

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Blind &amp; Low Vision Services of North Georgia, Inc.</b>	<b>D</b> Employer identification number <b>58-1550944</b>	
	Number and street (or P O box if mail is not delivered to street address) <b>3830 S. Cobb Dr.</b>	Room/suite <b>125</b>	<b>E</b> Telephone number <b>770-432-7280</b>
	City or town, state or country, and ZIP + 4 <b>Smyrna, GA 30080</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
	Please use IRS label or print or type. See Specific Instructions.		

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

**H** and **I** are not applicable to section 527 organizations

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

**H(b)** If "Yes," enter number of affiliates ▶

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

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

**I** Enter 4-digit GEN ▶

**G** Web site ▶ **N/A**

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

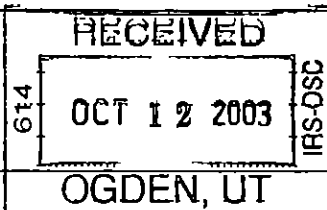
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

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

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **869,512.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>30,655.</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>112,946.</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>669,380.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>812,981.</b> noncash \$ _____)	<b>1d</b>			<b>812,981.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII line 93)	<b>2</b>			<b>55,596.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>935.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>				
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	<b>8a</b>		(B) Other	
		<b>8b</b>			
		<b>8c</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>869,512.</b>	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>808,519.</b>	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>35,032.</b>	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>				
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>843,551.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>25,961.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>385,984.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>0.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19 and 20)	<b>21</b>			<b>411,945.</b>	



SCANNED OCT 17 '03

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers directors, etc	62,000.	54,550.	7,450.	0.
26	Other salaries and wages	495,850.	487,478.	8,372.	
27	Pension plan contributions				
28	Other employee benefits	41,296.	38,795.	2,501.	
29	Payroll taxes	37,914.	36,805.	1,109.	
30	Professional fundraising fees				
31	Accounting fees	5,800.	5,104.	696.	
32	Legal fees				
33	Supplies	5,331.	4,691.	640.	
34	Telephone	8,460.	7,445.	1,015.	
35	Postage and shipping	3,138.	2,762.	376.	
36	Occupancy	18,000.	15,840.	2,160.	
37	Equipment rental and maintenance	14,390.	12,663.	1,727.	
38	Printing and publications	1,191.	1,048.	143.	
39	Travel	17,936.	15,784.	2,152.	
40	Conferences, conventions, and meetings				
41	Interest	815.	718.	97.	
42	Depreciation, depletion, etc (attach schedule)	21,499.	18,919.	2,580.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	_____				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	843,551.	808,519.	35,032.	0.

**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? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <u>Blind and low vision employment training programs.</u>	
(Grants and allocations \$ _____)	232,206.
b <u>Low vision evaluation services, examinations and public education and assistance program.</u>	
(Grants and allocations \$ _____)	150,995.
c <u>Orientation and mobility training assisting individuals evaluating their mobility needs and providing techniques and assistance required for independent travel.</u>	
(Grants and allocations \$ _____)	172,597.
d <u>Personal and social adjustment programs assisting individuals to prepare for employment, training and use of visual aids, training in computer technology and adaptive software and public education on vision loss.</u>	
(Grants and allocations \$ _____)	252,721.
e <u>Other program services (attach schedule)</u>	(Grants and allocations \$ _____)
f <u>Total of Program Service Expenses (should equal line 44 column (B) Program services)</u>	808,519.

