

**2008 TAX RETURN**

**CLIENT COPY**

**Client:** 15030

**Prepared for:** LIGHTHOUSE FOR THE BLIND AND VISUALLY  
IMPAIRED  
214 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102  
(415) 431-1481

**Prepared by:** BRUCE J. WRIGHT  
GOOD & FOWLER, LLP  
262 GRAND AVENUE  
SOUTH SAN FRANCISCO, CA 94080  
(650) 872-7600

**Date:** MARCH 16, 2010

**Comments:**

**Route to:** \_\_\_\_\_

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning 10/01, 2008, and ending 9/30, 2009.

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

**2008**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**94-1415317**

Name and title of officer

**ANITA SHAFER AARON** EXECUTIVE DIRECTOR

**Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a Form 990</b> check here. . . . .	▶ <input checked="" type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990, line 12) . . . . .	<b>1b</b> <u>3,473,720.</u>
<b>2a Form 990-EZ</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Total revenue,</b> if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a Form 990-PF</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b> _____
<b>5a Form 8868</b> check here. . . . .	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize GOOD & FOWLER, LLP to enter my PIN 15030 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN . . . . . 94103794044  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

For the **2008** calendar year, or tax year beginning **10/01**, **2008**, and ending **9/30**, **2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	<b>D</b> Employer Identification Number 94-1415317  <b>E</b> Telephone number (415) 431-1481  <b>G</b> Gross receipts \$ <b>9,333,478.</b>
<b>F</b> Name and address of principal officer: <b>ANITA SHAFER AARON</b> SAME AS C ABOVE		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.LIGHTHOUSE-SF.ORG</b>		<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of Formation: <b>1958</b>		<b>M</b> State of legal domicile: <b>CA</b>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE INDEPENDENCE, EQUALITY, AND SELF-RELIANCE OF PEOPLE WHO ARE BLIND/VISUALLY IMPAIRED THROUGH PROVISION OF REHABILITATION TRAINING AND RELEVANT SERVICES, SUCH AS ACCESS TO EMPLOYMENT, EDUCATION, GOVERNMENT, MEDIA, RECREATION, TRANSPORTATION, AND THE ENVIRONMENT.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	19
<b>5</b>	Total number of employees (Part V, line 2a) .....	<b>5</b>	118
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	275
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) .....	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>8</b>	19
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>9</b>	19
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>10</b>	19
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>11</b>	19
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>12</b>	19
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>13</b>	19
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>14</b>	19
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>15</b>	19
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>16a</b>	19
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>323,748.</u>	<b>b</b>	19
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	<b>17</b>	19
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>18</b>	19
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>19</b>	19
<b>20</b>	Total assets (Part X, line 16) .....	<b>20</b>	19
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>21</b>	19
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>22</b>	19

**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.

<b>Sign Here</b>	▶ _____ Signature of officer	_____ Date	
	▶ <b>ANITA SHAFER AARON</b> Type or print name and title.	<b>EXECUTIVE DIRECTOR</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>BRUCE J. WRIGHT</b>	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>GOOD &amp; FOWLER, LLP</b> <b>262 GRAND AVENUE</b> <b>SOUTH SAN FRANCISCO, CA 94080</b>	Preparer's identifying number (see instructions) N/A	EIN ▶ <b>N/A</b> Phone no. ▶ <b>(650) 872-7600</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  **Yes**  **No**

Part III Statement of Program Service Accomplishments (see instructions)

1 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 No [X]

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 services? ...

Yes No [X]

If 'Yes,' describe these changes on Schedule O.

4 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.

4a (Code: ) (Expenses \$ 1,654,697. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,603,615. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 1,241,428. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 4,499,740. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> .....	4	X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> .....	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	11	X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....	12	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> .....	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i> .....	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i> .....	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> .....	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....	19	X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i> .....	23	X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i> .....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> .....	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .....	27	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	<b>35</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....	<b>37</b>	X

BAA

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
	<b>1a</b> 30		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
	<b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .		
	<b>2a</b> 118		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
<b>3b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>4b</b>	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		X
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		X
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>7h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>9b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from other members or shareholders . . . . .		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) nonexempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .		

