

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

2000

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning, 2000, and ending, 20

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C AMERICAN ASSOCIATION OF THE DEAF & BLIND, 814 THAYER AVENUE #302, SILVER SPRING, MD 20910-4500. D Employer identification number 36-3071247. E Telephone number. F Check if application pending.

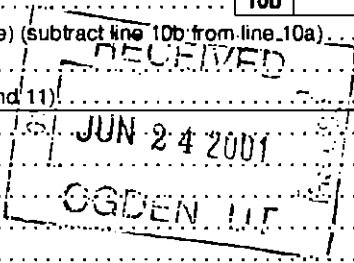
G Organization type (check only one) 501(c)(3) (insert no.) 527 OR 4947(a)(1). Note: H and I are not applicable to section 527 orgs. H(a) Is this a group return filed for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

J Accounting method: Cash Accrued Other (specify)

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Contributions, Program service revenue, Membership dues, Dividends, Rents, Other investment income, Sales of assets, Special events, Inventory, Other revenue, and Expenses. Total revenue is 1,642,562 and total expenses is 1,603,464.



SCANNED JUL 19 2001

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att. sch.) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals (att. sch.)	23			
24 Benefits paid to or for members (att. sch.)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26 40,254	26 30,302	26 8,051	26 1,901
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 3,975	29 2,992	29 795	29 188
30 Professional fundraising fees	30 1,199,722			30 1,199,722
31 Accounting fees	31 3,400		31 3,400	
32 Legal fees	32			
33 Supplies	33 2,507	33 1,888	33 501	33 118
34 Telephone	34 874	34 742	34 132	
35 Postage and shipping	35 219	35 165	35 44	35 10
36 Occupancy	36 8,198	36 6,171	36 1,640	36 387
37 Equipment rental and maintenance	37			
38 Printing and publications	38 7,475	38 7,475		
39 Travel	39 4,277	39 4,277		
40 Conferences, conventions, and meetings	40 311,781	40 304,006	40 7,775	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 321	42 241	42 65	42 15
43 Other expenses (itemize): a <u>Statement 2</u>	43a 20,461	43a 5,523	43a 2,047	43a 12,891
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15.	44 1,603,464	44 363,782	44 24,450	44 1,215,232

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <b>TO PROMOTE COMMUNICATION OF,</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)
a See Statement 3 _____ _____ _____ (Grants and allocations \$ _____) 0 )	363,782
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) _____ (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>363,782</b>	

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

		(A) Beginning of year	(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	45 Cash – non-interest-bearing	1,123	5,774	
	46 Savings and temporary cash investments	281,574	305,155	
	47a Accounts receivable	5,254		
	b Less: allowance for doubtful accounts		5,254	
	47b	2,036	47c	
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	
	48b		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	
	51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a Investments – land, buildings, and equipment: basis		55a		
b Less: accumulated depreciation (attach schedule)		55b		
55b		55c		
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis	27,506			
b Less: accumulated depreciation (attach schedule)	24,620			
57b		57c		
57c		2,886		
58 Other assets (describe ▶ )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	284,733	59	319,069	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	8,978	60	4,216
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	64b		64c	
65 Other liabilities (describe ▶ )		65		
66 <b>Total liabilities</b> (add lines 60 through 65)	8,978	66	4,216	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	275,755	67	314,853
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	275,755	73	314,853	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	284,733	74	319,069	

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 25.)

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> 1,645,421
<b>b</b> Amounts included on line a but not on line 12, Form 990:	
<b>(1)</b> Net unrealized gains on investments	
<b>(2)</b> Donated services and use of facilities	
<b>(3)</b> Recoveries of prior year grants	
<b>(4)</b> Other (specify):	
See Stmt 5 \$ 2,859	
Add amounts on lines (1) through (4)	<b>b</b> 2,859
<b>c</b> Line a minus line b	<b>c</b> 1,642,562
<b>d</b> Amounts included on line 12, Form 990 but not on line a:	
<b>(1)</b> Investment expenses not included on line 6b, Form 990	
<b>(2)</b> Other (specify):	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b> 1,642,562

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> 1,606,323
<b>b</b> Amounts included on line a but not on line 17, Form 990:	
<b>(1)</b> Donated services and use of facilities	
<b>(2)</b> Prior year adjustments reported on line 20, Form 990	
<b>(3)</b> Losses reported on line 20, Form 990	
<b>(4)</b> Other (specify):	
See Stmt 6 \$ 2,859	
Add amounts on lines (1) through (4)	<b>b</b> 2,859
<b>c</b> Line a minus line b	<b>c</b> 1,603,464
<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
<b>(1)</b> Investment expenses not included on line 6b, Form 990	
<b>(2)</b> Other (specify):	
Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b> 1,603,464

