- 214 VAN NESS AVENUE, SF, CA 94102	DIR. SVCS 37.5	71,147.	3,557.	
DONNA KAZANJIAN ----- 214 VAN NESS AVENUE, SF, CA 94102	O&M SPECIALST 37.5	54,226.	2,711.	
TONY FLETCHER ----- 214 VAN NESS AVENUE, SF, CA 94102	DIR. SVCS 37.5	60,000.	3,000.	
Total number of other employees paid over \$50,000 ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SAN FRANCISCO ART DEPARTMENT - VICKI VALENTINE ----- 319 VIRGINIA AVE, SAN FRANCISCO, CA 94110	PROFESSIONAL SERVICES	52,551.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 11	X	
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

LIGHTHOUSE FOR THE BLIND AND VISUALLY

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,644,577.	2,598,634.	3,428,017.	1,960,513.	9,631,741.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,119,960.	2,434,893.	1,214,811.	1,164,740.	5,934,404.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	568,382.	512,615.	640,677.	768,575.	2,490,249.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	35,105.	14,865.	SEE STATEMENT 12 3,571.	4,673.	58,214.
23 Total of lines 15 through 22	3,368,024.	5,561,007.	5,287,076.	3,898,501.	18,114,608.
24 Line 23 minus line 17	2,248,064.	3,126,114.	4,072,265.	2,733,761.	12,180,204.
25 Enter 1% of line 23	33,680.	55,610.	52,871.	38,985.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 243,604.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,677,254.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 12,180,204.
d Add: Amounts from column (e) for lines: 18 2,490,249. 19 _____ 22 58,214. 26b 1,677,254.					26d 4,225,717.
e Public support (line 26c minus line 26d total)					26e 7,954,487.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 65.3067%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2003)	(2002)	(2001)	(2000)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2003)	(2002)	(2001)	(2000)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

LIGHTHOUSE FOR THE BLIND AND VISUALLY

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	}
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	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

LIGHTHOUSE FOR THE BLIND AND VISUALLY
IMPAIRED

Employer identification number

94-1415317

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GLADYS H. WILLIAMS TRUST KURT N. JAECKEL, TRUSTEE 3170 FRYE ST OAKLAND, CA 24041	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE MORRIS STULSAFT FOUNDATION 100 BUSH STREET #825 SAN FRANCISCO, CA 94104	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	NATIVE DAUGHTERS OF THE GOLDEN WEST P.O. BOX 2008 YOUNTVILLE, CA 94599	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE BANKHEAD FAMILY TRUST JAMES G. FLAMSON TRUSTEE P.O. BOX 7 CALISTOGA, CA 94515	\$ 135,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	COMMUNITY TECHNOLOGY FOUNDATION OF CALIFORNIA 101 SPEAR STREET SUITE 218 SAN FRANCISCO, CA 94105	\$ 50,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE SAN FRANCISCO FOUNDATION 225 BUSH STREET SUITE 500 SAN FRANCISCO, CA 94104	\$ 27,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
 LIGHTHOUSE FOR THE BLIND AND VISUALLY
 IMPAIRED