BAA

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

**Section A. Governing Body and Management**

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body		19
<b>1b</b>	Enter the number of voting members that are independent		19
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>9b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . SEE SCHEDULE O	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done . . . SEE SCHEDULE O	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>15b</b>	Other officers of key employees of the organization? . . . SEE SCHEDULE O	X	
Describe the process in Schedule O. (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate 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?		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ NING XIAO 214 VAN NESS AVENUE SAN FRANCISCO CA 94102 (415) 431-1481

**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**

1 a Complete this table for all persons required to be listed. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GIL JOHNSON PRESIDENT	2	X		X				0.	0.	0.
TODD STEVENOT VICE PRESIDENT	2	X		X				0.	0.	0.
ARTHUR BEATO VICE PRESIDENT	2	X		X				0.	0.	0.
HARRY MAR VICE PRESIDENT	2	X		X				0.	0.	0.
CARL JANSON TREASURER	2	X		X				0.	0.	0.
JORDANA WELLES SECRETARY	2	X		X				0.	0.	0.
BRAD BERETTA DIRECTOR	2	X						0.	0.	0.
DAVID CHAN DIRECTOR	2	X						0.	0.	0.
JOSEPH CHAN DIRECTOR	2	X						0.	0.	0.
STEPHEN DOBBS DIRECTOR	2	X						0.	0.	0.
MARGIE DONOVAN DIRECTOR	2	X						0.	0.	0.
CHRISTOPHER DOWNEY DIRECTOR	2	X						0.	0.	0.
REBECCA HANDLER DIRECTOR	2	X						0.	0.	0.
DANA HOOPER DIRECTOR	2	X						0.	0.	0.
KATHLEEN KNOX DIRECTOR	2	X						0.	0.	0.
JERRY KUNS DIRECTOR	2	X						0.	0.	0.
JOSHUA A. MIELE, PH.D. DIRECTOR	2	X						0.	0.	0.



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>					
	<b>b</b> Membership dues . . . . .	<b>1 b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>					
	<b>d</b> Related organizations . . . . .	<b>1 d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>	715,715.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b>	725,720.				
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . . \$						
<b>h Total.</b> Add lines 1a-1f: . . . . . ▶			1,441,435.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>SERVICE FEES</u>	<b>Business Code</b>	274,449.	274,449.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f: . . . . . ▶			274,449.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶		807,592.			807,592.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶						
	<b>5</b> Royalties . . . . . ▶						
	<b>6 a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other	4,903,686.	183,897.		
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		5,281,427.			
		<b>c</b> Gain or (loss) . . . . .		-377,741.	183,897.		
		<b>d</b> Net gain or (loss) . . . . . ▶			-193,844.	-377,741.	183,897.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		1,702,688.				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	578,331.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			1,124,357.	1,124,357.		
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> <u>OTHER INCOME</u>			19,731.	19,731.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d: . . . . . ▶			19,731.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . ▶			3,473,720.	1,040,796.	0.	991,489.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
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.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	2,630,986.	2,338,167.	105,269.	187,550.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	130,587.	115,987.	5,707.	8,893.
9 Other employee benefits.	340,630.	314,791.	11,420.	14,419.
10 Payroll taxes.	213,684.	189,761.	8,573.	15,350.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.	146,217.	110,999.	20,796.	14,422.
12 Advertising and promotion.	16,460.	11,101.	2,278.	3,081.
13 Office expenses.	126,403.	113,171.	8,670.	4,562.
14 Information technology.				
15 Royalties.				
16 Occupancy.	337,687.	317,648.	13,417.	6,622.
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	68,638.	56,606.	3,281.	8,751.
20 Interest.	30,369.	27,023.	1,300.	2,046.
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	280,020.	252,835.	18,201.	8,984.
23 Insurance.	57,514.	44,235.	8,891.	4,388.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM COSTS	573,448.	555,669.	6,272.	11,507.
b PRINTING AND PUBLICATIONS	61,053.	37,058.	6,939.	17,056.
c POSTAGE AND SHIPPING	32,942.	14,689.	2,136.	16,117.
d BOARD EXPENSES	2,152.		2,152.	
e				
f All other expenses.				
25 Total functional expenses. Add lines 1 through 24f.	5,048,790.	4,499,740.	225,302.	323,748.
26 Joint Costs. Check here <input type="checkbox"/> 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.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	590,377.	1	662,277.
	2	Savings and temporary cash investments	406,572.	2	6,744.
	3	Pledges and grants receivable, net	510,989.	3	475,985.
	4	Accounts receivable, net	372,207.	4	430,726.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	209,460.	8	235,086.
	9	Prepaid expenses and deferred charges	67,544.	9	70,579.
	10a	Land, buildings, and equipment: cost basis	10a 6,383,369.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 3,481,269.	10c	2,902,100.
	11	Investments — publicly-traded securities	26,201,235.	11	25,885,373.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	700.	15	700.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	31,515,741.	16	30,669,570.	
LIABILITIES	17	Accounts payable and accrued expenses	604,405.	17	531,512.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	364,053.	23	195,082.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	968,458.	26	726,594.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	29,916,806.	27	29,538,570.
	28	Temporarily restricted net assets	501,744.	28	275,673.
	29	Permanently restricted net assets	128,733.	29	128,733.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances.</b>	30,547,283.	33	29,942,976.	
34	<b>Total liabilities and net assets/fund balances.</b>	31,515,741.	34	30,669,570.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits?		

BAA



**Part II 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	2,181,441.	3,268,463.	1,850,230.	2,583,159.	1,441,435.	11,324,728.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
<b>3</b> 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.						0.
<b>4 Total.</b> Add lines 1-3.	2,181,441.	3,268,463.	1,850,230.	2,583,159.	1,441,435.	11,324,728.
<b>5</b> 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).						676,547.
<b>6 Public support.</b> Subtract line 5 from line 4.						10,648,181.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4.	2,181,441.	3,268,463.	1,850,230.	2,583,159.	1,441,435.	11,324,728.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,250,814.	1,930,974.	2,658,721.	3,746,225.	613,748.	10,200,482.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.	15,565.	23,226.	8,721.	18,585.	19,731.	85,828.
<b>11 Total support.</b> Add lines 7 through 10.						21,611,038.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					12	0.
<b>13 First five years.</b> 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 ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	49.3 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	<b>15</b>	51.3 %
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> 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. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> 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. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> 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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . . ▶

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



## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	19,731.	18,585.	8,721.	23,226.	15,565.
TOTAL	<u>\$ 19,731.</u>	<u>\$ 18,585.</u>	<u>\$ 8,721.</u>	<u>\$ 23,226.</u>	<u>\$ 15,565.</u>

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

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

Employer identification number  
**94-1415317**

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

LIGHTHOUSE FOR THE BLIND AND VISUALLY

94-1415317

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM & RUTH STUCKMAN TRUST 75 SANTA MONICA WAY SAN FRANCISCO, CA 94127-1537	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BERNICE CANATA TRUST 44 MONTGOMERY ST, STE 3585 SAN FRANCISCO, CA 94104-4829	\$ 75,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GEORGE H. SANDY FOUNDATION P.O. BOX 591717 SAN FRANCISCO, CA 94159	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ESTATE OF PEARL FRANCES TURNER 216 PARK ROAD BURLINGAME, CA 94010	\$ 37,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ESTATE OF HERBERT ROSEN ONE NORTH BROADWAY WHITE PLAINS, NY 10601	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MARVIN WALTON 1988 TRUST P.O. BOX 1299 PALO ALTO, CA 94302	\$ 70,300.	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 <b>LIGHTHOUSE FOR THE BLIND AND VISUALLY</b>	Employer identification number <b>94-1415317</b>
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**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

LIGHTHOUSE FOR THE BLIND AND VISUALLY

94-1415317

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, total acreage, number of easements on historic structures, and monitoring questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts related to these items.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	128,733.				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	128,733.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4 Describe in Part XIV the intended uses of the organization's endowment funds. **SEE PART XIV**

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		423,390.		423,390.
b Buildings		3,048,870.	1,451,451.	1,597,419.
c Leasehold improvements		337,746.	327,544.	10,202.
d Equipment		2,282,564.	1,474,292.	808,272.
e Other		290,799.	227,982.	62,817.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,902,100.



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,473,720.
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,048,790.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-1,575,070.
4	Net unrealized gains (losses) on investments	970,765.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	970,765.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-604,305.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	1	5,022,816.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	970,765.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) SEE PART XIV	2d	578,331.
	e Add lines 2a through 2d	2e	1,549,096.
3	Subtract line 2e from line 1	3	3,473,720.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	3,473,720.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	5,627,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV) SEE PART XIV	2d	578,331.
	e Add lines 2a through 2d	2e	578,331.
3	Subtract line 2e from line 1	3	5,048,790.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	5,048,790.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

--- **PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND** ---

--- THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO SUPPORT THE FOLLOWING ---

--- PROGRAM SERVICES: MULTI-DISABLED ADULT CAMPERS, CAMPERS FROM ALAMEDA COUNTY TO ATTEND ---

--- SUMMER CAMP, AND EDUCATION AND RECREATION RELATED ACTIVITIES. ---

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2008

**SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6**

LIGHTHOUSE FOR THE BLIND AND VISUALLY  
IMPAIRED

94-1415317

**SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

COST OF GOODS SOLD ..... \$ 578,331.  
TOTAL \$ 578,331.

**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

COST OF GOODS SOLD ..... \$ 578,331.  
TOTAL \$ 578,331.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization LIGHHOUSE FOR THE BLIND AND VISUALLY  
IMPAIRED

Employer identification number  
94-1415317

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO PROMOTE INDEPENDENCE, EQUALITY, AND SELF-RELIANCE OF PEOPLE WHO ARE  
BLIND/VISUALLY IMPAIRED THROUGH PROVISION OF REHABILITATION TRAINING AND RELEVANT  
SERVICES, SUCH AS ACCESS TO EMPLOYMENT, EDUCATION, GOVERNMENT, MEDIA, RECREATION,  
TRANSPORTATION, AND THE ENVIRONMENT.

FORM 990, PART III, LINE 4A - 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.

-THE VOLUNTEER SERVICES PROGRAM 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.

Name of the organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED

Employer identification number 94-1415317

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

-THE VISION LOSS RESOURCE CENTER PROVIDES HIGH QUALITY INFORMATION AND REFERRAL SERVICES TO INDIVIDUALS THROUGHOUT CALIFORNIA ON BLINDNESS AND VISUAL IMPAIRMENT. CORE COMPONENTS INCLUDE A TOLL-FREE NUMBER, A WALK-IN RESOURCE DESK, AND A MATERIALS RESOURCE CENTER.

-THE PUBLIC POLICY PROGRAM ADVOCATES FOR THE INCLUSION OF PEOPLE WHO ARE BLIND THROUGHOUT THE FABRIC OF THE COMMUNITY AS FULL ECONOMIC AND SOCIAL PARTICIPANTS. KEY STRATEGIC PRIORITIES INCLUDE VOTING ACCESS, PEDESTRIAN SAFETY, AND ACCESS TO TRANSPORTATION.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

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.

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

Employer identification number  
**94-1415317**

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

-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.

**FORM 990, PART III, LINE 4C - 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.

-LIGHTHOUSE'S ADAPTATIONS STORES SELL REHABILITATION AIDS AND APPLIANCES ON-SITE IN SAN FRANCISCO AND SAN RAFAEL. PRODUCTS MAY ALSO BE PURCHASED THROUGH MAIL ORDER AND ONLINE.

-DIGITAL DATA SCAN, THE AGENCY'S NEW ELECTRONIC DOCUMENT CONVERSION ENTERPRISE, PROVIDES EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED, BY OFFERING DATA CONVERSION SOLUTIONS TO BUSINESSES AND GOVERNMENTAL ENTITIES AT A COMPETITIVE PRICE.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

THE FORM 990 IS INITIALLY REVIEWED BY THE CEO, ASSOCIATE CEO, DIRECTOR OF DEVELOPMENT, AND THE DIRECTOR OF FINANCE. IT IS THEN FORWARDED TO THE AUDIT COMMITTEE FOR REVIEW.