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing	7,888.	45	125.
	46	Savings and temporary cash investments	18,988.	46	19,708.
	47 a	Accounts receivable	86,873.		
		b Less allowance for doubtful accounts	500.	47c	86,373.
	48 a	Pledges receivable	21,903.		
		b Less allowance for doubtful accounts		48c	21,903.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,637.	53	3,981.
	54	Investments - securities Stmt 3 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	9,158.	54	10,226.
	55 a	Investments - land buildings, and equipment basis			
		b Less accumulated depreciation		55c	
56	Investments - other		56		
57 a	Land buildings, and equipment basis	515,815.			
	b Less accumulated depreciation	206,140.	57c	309,675.	
58	Other assets (describe )		58		
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>427,025.</b>	<b>59</b>	<b>451,991.</b>	
Liabilities	60	Accounts payable and accrued expenses	32,041.	60	40,046.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable	9,000.	64b	
65	Other liabilities (describe )		65		
66	<b>Total liabilities (add lines 60 through 65)</b>	<b>41,041.</b>	<b>66</b>	<b>40,046.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	351,145.	67	379,816.
	68	Temporarily restricted	26,026.	68	22,316.
	69	Permanently restricted	8,813.	69	9,813.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		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 (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>	<b>385,984.</b>	<b>73</b>	<b>411,945.</b>	
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>427,025.</b>	<b>74</b>	<b>451,991.</b>	

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		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	872,222.	a Total expenses and losses per audited financial statements	843,551.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) \$		(4) Other (specify) \$	
Add amounts on lines (1) through (4)	0.	Add amounts on lines (1) through (4)	0.
c Line a minus line b	872,222.	c Line a minus line b	843,551.
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17 Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	<2,710.>	(2) Other (specify) \$	
Add amounts on lines (1) and (2)	<2,710.>	Add amounts on lines (1) and (2)	0.
e Total revenue per line 12 Form 990 (line c plus line d)	869,512.	e Total expenses per line 17 Form 990 (line c plus line d)	843,551.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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
Dr. Robert J. Crouse 3830 S. Cobb Dr. Smyrna, GA 30080	Executive Director 40	62,000.	0.	0.
Charyn Darby 4062 Honeysuckle Court Smyrna, GA 30082	President 0.	0.	0.	0.
Lisa Bauer 1129 Gate Post Court Powder Springs, GA 30127	Treasurer 0.	0.	0.	0.
Charles "Pete" Wood 371 Havelon Way Smyrna, GA 30080	Vice President 0.	0.	0.	0.
Gerald Eaton 1170 Powder Springs St. Smyrna, GA 30082	Secretary 0.	0.	0.	0.
See attached list of directors		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? If "Yes" attach schedule  Yes  No Form 990 (2002)

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <span style="float:right">▶</span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions <span style="float:right">81a</span> <span style="float:right">0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <span style="float:right">82b</span> <span style="float:right">N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? <span style="float:right">N/A</span>	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? <span style="float:right">N/A</span>	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b	
85	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members <span style="float:right">85c</span> <span style="float:right">N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d</span> <span style="float:right">N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e</span> <span style="float:right">N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f</span> <span style="float:right">N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float:right">N/A</span>	85h	
86	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12 <span style="float:right">86a</span> <span style="float:right">N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b</span> <span style="float:right">N/A</span>		
87	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders <span style="float:right">87a</span> <span style="float:right">N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">87b</span> <span style="float:right">N/A</span>		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> section 4912 <span style="float:right">0.</span> section 4955 <span style="float:right">0.</span>		
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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶</span> <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">▶</span> Georgia		
b	Number of employees employed in the pay period that includes March 12, 2002 <span style="float:right">90b</span> <span style="float:right">17</span>		
91	The books are in care of <span style="float:right">▶</span> Dr. Robert J. Crouse Telephone no <span style="float:right">▶</span> 770-432-7280		
	Located at <span style="float:right">▶</span> 3830 S. Cobb Dr., Suite 125, Smyrna, GA ZIP + 4 <span style="float:right">▶</span> 30080		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> 92 <span style="float:right">N/A</span>		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>Program Service Fees</b>			03		55,596.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14		935.
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 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 _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	56,531.
105 Total (add line 104, columns (B), (D), and (E))					56,531.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Fees charged for orientation and mobility training of children and charges for aids and appliances from the clinic.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

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

**Part X Information Regarding Transfers Associated with**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to
  - (b) Did the organization during the year, pay premiums directly or indirectly, on a
- Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalty 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 furnished to preparer.

