

**Short Form
Return of Organization Exempt From Income Tax**

2008

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>AMERICAN ASSOCIATION OF THE DEAF & BLIND 8630 FENTON STREET #121 SILVER SPRING, MD 20910</p>	<p>D Employer identification number 36-3071247</p> <p>E Telephone number</p>	<p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 927,660.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		899,865.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		4,850.
	4 Investment income		6,989.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule D) (If any amounts from gaming, check here <input type="checkbox"/>)		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b Less direct expenses other than fundraising expenses	6b	
	6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less cost of goods sold	7b	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ SEE STATEMENT 1)	8	15,956.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	927,660.
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	199,652.
	13 Professional fees and other payments to independent contractors	13	620,099.
	14 Occupancy, rent, utilities, and maintenance	14	31,481.
	15 Printing, publications, postage, and shipping	15	6,586.
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	80,340.
	17 Total expenses (add lines 10 through 16)	17	938,158.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,498.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	237,573.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	5,549.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	232,624.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	219,491.	230,409.
23	Land and buildings		
24	Other assets (describe ▶ SEE STATEMENT 4)	41,418.	20,985.
25	Total assets	260,909.	251,394.
26	Total liabilities (describe ▶ SEE STATEMENT 5)	23,336.	18,770.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	237,573.	232,624.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 17 2009

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 6		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>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.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	172,873.
29	<u>SEE STATEMENT 7</u> ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	<u>MULTIMEDIA PROJECT</u> ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,262.
31	Other program services (attach schedule) <u>SEE STATEMENT 8</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	25,705.
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	203,840.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs.)

(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
SEE STATEMENT 9 ----- -----		69,377.	2,037.	0.
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Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b _____ N/A		
39	501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 ▶ 39a _____ N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities ▶ 39b _____ N/A		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0., section 4912 ▶ _____ 0.; section 4955 ▶ _____ 0.		
40b	b 501(c)(3) and (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,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ JAMIE POPE Telephone no. ▶ 301-495-4403
 Located at ▶ 8630 FENTON STREET SILVER SPRING MD ZIP + 4 ▶ 20910

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
▶ **43** | _____ N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 10

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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.

Sign Here
 Signature of officer: Arthur Roehrig
 Date: June 17, 2009
 Type or print name and title: Arthur Roehrig, President of AADB

Paid Preparer's Use Only
 Preparer's signature: Joseph M. McCathran
 Date: 6/11/09
 Check if self-employed:
 Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: LINTON SHAFER WARFIELD & GARRETT, P.A., CPA'S
932 HUNGERFORD DR., #29 B
ROCKVILLE, MD 20850
 EIN: N/A
 Phone no: (240) 314-7075

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: **AMERICAN ASSOCIATION OF THE DEAF & BLIND**
Employer identification number: **36-3071247**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is. (Please check only **one** organization)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III – Functionally integrated d Type III– Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11 g (ii) a family member of a person described in (i) above?		
11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.						
4 Total. Add lines 1-3						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33-1/3 support test – 2008. 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 type="checkbox"/>		
b 33-1/3 support test – 2007. 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"/>		
17a 10%-facts-and-circumstances test – 2008. 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 10%-facts-and-circumstances test – 2007. 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"/>		
18 Private foundation. 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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,461,186.	1,112,130.	995,368.	907,608.	904,815.	5,381,107.
2 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			237,269.			237,269.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	1,461,186.	1,112,130.	1,232,637.	907,608.	904,815.	5,618,376.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	9,900.	16,010.	0.	0.	25,910.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	9,900.	16,010.	0.	0.	25,910.
8 Public support (Subtract line 7c from line 6)						5,592,466.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,461,186.	1,112,130.	1,232,637.	907,608.	904,815.	5,618,376.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,120.	8,857.	9,405.	6,522.	6,989.	37,893.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	6,120.	8,857.	9,405.	6,522.	6,989.	37,893.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV		90.	38.	805.	15,956.	16,889.
13 Total support. (add lns 9, 10c, 11, and 12)						5,673,158.

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.6%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.0%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.7%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.5%

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

Area with horizontal dashed lines for providing supplemental information.