Name of the organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED

Employer identification number 94-1415317

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

THE LIGHTHOUSE MAINTAINS A CONFLICT OF INTEREST POLICY THAT IS REVIEWED AND SIGNED ANNUALLY BY THE BOARD OF DIRECTORS TO ENSURE THEIR ONGOING FAMILIARITY WITH AND COMPLIANCE-MONITORING OF THE POLICY. AS PART OF THIS REVIEW PROCESS, AS INDICATED IN THE POLICY, THE BOARD WILL CONSIDER THE LEVEL OF COMPLIANCE WITH THE POLICY, THE CONTINUING SUITABILITY OF THE POLICY, AND WHETHER THE POLICY SHOULD BE MODIFIED AND IMPROVED. THE POLICY STIPULATES THAT ANY INSIDER (SEE POLICY FOR DEFINITION OF INSIDER) HAS A DUTY TO DISCLOSE A PROPOSED TRANSACTION WITH THE LIGHTHOUSE TO THE BOARD CHAIR. UPON DISCLOSURE, AS INDICATED BY THE POLICY, THE BOARD CHAIR CONVENES AN EXECUTIVE COMMITTEE MEETING TO REVIEW MATERIAL FACTS ABOUT THE TRANSACTION AND COMPARE THESE FACTS AGAINST THE POLICY TO DETERMINE ANY POTENTIAL CONFLICTS. ARTICLE IV OF THE POLICY DETAILS THE PROPER PROCEDURE IF A TRANSACTION IS DETERMINED TO BE A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE ORGANIZATION USES THE CENTER FOR NON-PROFIT MANAGEMENT COMPENSATION AND BENEFITS SURVEY TO DETERMINE THE COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFICIALS, AND KEY EMPLOYEES. CEO/EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED BY A BOARD COMMITTEE (PERSONAL OR APPOINTED COMMITTEE) AND APPROVED BY THE BOARD OF DIRECTORS. CFO AND COO SALARIES ARE SET BY THE CEO/EXECUTIVE DIRECTOR AND REVIEWED BY THE EXECUTIVE COMMITTEE. COMPENSATION FOR KEY EMPLOYEES ARE REVIEWED AND APPROVED BY THE CEO/EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE LIGHTHOUSE WEBSITE AND/OR ANNUAL REPORT.

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

Department of the Treasury  
Internal Revenue Service

▶ **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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED</b>	Employer identification number <b>94-1415317</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>214 VAN NESS AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94102</b>	

**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 (section 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 ▶ NING XIAO -----

Telephone No. ▶ (415) 431-1481 ----- FAX No. ▶ (415) 863-7568 -----

- 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 corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 10/01, 20 08, and ending 9/30, 20 09.

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

<b>3a</b> 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>3a</b>	\$	0.
<b>b</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. ....	<b>3b</b>	\$	0.
<b>c Balance Due.</b> 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. ....	<b>3c</b>	\$	0.

**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.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month 10 day 01 year 2008, and ending month 09 day 30 year 2009

**A** First Return Filed?  Yes  No **B** Type of organization Exempt under Section 23701 D (insert letter)  IRC Section 4947(a)(1) trust  CORP # 0350019

Corporation/Organization Name Lighthouse for the Blind and Visually Impaired FEIN 94-1415317

Address 214 VAN NESS AVENUE City SAN FRANCISCO, CA 94102 State ZIP Code

**C** Amended Return?  Yes  No **D** Are you a subordinate/affiliate in a group exemption?  Yes  No **a** Is this a group filing for affiliates?  Yes  No **b** If 'Yes,' enter the number of affiliates **c** Are all affiliates included?  Yes  No **d** Is this a separate return filed by an organization covered by a group ruling?  Yes  No **e** Federal Group Exemption Number **f** Is a roster of subordinates attached?  Yes  No **E** Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation) If a box is checked, enter date **F** Check the box if the organization filed: 1  990T 2  990PF 3  990H **G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.  **H** Accounting method used. 1  Cash 2  Accrual 3  Other **I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations  Yes  No **J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents.  Yes  No **K** Is the organization exempt under R&TC Section 23701g?  Yes  No If 'Yes,' enter amount of gross receipts from nonmember sources. \$ **L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No **M** Is the organization a Limited Liability Corporation?  Yes  No **N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	7,892,043.
	2	Gross dues and assessments from members and affiliates	● 2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	● 3	1,441,435.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C.	● 4	9,333,478.
	5	Cost of goods sold	● 5	578,331.
	6	Cost or other basis, and sales expenses of assets sold	● 6	5,281,427.
	7	Total costs. Add line 5 and line 6	7	5,859,758.
	8	Total gross income. Subtract line 7 from line 4	● 8	3,473,720.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	● 9	5,048,790.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	-1,575,070.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	● 14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title EXECUTIVE DIRECTOR	Date	● Telephone (415) 431-1481
Paid Preparer's Use Only	Preparer's signature	BRUCE J. WRIGHT	Date	● Preparer's SSN/PTIN P00083251
	Firm's name (or yours, if self-employed) and address	GOOD & FOWLER, LLP		● FEIN 94-1262196
		262 GRAND AVENUE		● Telephone (650) 872-7600
		SOUTH SAN FRANCISCO, CA 94080		
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	● 1	1,702,688.
	2	Interest . . . . .	● 2	
	3	Dividends . . . . .	● 3	807,592.
	4	Gross rents . . . . .	● 4	
	5	Gross royalties . . . . .	● 5	
	6	Gross amount received from sale of assets (See Instructions) . . . . .	● 6	5,087,583.
	7	Other income. Attach schedule . . . . . SEE STATEMENT 1	● 7	294,180.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	8	7,892,043.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	● 9	
	10	Disbursements to or for members . . . . .	● 10	
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . . SEE STATEMENT 2	● 11	0.
	12	Other salaries and wages . . . . .	● 12	2,630,986.
	13	Interest . . . . .	● 13	30,369.
	14	Taxes . . . . .	● 14	213,684.
	15	Rents . . . . .	● 15	337,687.
	16	Depreciation and depletion (See Instructions) . . . . .	● 16	280,020.
	17	Other. Attach schedule . . . . . SEE STATEMENT 3	● 17	1,556,044.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	18	5,048,790.