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEFFERY S. BOHRMAN COLUMBUS, OH	VICE PRESIDEN None	0	0	0
ART ROEHRIG WASHINGTON, DC	VICE PRESIDEN None	0	0	0
HARRY ANDERSON AUGUSTINE, FL	PRESIDENT None	0	0	0
LYNNETTE BOYER OSTEGO, MN	TREASURER None	0	0	0
DONA SAUERBURGER GAMBRILLS, MD	SECRETARY None	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule - see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
80b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a	0	
81b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A	
85d	Section 162(e) lobbying and political expenditures	85d	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX.	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>	89a		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			0
89d	Enter: Amount of tax in 89c, above, reimbursed by the organization.			0
90a	List the states with which a copy of this return is filed <u>MARYLAND</u>	90a		
90b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions.)	90b		1
91	The books are in care of <u>JOY LARSON</u> Telephone no. <u></u> Located at <u>814 THAYER AVENUE, SILVER SPRING, MD</u> ZIP code <u>20910-4500</u>	91		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>	92		N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONVENTION REGISTRATIONS					198,226
b EXHIBITOR FEES					1,475
c CONVENTION FEES - OTHER					521
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					7,041
95 Interest on savings & temporary cash investments			14	15,380	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events			3	1,034	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISCELLANEOUS			1	20	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				16,434	207,263
105 Total (add line 104, columns (B), (D), and (E))					223,697

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

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

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

Please 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. (Important! See General Instruction W on page 14.)

Date: 16-18-01  
 Type or print name and title: Harry Anderson President

Preparer's SSN or PTIN: [Redacted]

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

**Organization Exempt Under Section 501(c)(3)**

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

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

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

Name of the organization

AMERICAN ASSOCIATION OF THE DEAF & BLIND

Employer identification number

36-3071247

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶ 0				

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶ 0		

<b>Part III</b> Statements About Activities	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? ..... If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property? .....	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit? .....	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? .....	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? ..... If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	<b>2e</b>	<b>X</b>
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? .....	<b>3</b>	<b>X</b>
<b>4a</b> Do you have a section 403(b) annuity plan for your employees? .....	<b>4a</b>	<b>X</b>
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

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

**5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  
 **6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)  
 **7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  
 **8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  
 **9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 ▶ \_\_\_\_\_  
 **10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)  
 **11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)  
 **11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)  
 **12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)  
 **13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . . ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	1,169,055	997,303	613,655	713,764	3,493,777
<b>16</b> Membership fees received . . . . .	6,285	7,395	6,912	6,739	27,331
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .		158,679		130,475	289,154
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	8,485	6,913	3,971	4,415	23,784
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</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 . . . . .					
<b>22</b> Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets. See St. 8 . . . . .	90	136	885	1,291	2,402
<b>23</b> Total of lines 15 through 22 . . . . .	1,183,915	1,170,426	625,423	856,684	3,836,448
<b>24</b> Line 23 minus line 17 . . . . .	1,183,915	1,011,747	625,423	726,209	3,547,294
<b>25</b> Enter 1% of line 23 . . . . .	11,839	11,704	6,254	8,567	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . N/A . . . . . ▶					<b>26a</b>
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts . . . . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ▶					<b>26d</b>
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ 0 (1998) _____ 0 (1997) _____ 0 (1996) _____ 0					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1999) _____ 0 (1998) _____ 0 (1997) _____ 0 (1996) _____ 0					
c Add: Amounts from column (e) for lines: 15 _____ 3,493,777 16 _____ 27,331 17 _____ 289,154 20 _____ 21 _____ . . . . . ▶					<b>27c</b> 3,810,262
d Add: Line 27a total . . . . . 0 and line 27b total . . . . . 0 . . . . . ▶					<b>27d</b> 0
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> 3,810,262
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶					<b>27f</b> 3,836,448
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> 99.32%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . . ▶					<b>27h</b> 0.62%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

Table with 3 columns: Question, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and compliance with Rev. Proc. 75-50.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

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

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.) N/A

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

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



## AMERICAN ASSOCIATION OF THE DEAF &amp; BLIND

36-3071247

**Statement 1**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

## Special Events:

- A) T-Shirt sales at convention  
 B)  
 C)  
 Other:

Special Events	A	B	C	Other	Total
Gross Receipts	\$ 3,893			0	3,893
Less: Contributions	0			0	0
Gross Revenue	3,893			0	3,893
Less: Direct Expenses	2,859			0	2,859
Net Income (Loss)	\$ 1,034			0	1,034