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
MISCELLANEOUS	15,956.	805.	38.	90.	
TOTAL	<u>\$ 15,956.</u>	<u>\$ 805.</u>	<u>\$ 38.</u>	<u>\$ 90.</u>	<u>\$ 0.</u>

AMERICAN ASSOCIATION OF THE DEAF & BLIND

36-3071247

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS

	\$	15,956.
TOTAL	\$	<u>15,956.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES
 BRAILLE SERVICES
 CAGING FEES
 CONFERENCES, CONVENTIONS, AND MEETINGS
 DEPRECIATION
 INSURANCE
 INTERPRETERS
 MEMBERSHIP FEES
 MULTIMEDIA PROJECT
 NTFDBI
 OFFICE EXPENSES
 PARKING
 REGISTRATION FEES
 TECHNOLOGY
 TELEPHONE
 TRAVEL

	\$	8,130.
		3,655.
		12,129.
		17,449.
		2,071.
		3,635.
		952.
		500.
		8,119.
		11,746.
		1,011.
		1,033.
		3,575.
		1,530.
		2,051.
		2,754.
TOTAL	\$	<u>80,340.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CASH SURRENDER VALUE OF ANNUITY

	\$	5,549.
TOTAL	\$	<u>5,549.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

ACCOUNTS RECEIVABLE
 MACHINERY AND EQUIPMENT
 PREPAID EXPENSES AND DEFERRED CHARGES

	<u>BEGINNING</u>	<u>ENDING</u>
	\$ 28,736.	\$ 10,831.
	4,109.	3,424.
	8,573.	6,730.
TOTAL	<u>\$ 41,418.</u>	<u>\$ 20,985.</u>

**STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 8,839.	\$ 1,997.
ACCRUED VACATION	9,032.	10,865.
PAYROLL TAX LIABILITIES	3,992.	4,431.
RETIREMENT PAYABLE	1,473.	1,477.
TOTAL	<u>\$ 23,336.</u>	<u>\$ 18,770.</u>

**STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

SUPPORTS PEOPLE WITH VISION AND HEARING IMPAIRMENT.

**STATEMENT 7
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

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 AIR AND RAIL TRAVEL. THE CAMPAIGN ALSO IDENTIFIES FEDERAL GRANTS AND PROGRAMS EXISTING TO PROTECT THE RIGHTS OF PROVIDE FUNDING TO DEAF-BLIND AMERICANS.

**STATEMENT 8
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>0. GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
CONVENTION - SEMINARS AND PROGRAMS. THESE PROGRAMS DEFINE THE OBJECTIVES OF THE ASSOCIATION AND HELP THE DEAF-BLIND POPULATION ACHIEVE THEIR MAXIMUM POTENTIAL THROUGH INCREASED INDEPENDENCE, PRODUCTIVITY, AND INTEGRATY IN THE COMMUNITY.		13,959.
INCLUDES FOREIGN GRANTS: NO		
NTFDBI MEETING		11,746.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	<u>\$ 0.</u>	<u>\$ 25,705.</u>

AMERICAN ASSOCIATION OF THE DEAF & BLIND

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STATEMENT 9
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ARTHUR ROEHRIG 1193 MORSE ST, NE WASHINGTON, DC 20002	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
JAMIE MCNAMARA POPE 8630 FENTON STREET SILVER SPRING, MD 20910	EXECUTIVE DIREC 40.00	69,377.	2,037.	0.
MARILYN FERNANDEZ-TRADER 3905 LUVERLY LANE RALEIGH, NC 27604	SECRETARY 1.00	0.	0.	0.
JEFFREY BOHRMAN 5281 COURTNEY PLACE COLUMBUS, OH 43235	TREASURER 1.00	0.	0.	0.
EMILY VERA PO BOX 493 FREMONT, CA 94537	BOARD MEMBER 1.00	0.	0.	0.
VINCENT LEE CLARK 525 LAUREL FORK DRIVE MATTHEWS, NC 28105	VICE PRESIDENT 1.00	0.	0.	0.
MARK GASAWAY 3825 LAVISTA ROAD, UNIT W-2 TUCKER, GA 30084	BOARD MEMBER 1.00	0.	0.	0.
JILL ROBE-GAUS 3123 CATALPA DRIVE JACKSON, MI 49203	BOARD MEMBER 1.00	0.	0.	0.
KARYN CAMPBELL	BOARD MEMBER 1.00	0.	0.	0.
PATTI LAGO-AVERY 74 HARPER DRIVE PITTSFORD, NY 14534	BOARD MEMBER 1.00	0.	0.	0.
TOM SPRINKLE 35812 ASHTON PLACE FREMONT, CA 94536	BOARD MEMBER 1.00	0.	0.	0.
DOROTHY WALT 601 BELMONT EAST SEATTLE, WA 98102	BOARD MEMBER 1.00	0.	0.	0.

AMERICAN ASSOCIATION OF THE DEAF & BLIND

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**STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MARICAR MARQUEZ 141 MIDDLE NECK ROAD SANDS POINT, NY 11050	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
TOTAL		<u>\$ 69,377.</u>	<u>\$ 2,037.</u>	<u>\$ 0.</u>

**STATEMENT 10
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO