

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning, 2004, and ending

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. AMERICAN ASSOCIATION OF THE DEAF & BLIND, 8630 FENTON STREET #121, SILVER SPRING, MD 20910. D Employer Identification Number: 36-3071247. E Telephone number. F Accounting method: Cash, X Accrual, Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No X. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X.

G Web site: N/A

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,468,298.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for line numbers, descriptions, and amounts. Includes rows for Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end of year (21). Includes handwritten 'RECEIVED' stamp and 'SEE STATEMENT 1'.

SCANNED WITH 13 2005

Handwritten initials 'Jp' and 'P'.

**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

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	55,370.	22,148.	2,769.
26	Other salaries and wages	26	26,696.	10,678.	1,335.
27	Pension plan contributions	27	1,675.	921.	84.
28	Other employee benefits	28	4,464.	1,786.	224.
29	Payroll taxes	29	6,689.	3,679.	334.
30	Professional fundraising fees	30	1,048,659.		1,048,659.
31	Accounting fees	31	10,050.	10,050.	
32	Legal fees	32	12,676.	12,676.	
33	Supplies	33	1,729.	951.	86.
34	Telephone	34	2,160.	1,836.	324.
35	Postage and shipping	35	882.	485.	44.
36	Occupancy	36	9,419.	5,180.	471.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	11,843.	11,602.	27.
39	Travel	39	5,102.	5,102.	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	1,663.	915.	83.
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	110,873.	68,515.	24,067.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,309,950.	146,776.	84,991.

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

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

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>TO PROMOTE COMMUNICATION OF,</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 3 ----- ----- ----- (Grants and allocations \$ _____)	146,776.
b ----- ----- (Grants and allocations \$ _____)	
c ----- ----- (Grants and allocations \$ _____)	
d ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	146,776.

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	88,542.	45	236,079.	
	46 Savings and temporary cash investments	252,495.	46	247,239.	
	47a Accounts receivable	16,374.			
	b Less allowance for doubtful accounts				
			12,963.	47c	16,374.
	48a Pledges receivable				
	b Less allowance for doubtful accounts				
				48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)				
	b Less allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		1,477.	53	2,653.
54 Investments – securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>			54		
55a Investments – land, buildings, & equipment basis					
b Less accumulated depreciation (attach schedule)					
			55c		
56 Investments – other (attach schedule)			56		
57a Land, buildings, and equipment basis	32,936.				
b Less accumulated depreciation (attach schedule) <span style="float: right;">STATEMENT 4</span>	29,029.				
		3,606.	57c	3,907.	
58 Other assets (describe ▶ _____)			58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		359,083.	59	506,252.	
LIABILITIES	60 Accounts payable and accrued expenses	3,578.	60	1,600.	
	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		
	65 Other liabilities (describe ▶ <u>SEE STATEMENT 5</u> _____)		5,302.	65	6,806.
66 <b>Total liabilities</b> (add lines 60 through 65)		8,880.	66	8,406.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted			497,846.	
	68 Temporarily restricted	350,203.	67		
	69 Permanently restricted		68		
			69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	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) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21)		350,203.	73	497,846.
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		359,083.	74	506,252.	

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,457,593.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 6 \$ -10,705.		
	Add amounts on lines (1) through (4)	<b>b</b>	-10,705.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,468,298.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	1,468,298.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,309,950.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	1,309,950.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	1,309,950.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
HARRY ANDERSON ----- AUGUSTINE, FL	PRESIDENT 1	0.	0.	0.
JAMIE MCNAMARA POPE ----- SILVER SPRING, MD	EXECUTIVE DIREC 40	55,370.	1,674.	0.
MARILYN FERNANDEZ-TRADER ----- /	SECRETARY 1	0.	0.	0.
JEFFREY BOHRMAN ----- COLUMBUS, OH	TREASURER 1	0.	0.	0.
ARTHUR ROHRIG ----- /	VICE PRESIDENT 1	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 instructions

Part VI Other Information (See instructions)	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
<b>77</b> 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	77	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	78b	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
<b>80a</b> 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?	80a	X
<b>b</b> 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		
<b>81a</b> Enter direct and indirect political expenditures See line 81 instructions	81a	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	81b	X
<b>82a</b> 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
<b>b</b> If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87 501(c)(12) organizations</b> Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</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
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b> List the states with which a copy of this return is filed ▶ <u>SEE STATEMENT 7</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	2
<b>91</b> The books are in care of ▶ <u>JAMIE MCNAMARA</u> Telephone number ▶ <u>301-495-4403</u> Located at ▶ <u>8630 FENTON STREET SILVER SPRING MD</u> ZIP + 4 ▶ <u>20910</u>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					10,175.
95 Interest on savings & temporary cash invmnts			14	6,120.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b MISCELLANEOUS			1	992.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				7,112.	10,175.
105 Total (add line 104, columns (B), (D), and (E))					17,287.

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 instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 8

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

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

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

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.

**Preparer:** Kay C. Anderson  
**Title:** President  
**Date:** 4/29/05

Date: \_\_\_\_\_ Check if: \_\_\_\_\_ Preparer's SSN or PTIN (See General Instruction W): \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

**2004**

Name of the organization

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 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 and 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 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	

**Part III** Statements About Activities (See instructions )

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

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

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

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11 a  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 )
- 11 b  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 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,670,246.	1,611,232.	1,568,303.	1,418,865.	6,268,646.
<b>16</b> Membership fees received	10,965.	8,978.	6,085.	7,041.	33,069.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	240,443.			200,222.	440,665.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,338.	7,521.	14,784.	15,380.	43,023.
<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 schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 9			359.	1,054.	1,413.
<b>23</b> Total of lines 15 through 22	1,926,992.	1,627,731.	1,589,531.	1,642,562.	6,786,816.
<b>24</b> Line 23 minus line 17	1,686,549.	1,627,731.	1,589,531.	1,442,340.	6,346,151.
<b>25</b> Enter 1% of line 23	19,270.	16,277.	15,895.	16,426.	

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 **N/A**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add Amounts from column (e) for lines **18** \_\_\_\_\_ **19** \_\_\_\_\_  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

<b>26a</b>	
<b>26b</b>	
<b>26c</b>	
<b>26d</b>	
<b>26e</b>	
<b>26f</b>	%

**27 Organizations described on line 12:**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year

(2003) \_\_\_\_\_ 0. (2002) \_\_\_\_\_ 0. (2001) \_\_\_\_\_ 0. (2000) \_\_\_\_\_ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2003) \_\_\_\_\_ 0. (2002) \_\_\_\_\_ 0. (2001) \_\_\_\_\_ 0. (2000) \_\_\_\_\_ 0.

c Add Amounts from column (e) for lines **15** \_\_\_\_\_ 6,268,646. **16** \_\_\_\_\_ 33,069.  
**17** \_\_\_\_\_ 440,665. **20** \_\_\_\_\_ **21** \_\_\_\_\_

d Add Line 27a total \_\_\_\_\_ 0. and line 27b total \_\_\_\_\_ 0.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)

**g Public support percentage (line 27e (numerator) divided by line 27f (denominator))**

**h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**

<b>27c</b>	6,742,380.
<b>27d</b>	0.
<b>27e</b>	6,742,380.
<b>27f</b>	6,786,816.
<b>27g</b>	99.35 %
<b>27h</b>	0.63 %

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

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

N/A  
 Yes No

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

**29**

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

**30**

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  
 If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )

**31**

-----  
 -----  
 -----

**32** Does the organization maintain the following  
**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**32a**

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

**32b**

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

**32c**

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

**32d**

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )  
 -----  
 -----

**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

**33a**

**b** Admissions policies?

**33b**

**c** Employment of faculty or administrative staff?

**33c**

**d** Scholarships or other financial assistance?

**33d**

**e** Educational policies?

**33e**

**f** Use of facilities?

**33f**

**g** Athletic programs?

**33g**

**h** Other extracurricular activities?

**33h**

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)  
 -----  
 -----  
 -----

**34a** Does the organization receive any financial aid or assistance from a governmental agency?

**34a**

**b** Has the organization's right to such aid ever been revoked or suspended?  
 If you answered 'Yes' to either 34a or b, please explain using an attached statement

**34b**

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

**35**





## AMERICAN ASSOCIATION OF THE DEAF &amp; BLIND

36-3071247

STATEMENT 1  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DECREASE IN CASH SURRENDER VALUE OF ANNUITY

TOTAL \$ -10,705.  
\$ -10,705.

STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	3,429.	1,886.	1,372.	171.
CAGING FEES	19,993.			19,993.
DB MENTOR PROJECT	12,345.	12,345.		
EQUIPMENT	17.	9.	7.	1.
INSURANCE	3,366.	1,683.	1,683.	
INTERPRETERS	869.	478.	348.	43.
MEETINGS	62,920.	50,336.	12,584.	
MEMBERSHIP FEES	500.	275.	200.	25.
MULTIMEDIA PROJECT	1,456.	801.	582.	73.
PARKING	600.	330.	240.	30.
PROFESSIONAL DEVELOPMENT	24.	13.	10.	1.
REGISTRATION FEES	3,697.			3,697.
SUPPORT SERVICES	653.	359.	261.	33.
TECHNOLOGY	1,004.		1,004.	
TOTAL	<u>\$ 110,873.</u>	<u>\$ 68,515.</u>	<u>\$ 18,291.</u>	<u>\$ 24,067.</u>