Employer identification number

94-1415317

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ELVA VERGARI 3790 FILLMORE STREET SAN FRANCISCO, CA 94123	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE GEORGE H. SANDY FOUNDATION P.O. BOX 591717 SAN FRANCISCO, CA 94159	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING #500 NOVATO, CA 94949	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SBC EMPLOYEE GIVING/UNITED WAY P.O. BOX 3719 PRINCETON, NJ 08543	\$ 10,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	EVA MCKENZIE TRUST JENNIFER M. THOMPSON TRUST OFFICER P.O. BOX 20160 LONG BEACH, CA 90801	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	ANONYMOUS DONOR	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	DEAN & MARGERET LESHER FOUNDATION KATHLEEN ODNE 1333 N. CALIFORNIA BLVD., SUITE 510 WALNUT CREEK, CA 94596	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
14	DORIS J. ZIMPELMANN ESTATE PETER J. COLMAN EXECUTOR 970 MARKET STREET SUITE 1218 SAN FRANCISCO, CA 94102	\$ 13,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
15	FIVE BRIDGES FOUNDATION EDWARD E. KALLGREN P.O. BOX 194405 SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
16	BERTHA RUSS LYTEL FOUNDATION DON HINDLEY P.O. BOX 893 FERNDAL, CA 95536	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
17	WALTER H. GIRDLESTONE 167 FAIRMONT AVE SAN CARLOS, CA 94070	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
18	EMMY A. PHELPS ESTATE THE PAUL REVERE VARIABLE ANNUITY INSURANCE CO P.O. BOX 286 AMARILLO, TX 79105	\$ 45,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	THE ANNUNZIATA SANGUINETTI FOUNDATION 420 MONTGOMERY 7TH FLOOR SAN FRANCISCO, CA 94104	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	FRANCIS S. NORTH FOUNDATION JOAN B. BARKAN NORTHERN TRUST 580 CALIFORNIA STREET SUITE 1800 SAN FRANCISCO, CA 94104	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	THE PFUND FAMILY FOUNDATION J.R. EASON 4744 JAN DRIVE CARMICHAEL, CA 95608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	JACQUELINE D. THOMPSON TRUST 111 WEST OCEAN BLVD 2ND FLOOR LONG BEACH, CA 90802	\$ 518,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	YONDA GIN 180 16TH AVENUE SAN CARLOS, CA 94118	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	SOCIAL SECURITY ADMINISTRATION SAN FRANCISCO REGION PETER D. SPENCER P.O. BOX 4201 RICHMOND, CA 94804	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	ROBERT A. ZLODI TRUST 671 CONNECTICUT STREET SAN FRANCISCO, CA 94107	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	MEL & GRACE MCLEAN FOUNDATION LEIGH PIERRE - OETKER 1336 MAIN STREET FORTUNA, CA 95540	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	LILLIE WISSMAN TRUST WELLS FARGO BANK 201 THIRD STREET 11TH FLOOR SAN FRANCISCO, CA 94163	\$ 8,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	STORROW TWELVE CHARITIES SANWA TRUST & INVESTMENT 11150 SANTA MONICA BLVD., #100 LOS ANGELES, CA 90025	\$ 9,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	EMMA G. TREBILCOT TRUST WELLS FARGO BANK 420 MONTGOMERY STREET SAN FRANCISCO, CA 94163	\$ 17,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	CALIFORNIA DEPT. OF REHABILITATION - SERVICES FOR THE BIND - TITLE 7 2000 EVERGREEN ST., SACRAMENTO, CA 95815	\$ 365,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	CALIFORNIA DEPT. OF REHABILITATION - DEAF BLIND ACCESS PROJECT - DB 2000 EVERGREEN ST., SACRAMENTO, CA 95815	\$ 32,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	PRIVATE INDUSTRY COUNCIL 745 FRANKLIN STREET SAN FRANCISCO, CA 94102	\$ 31,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	CITY AND COUNTY OF SAN FRANCISCO - HUMAN SERVICES AGENCY - DAAS P.O. BOX 7988 SACRAMENTO, CA 94120	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH - TAXI VOU 101 GROVE STREET SAN FRANCISCO, CA 94102	\$ 47,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	ALICIA H. MCEVOY CHARITABLE UNITRUST 99 27TH AVE SAN FRANCISCO, CA 94121	\$ 24,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	CYRIL FELS ESTATE WELLS FARGO BANK P.O. BOX 20160 LONG BEACH, CA 90801	\$ 33,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**LIGHTHOUSE FOR THE BLIND AND VISUALLY
 IMPAIRED**

Employer identification number
 94-1415317

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	CYRIL FELS ESTATE WELLS FARGO BANK P.O. BOX 20160 LONG BEACH, CA 90801	\$ 150,698.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	FAY ALLISON CARTY 59 HILLVIEW AVE REDWOOD CITY, CA 94062	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	PITNEY BOWES ACCESSIBLE PHOTOCOPIER, MONITOR, CPU, SOFTWARE AND CART <hr/> <hr/>	\$ 8,000.	09/15/05
37	PUBLICLY TRADED SECURITIES <hr/> <hr/>	\$ 150,698.	06/15/05
	<hr/> <hr/> <hr/>	\$	
	<hr/> <hr/> <hr/>	\$	
	<hr/> <hr/> <hr/>	\$	
	<hr/> <hr/> <hr/>	\$	

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	2,240,283	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		2,240,283
4. COST OF GOODS SOLD (LINE 13)	699,007	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,541,276

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	244,862	
7. MERCHANDISE PURCHASED	715,068	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		959,930
12. INVENTORY AT END OF YEAR	260,923	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		699,007

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON MARKETABLE SECURITIES		2,392,932.	
TOTAL TO FORM 990, PART I, LINE 20		2,392,932.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
INSIGHTS, THE BLIND ARTIST EXHIBITION AND YOUNG PROFESSIONAL EVENTS	1,578.		1,578.	2,213.	<635.>	
YOUNG PROFESSIONALS EVENT	21,378.		21,378.	32,457.	<11,079.>	
OTHER	1,513.		1,513.	2,213.	<700.>	
TO FM 990, PART I, LINE 9	24,469.		24,469.	36,883.	<12,414.>	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	61,293.	45,300.	12,863.	3,130.	
BOARD EXPENSE	8,494.		8,494.		
OUTSIDE SERVICES	325,972.	245,608.	74,489.	5,875.	
PROGRAM COSTS	352,655.	333,281.	9,915.	9,459.	
PROGRAM MARKETING AND PUBLIC RELATIONS	111,362.	50,740.		60,622.	
MISCELLANEOUS	23,141.	22,037.	1,104.		
TOTAL TO FM 990, LN 43	882,917.	696,966.	106,865.	79,086.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
BARBARA J. LASSEN 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	PRESIDENT 2		0.	0.	0.
GIL JOHNSON 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	VICE PRESIDENT 2		0.	0.	0.
MAX PERR 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	VICE PRESIDENT 2		0.	0.	0.
ED ZAIK 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	VICE PRESIDENT 2		0.	0.	0.
WINIFRED DOWNING 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	SECRETARY 2		0.	0.	0.
DOUGLAS BERGMAN 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	TREASURER 2		0.	0.	0.
PETER CANTISANI 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2		0.	0.	0.
MIKE COLE 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2		0.	0.	0.
WILLIAM GERARD 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2		0.	0.	0.