Signature of officer: *Robert J. House* Date: 10-1

Paid Preparer's Use Only

Preparer's signature: *John C. Bell*

Firm's name (or yours if self-employed) address and ZIP + 4: BKR Metcalf Davis, 3445 Peachtree Rd., Suite, Atlanta, GA 30326

223161 01-22-03

**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

**2002**

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 **Blind & Low Vision Services of North Georgia, Inc.**

Employer identification number  
**58 1550944**

**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
<b>None</b>				
Total number of other employees paid over \$50,000	<b>0</b>			

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

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

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

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

**Yes No**

1 During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )**

1		X
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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

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 )

2a		X
----	--	---

a Sale, exchange, or leasing of property?

2a		X
----	--	---

b Lending of money or other extension of credit?

2b		X
----	--	---

c Furnishing of goods services or facilities?

2c		X
----	--	---

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d	X	
----	---	--

e Transfer of any part of its income or assets?

2e		X
----	--	---

3 Does the organization make grants for scholarships, fellowships student loans, etc ? (See Note below )

3		X
---	--	---

4 Do you have a section 403(b) annuity plan for your employees?

4		X
---	--	---

**Note** 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

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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 )

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 )



**Blind & Low Vision Services of North**

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	612,279.	411,148.	397,775.	340,619.	1,761,821.
<b>16</b> Membership fees received					
<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	35,258.	36,451.	23,581.	17,939.	113,229.
<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	1,450.	4,017.	1,917.	1,858.	9,242.
<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					
<b>23</b> Total of lines 15 through 22	648,987.	451,616.	423,273.	360,416.	1,884,292.
<b>24</b> Line 23 minus line 17	613,729.	415,165.	399,692.	342,477.	1,771,063.
<b>25</b> Enter 1% of line 23	6,490.	4,516.	4,233.	3,604.	
<b>26</b> Organizations described on lines 10 or 11	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)</p> <p><b>d</b> Add Amounts from column (e) for lines 18 <u>9,242.</u> 19 _____ 22 _____ 26b _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 35,421.</p> <p>26b 0.</p> <p>26c 1,771,063.</p> <p>26d 9,242.</p> <p>26e 1,761,821.</p> <p>26f 99.4782%</p>
<b>27</b> Organizations described on line 12	<p><b>a</b> 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</p> <p align="center">N/A</p> <p>(2001) (2000) (1999) (1998)</p> <p><b>b</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</p> <p align="center">N/A</p> <p>(2001) (2000) (1999) (1998)</p> <p><b>c</b> Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p><b>d</b> Add Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f N/A</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c N/A</p> <p>27d N/A</p> <p>27e N/A</p> <p>27g N/A %</p> <p>27h N/A %</p>
<b>28</b> Unusual Grants For an organization described in line 10 11 or 12 that received any unusual grants during 1998 through 2001, 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	None				

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No," please explain (if you need more space attach a separate statement )		
<hr/>			
<hr/>			
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? If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement )	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? 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	





Form 990	Other Expenses			Statement 1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Insurance Expense	14,242.	12,533.	1,709.	
Miscellaneous Expense	6,898.	6,070.	828.	
Bad Debts	489.	289.	200.	
Advertising	2,339.	2,058.	281.	
Other	0.			
Professional Fees	40,202.	40,202.		
Aids and Appliances	37,427.	37,427.		
Bank Charges	303.	270.	33.	
Staff Development	6,850.	6,029.	821.	
Membership Dues	740.	651.	89.	
Subscriptions	441.	388.	53.	
Transition Camp Expense	0.			
<b>Total to Fm 990, ln 43</b>	<b>109,931.</b>	<b>105,917.</b>	<b>4,014.</b>	

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement 2
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### Explanation

The Organization is dedicated to assisting persons who are blind or visually impaired so they may function independently in all of their environments.

Form 990	Non-Government Securities			Statement 3	
Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
Other investments				10,226.	10,226.
To 990, ln 54 Col B				10,226.	10,226.