STATEMENT 3  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
BRAILING AND PRINTING OF THE ASSOCIATION'S QUARTERLY MAGAZINE "THE DEAF-BLIND AMERICAN" USED TO MAKE ANNOUNCEMENTS AND PROVIDING ITEMS OF INTEREST TO DEAF-BLIND PERSONS. CURRENT CIRCULATION IS 600.		11,307.
DB-LINK MENTORING PROJECT IS A COLLABORATIVE MENTOR TRAINING EFFORT IN COLLECTING, DISSEMINATING, AND DEVELOPING INFORMATION ON THE NEEDS AND RESOURCES FOR DEAF-BLIND CHILDREN IN THE U.S. SO FAR THIS PROJECT HAS TRAINED 10 MENTORS WHO HAVE TRAINED OTHER MENTORS IN SEVERAL STATES.		12,345.
PUBLIC RELATIONS CAMPAIGN - CONDUCTED BY COMMITTEES OF THE BOARD AND STAFF OF THE ASSOCIATION TO INCLUDE MEETINGS WITH GOVERNMENT AGENCIES, PUBLIC SERVICE AND CONSUMER ORGANIZATIONS TO PROMOTE ISSUES RELATING TO THE DEAF-BLIND POPULATION'S STRUGGLES IN OBTAINING COMPETITIVE EMPLOYMENT, THEIR NEED FOR SUPPORT SERVICES PROVIDERS TO ASSIST WITH EMPLOYMENT, DEALING WITH THE AMERICAN WITH DISABILITIES ACT, HOME OWNERSHIP, AND ENFORCING BETTER ACCESS AND SERVICES FOR		

## AMERICAN ASSOCIATION OF THE DEAF &amp; BLIND

36-3071247

STATEMENT 3 (CONTINUED)  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
AIR AND RAIL TRAVEL. THE CAMPAIGN ALSO IDENTIFIES FEDERAL GRANTS AND PROGRAMS EXISTING TO PROTECT THE RIGHTS OF PROVIDE FUNDING TO DEAF-BLIND AMERICANS.		122,323.
MULTIMEDIA PROJECT		801.
	<u>\$ 0.</u>	<u>\$ 146,776.</u>

STATEMENT 4  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 32,936.	\$ 29,029.	\$ 3,907.
TOTAL	<u>\$ 32,936.</u>	<u>\$ 29,029.</u>	<u>\$ 3,907.</u>

STATEMENT 5  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

ACCRUED VACATION	\$ 2,149.
PAYROLL LIABILITIES	4,657.
TOTAL	<u>\$ 6,806.</u>

STATEMENT 6  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

UNREALIZED LOSS ON CASH SURRENDER VALUE	\$ -10,705.
TOTAL	<u>\$ -10,705.</u>

STATEMENT 7  
FORM 990, PART VI, LINE 90A  
LIST OF STATES WHICH THIS RETURN IS FILED

ALASKA  
ALABAMA  
ARKANSAS  
ARIZONA  
CALIFORNIA  
CONNECTICUT  
D.C.

AMERICAN ASSOCIATION OF THE DEAF &amp; BLIND

36-3071247

**STATEMENT 7 (CONTINUED)**  
**FORM 990, PART VI, LINE 90A**  
**LIST OF STATES WHICH THIS RETURN IS FILED**

FLORIDA  
 GEORGIA  
 ILLINOIS  
 INDIANA  
 KANSAS  
 KENTUCKY  
 LOUISIANA  
 MASSACHUSETTS  
 MARYLAND  
 MAINE  
 MICHIGAN  
 MINNESOTA  
 MISSOURI  
 MISSISSIPPI  
 NORTH CAROLINA  
 NORTH DAKOTA  
 NEW HAMPSHIRE  
 NEW JERSEY  
 NEW MEXICO  
 NEW YORK  
 OHIO  
 OKLAHOMA  
 OREGON  
 PENNSYLVANIA  
 RHODE ISLAND  
 SOUTH CAROLINA  
 TENNESSEE  
 UTAH  
 VIRGINIA  
 WASHINGTON  
 WISCONSIN  
 WEST VIRGINIA

**STATEMENT 8**  
**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 9  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2003</u>	<u>(B) 2002</u>	<u>(C) 2001</u>	<u>(D) 2000</u>	<u>(E) TOTAL</u>
MISCELLANEOUS	\$ 0.	\$ 0.	\$ 359.	\$ 20.	\$ 379.
SPECIAL EVENTS	0.	0.	0.	1,034.	1,034.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 359.</u>	<u>\$ 1,054.</u>	<u>\$ 1,413.</u>