ARTHUR BEATO 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
JOSEPH CHAN 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
HARRY MAR 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
GARY SCHNITZER 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
TODD STEVENOT 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
JORDANA WELLES 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
ANITA SHAFER AARON 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	EXECUTIVE DIRECTOR/CEO 37.5	116,733.	5,837.	0.
F. HOWARD MAULL 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	CFO 37.5	70,494.	0.	0.
REBECCA HANDLER 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
CARL JANSON 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.

JOHN MAXSON 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
KEITH WILLIAMS 214 VAN NESS AVENUE, SAN FRANCISCO, CA 94102	BOARD MEMBER 2	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>187,227.</u>	<u>5,837.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEs FROM PROVIDING SERVICES RANGING FROM DEVELOPMENT TO EDUCATION & RECREATION THAT SUPPORTS ORGANIZATION'S EXEMPT PURPOSE.
102	SALE OF ADAPTIVE AIDS AND APPLIANCES AT ADAPTATIONS, THE LIGHTHOUSE STORE, PROVIDES ESSENTIAL TOOLS FOR SUCCESSFUL LIVING WITH VISION LOSS, AND THE SALE OF PRODUCTS MANUFACTURED BY THE LIGHTHOUSE INDUSTRIES PROVIDES EMPLOYMENT FOR INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED.
103	MISCELLANEOUS INCOME RELATES TO THE ORGANIZATION'S EXEMPT PURPOSES.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
 PART III, LINE 3

SEE STATEMENT B

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER REVENUE	<u>35,105.</u>	<u>14,865.</u>	<u>3,571.</u>	<u>4,673.</u>
TOTAL TO SCHEDULE A, LINE 22	<u>35,105.</u>	<u>14,865.</u>	<u>3,571.</u>	<u>4,673.</u>

Lighthouse for the Blind and Visually Impaired
September 30, 2005
EIN: 94-1415317
Statement of Program Service Accomplishments

Community and Information Services

- Access to information services connects the individual to the visual world in which he or she lives. This is accomplished through facilitating access to printed information such as newspapers and magazines using recording services, broadcast programming, Braille translation and the Internet.
- Volunteer services recruits personal service volunteers to help blind and low-vision individuals both at home and in the community.
- Enchanted Hills Camp is a 311-acre camp in Napa Valley that provides blind, visually impaired, deaf/blind and multi-disabled children, adults and seniors with a traditional summer camping experience.
- The adult program serves blind and low-vision seniors and working-age adults and is designed to foster intellectual, social and physical well-being through educational and recreational activities.
- Children and youth programs provide weekly activities within settings where vision loss is the norm rather than the exception.

Rehabilitation Services

- Individual counseling and support groups for individuals and families adjusting to vision loss.
- Deaf/blind services provide information and referral, advocacy, education and training for persons with multiple sensory losses.
- Rehabilitation training teaches daily living skills and assists in setting up the home to accommodate a recent loss of vision.
- Orientation and mobility training provides instruction on white-cane travel, the use of low-vision aids, travel training and orientation to neighborhoods, schools, hospitals, and other areas of the community.
- Technology services offers instruction in assistive computer technology through classes, individual instruction, open lab and equipment evaluation.
- The Taxi Voucher Program, coordinated with the San Francisco Department of Public Health, provides taxi rides to medical appointments for low-income disabled San Franciscans.
- Employment services at LightHouse are provided by the Sensory Access Foundation and includes employment preparation, job development and placement.

Lighthouse for the Blind and Visually Impaired
September 30, 2005
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Statement of Program Service Accomplishments

LightHouse Enterprises

- LightHouse Industries provides employment opportunities for individuals who are blind or visually impaired through a light manufacturing program making products primarily for the U.S. Government.
- Adaptations, the LightHouse store, sells rehabilitation aids and appliances onsite in San Francisco and San Rafael. Products may also be purchased through mail order.

Lighthouse for the Blind and Visually Impaired
September 30, 2005
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DAILY LIVING EQUIPMENT FUND:

The Daily Living Fund is available throughout the year for consumers who are unable to afford adaptive equipment. Requests must not exceed \$50.00 and request over \$25.00 must be submitted in writing for supervisor approval.

Applicant Criteria:

1. "Emergency" indicates that the individual is in urgent need of an adaptive product and they are unable to afford it because of their financial circumstances.
2. Monthly income must be \$1,000.00 or less for an individual.
3. Applicant can not receive more than \$50.00 towards the purchase of equipment in a fiscal year.
4. Total amount requested is not to exceed \$50.00.
5. The dollar amount can be used to cover the full cost of an item or to off-set the cost of a more expensive item.
6. Consumers will not be given cash. Money must be applied to adaptive aids or appliances that can be purchased or ordered through Adaptations (i.e.: canes, magnifier, watches, tape recorder).