**Schedule L Balance Sheets**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1		996,949.		● 669,021.
2		883,196.		● 906,711.
3				●
4		209,460.		● 235,086.
5				●
6				●
7		26,201,235.		● 25,885,373.
8				●
9				●
10a	5,933,361.		5,959,979.	
b	3,200,094.	2,733,267.	3,481,269.	2,478,710.
11		423,390.		● 423,390.
12		68,244.		● 71,279.
13		31,515,741.		30,669,570.
<b>Liabilities and net worth</b>				
14		604,405.		● 531,512.
15				●
16				●
17		364,053.		● 195,082.
18				●
19		30,547,283.		● 29,942,976.
20				●
21				●
22		31,515,741.		30,669,570.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books . . . . .	● -1,575,070.	7	Income recorded on books this year not included in this return. Attach schedule . . . . .	●
2	Federal income tax . . . . .	●	8	Deductions in this return not charged against book income this year. Attach schedule . . . . .	●
3	Excess of capital losses over capital gains . . . . .	●	9	Total. Add line 7 and line 8 . . . . .	
4	Income not recorded on books this year. Attach schedule . . . . .	●	10	Net income per return. Subtract line 9 from line 6 . . . . .	-1,575,070.
5	Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	●			
6	Total. Add line 1 through line 5 . . . . .	-1,575,070.			

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

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization <b>LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED</b>	Employer identification number <b>94-1415317</b>
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**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their 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).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.** **Schedule B** (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

LIGHTHOUSE FOR THE BLIND AND VISUALLY

94-1415317

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM & RUTH STUCKMAN TRUST 75 SANTA MONICA WAY SAN FRANCISCO, CA 94127-1537	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BERNICE CANATA TRUST 44 MONTGOMERY ST, STE 3585 SAN FRANCISCO, CA 94104-4829	\$ 75,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GEORGE H. SANDY FOUNDATION P.O. BOX 591717 SAN FRANCISCO, CA 94159	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ESTATE OF PEARL FRANCES TURNER 216 PARK ROAD BURLINGAME, CA 94010	\$ 37,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ESTATE OF HERBERT ROSEN ONE NORTH BROADWAY WHITE PLAINS, NY 10601	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MARVIN WALTON 1988 TRUST P.O. BOX 1299 PALO ALTO, CA 94302	\$ 70,300.	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 <b>LIGHTHOUSE FOR THE BLIND AND VISUALLY</b>	Employer identification number <b>94-1415317</b>
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**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**STATEMENT 1**  
**FORM 199, PART II, LINE 7**  
**OTHER INCOME**

OTHER INCOME ..... \$ 19,731.  
TOTAL \$ 19,731.