**Statement 2**  
**Form 990, Part II, Line 43**  
**Other Expenses**

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BANK CHARGES	\$ 5,235	3,941	1,047	247
CAGING FEES	9,799			9,799
EQUIPMENT	376	283	75	18
INSURANCE	1,583	792	791	
MISCELLANEOUS	193	146	38	9
PARKING	480	361	96	23
REGISTRATION FEES	2,795			2,795
Total	\$ 20,461	5,523	2,047	12,891

**Statement 3**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
BRAILING AND PRINTING OF QUARTERLY MAGAZINE "THE DEAF-BLIND AMERICAN". THIS IS THE OFFICIAL PUBLICATION OF THE ASSOC. IT IS USED FOR MAKING ANNOUNCEMENTS AND PROVIDING ITEMS OF INTEREST TO		

AMERICAN ASSOCIATION OF THE DEAF & BLIND

36-3071247

**Statement 3 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
DEAF-BLIND PERSONS. CURRENT CIRCULATION IS 550.	\$ 0	11,983
ANNUAL CONVENTION - HELP TO ADVANCE THE ECONOMIC, EDUCATIONAL AND SOCIAL WELFARE OF DEAF-BLIND PERSONS BY BRINGING THEM TOGETHER TO SHARE IDEAS AND ADVANCEMENTS IN TECHNOLOGY IN THE AREAS OF HEARING AND SIGHT IMPAIRMENT. SERVES 700.	0	324,850
PUBLIC RELATIONS CAMPAIGN - CONDUCTED BY UNITED DEAF SERVICES ON BEHALF OF THE AMERICAN ASSOCIATION OF THE DEAF- BLIND BY TELEPHONE AND DIRECT MAIL TO DEFINE THE OBJECTIVES OF THE ASSOCIATION, AND ENCOURAGE SUPPORT ON THE LOCAL, STATE AND REGIONAL LEVELS.	0	26,949
	<u>\$ 0</u>	<u>363,782</u>

**Statement 4**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Asset	Basis	Accum. Deprec.	Book Value
Machinery and equipment	\$ 27,506	24,620	2,886
Total	<u>\$ 27,506</u>	<u>24,620</u>	<u>2,886</u>

**Statement 5**  
**Form 990, Part IV-A, Line b(4)**  
**Other Amounts**

LINE 9B .....	\$ 2,859
Total	<u>\$ 2,859</u>

**Statement 6**  
**Form 990, Part IV-B, Line b(4)**  
**Other Amounts**

LINE 9B .....	\$ 2,859
Total	<u>\$ 2,859</u>

## AMERICAN ASSOCIATION OF THE DEAF &amp; BLIND

36-3071247

**Statement 7**  
**Form 990, Part VIII**  
**Relationship of Activities to the Accomplishment of Exempt Purposes**

Line #	Explanation of Activities
94	MEMBERSHIP DUES COLLECTED TO ASSIST ORGANIZATION IN PROVIDING BENEFITS FOR DEAF-BLIND MEMBERS SUCH AS ORGANIZING MEETINGS AND SENDING PUBLICATIONS.
93	REGISTRATION AND RELATED FEES TO PERMIT MEMBERS TO PARTICIPATE IN THE ASSOCIATION'S CONVENTION WHERE PUBLIC EDUCATION PROGRAMS ARE PRESENTED ON THE NEEDS OF DEAF-BLIND PERSONS TO ASSIST THOSE INDIVIDUALS IN PARTICIPATING IN THE EDUCATIONAL, ECONOMIC, SOCIAL AND CULTURAL SPHERES OF SOCIETY. APROXIMATELY 400 MEMBERS PARTICIPATED.

**Statement 8**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

Description	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
MISCELLANEOUS	\$ 90	\$ 136	\$ 885	\$ 1,291	\$ 2,402
Total	<u>\$ 90</u>	<u>\$ 136</u>	<u>\$ 885</u>	<u>\$ 1,291</u>	<u>\$ 2,402</u>

# 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).

Note: 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)

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

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>AMERICAN ASSOCIATION OF THE DEAF &amp; BLIND</b>	Employer Identification Number <b>36-3071247</b>
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions <b>814 THAYER AVENUE #302</b>	
	City, Town or Post Office. For a foreign address, see instructions. <b>SILVER SPRING, MD 20910-4500</b>	
	State	ZIP Code

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 8069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- 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-month, for 990-T corporation) extension of time until 8/15, 2001, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2000 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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


3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ 0

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. .... \$ 0

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ 0

### Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶  Title ▶ CPA Date ▶ 5/10/01

KFA For Paperwork Reduction Act Notice, see instructions. Form 8868 (12-2000)