**STATEMENT 2**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GIL JOHNSON 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	PRESIDENT 2.00	\$ 0.	\$ 0.	\$ 0.
TODD STEVENOT 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	VICE PRESIDENT 2.00	0.	0.	0.
ARTHUR BEATO 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	VICE PRESIDENT 2.00	0.	0.	0.
HARRY MAR 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	VICE PRESIDENT 2.00	0.	0.	0.
CARL JANSON 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	TREASURER 2.00	0.	0.	0.
JORDANA WELLES 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	SECRETARY 2.00	0.	0.	0.
BRAD BERTETTA 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
DAVID CHAN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
JOSEPH CHAN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
STEPHEN DOBBS 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER	
MARGIE DONOVAN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.	
CHRISTOPHER DOWNEY 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
REBECCA HANDLER 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
DANA HOOPER 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
KATHLEEN KNOX 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
JERRY KUNS 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
JOSHUA A. MIELE, PH.D. 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
LESLIE MURPHY 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
GARY SCHNITZER 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
KEITH WILLIAMS 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.	
		TOTAL \$	<u>0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$ 16,460.
BOARD EXPENSES.....	2,152.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	68,638.
INSURANCE.....	57,514.
OFFICE EXPENSES.....	126,403.
OTHER EMPLOYEE BENEFIT.....	340,630.
OTHER FEES.....	146,217.
PENSION PLAN CONTRIBUTIONS.....	130,587.
POSTAGE AND SHIPPING.....	32,942.
PRINTING AND PUBLICATIONS.....	61,053.
PROGRAM COSTS.....	573,448.
TOTAL	<u>\$ 1,556,044.</u>

**STATEMENT 4**  
**FORM 199, SCHEDULE L, LINE 7**  
**INVESTMENTS IN STOCKS**

MUTUAL FUNDS.....	\$ 25,483,193.
PRISA FUND.....	402,180.
TOTAL	<u>\$ 25,885,373.</u>

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

OTHER ASSETS.....	700.
PREPAID EXPENSES AND DEFERRED CHARGES.....	70,579.
TOTAL	<u>\$ 71,279.</u>

IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



<p><b>State Charity Registration Number</b> <u>001250</u></p> <p>LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED  <small>Name of Organization</small></p> <p>214 VAN NESS AVENUE  <small>Address (Number and Street)</small></p> <p>SAN FRANCISCO, CA 94102  <small>City or Town State ZIP Code</small></p>	<p><b>Check if:</b></p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p><b>Corporate or Organization No.</b> <u>0350019</u></p> <p><b>Federal Employer ID No.</b> <u>94-1415317</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 10/01/08 ending 9/30/09) list:  
 Gross annual revenue \$ 3,473,720. Total assets \$ 30,669,570.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;">SEE STATEMENT 1</span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (415) 431-1481

Organization's e-mail address NXIAO@LIGHTHOUSE-SF.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

ANITA SHAFER AARON	EXECUTIVE DIRECTOR	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

**STATEMENT 1  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

CALIFORNIA DEPT. OF REHABILITATION SERVICES FOR THE BLIND - TITLE 7  
2000 EVERGREEN STEET, SACRAMENTO, CA 95815  
ROSALYN DURHAM  
(916) 263-8736

CITY AND COUNTY OF SAN FRANCISCO HUMAN SERVICES AGENCY - DAAS  
P.O. BOX 7988, SAN FRANCISCO, CA 94120  
ESPERANZA ZAPIEN  
(415) 557-5657

CITY AND COUNTY OF SAN FRANCISCO DEPT. OF PUBLIC HEALTH - TAXI VOUCHER  
101 GROVE STEET, SAN FRANCISCO, CA 94102  
ROBERT LONGHITANO  
(415) 554-2659

CITY AND COUNTY OF SAN FRANCISCO - COMMUNITY LIVING FUND INSTITUTE ON AGING  
□3330 GEARY BLVD, SAN FRANCISCO, CA 94118  
CINDY KAUFFMAN  
(415) 750-4180

CITY AND COUNTY OF SAN FRANCISCO MAYOR'S OFFICE ON COMMUNITY DEVELOPMENT - MOCD  
1 SOUTH VAN NESS AVE. FIFTH FLOOR, SAN FRANCISCO, CA 94103  
HAZEL JONES  
(415) 701-5581

CITY AND COUNTY OF SAN FRANCISCO DEPT. OF PUBLIC HEALTH - PEDESTRIAN SAFETY  
30 VAN NESS SUITE 2300, SAN FRANCISCO, CA 94102  
ANA VALIDZIC  
(415) 581-2478

CITY AND COUNTY OF SAN FRANCISCO - DEPT. OF CHILDREN, YOUTH AND THEIR FAMILY  
1390 MARKET STREET SUITE 900, SAN FRANCISCO, CA 94102  
ARTINA LIM  
(415) 554-8791