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Form 990	Other Revenue Included on Form 990	Statement	4
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<u>Description</u>	<u>Amount</u>
Net decrease in temporarily restricted net assets	<3,778.>
Temporarily restricted interest income	68.
Contributions from Lion's Club Endowment Permanently Restricted	1,000.
Total to Form 990, Part IV-A	<2,710.>

Blind & Low Vision Services of North Georgia, Inc  
Property, Plant & Equipment and  
Accumulated Depreciation  
June 30, 2003

<u>Property, Plant &amp; Equipment</u>	<u>6/30/2002</u>	<u>Additions</u>	<u>Deletions</u>	<u>6/30/2003</u>	<u>Notes</u>
Land	\$ 67,585 00	\$ -	\$ -	\$ 67,585 00	Note 1
Building	\$270,341 70	\$ -	\$ -	\$270,341 70	Note 1
Machinery and equipment	\$ 84,872 90	\$43,541 48	\$ -	\$128,414 38	
Furniture & fixtures	\$ 8,556 52	\$24,920.32	\$ -	\$ 33,476 84	
Automobile	\$ 15,996 80	\$ -	\$ -	\$ 15,996 80	
	<u>\$447,352 92</u>	<u>\$68,461 80</u>	<u>\$ -</u>	<u>\$515,814 72</u>	

<u>Accumulated Depreciation</u>	<u>6/30/2002</u>	<u>Additions</u>	<u>Deletions</u>	<u>6/30/2003</u>	<u>Notes</u>
Building	\$100,841 90	\$ 8,582.29	\$ -	\$109,424 19	Note 4
Machinery and equipment	\$ 59,245 21	\$10,981 57	\$ -	\$ 70,226 78	
Furniture & fixtures	\$ 8,556 52	\$ 1,935 08	\$ -	\$ 10,491 60	
Automobile	\$ 15,997 00	\$ -	\$ -	\$ 15,997 00	
	<u>\$184,640 63</u>	<u>\$21,498 94</u>	<u>\$ -</u>	<u>\$206,139 57</u>	

Blind & Low Vision Services of North Georgia, Inc

58-1550944

Form 990

Part V

6/30/2003

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>
Bacon, Denise	2654 Trift Way	Kennesaw	GA	30152
Bauer, Lisa, Treasurer	1129 Gate Post Court	Powder Springs	GA	30127
Carreker, George W	709 Reed Road, SE	Smyrna	GA	30080
Cumbré, Deidri	5843 Millers Pond Lane	Powder Springs	GA	30127
Darby, Charyn, President	4062 Honeysuckle Court	Smyrna	GA	30082
Davis, Elaine	3628 Rock Springs Drive	Smyrna	GA	30082
Eaton, Gerald, Secretary	1170 Powder Springs Street	Smyrna	GA	30080
Edwards, Lucille	3864 Manson Avenue	Smyrna	GA	30082
Ferguson, Jane	4012 Winding Valley Drive	Smyrna	GA	30082
Finley, Jane	4322 Deep Springs Court	Kennesaw	GA	30144
Griffin, Sue	2695 Elmhurst Court	Kennesaw	GA	30152
McDaniel, Phyllis	3472 Navaho Trail	Smyrna	GA	30080
McElroy, Terry	311 Oberon Drive	Smyrna	GA	30080
Sanders, Wayne	2430 Castle Lane	Marietta	GA	30062
Scott, Sarah	4000 S Cobb Drive, Apt 1-E	Smyrna	GA	30080
Smith, Harold	825 Austin Drive, S E	Smyrna	GA	30082
Spivey, Willouise	1471 Settlers Walk Way	Marietta	GA	30060
Tulman, Dr Daniel	3507 Cedar Valley Drive	Smyrna	GA	30080
Waters, J Fred	3921 McEachern Farm Drive	Powder Springs	GA	30127
Wood, Charles "Pete", Vice Pres	371 Havelon Way	Smyrna	GA	30080

Board Members for the July 1 - June 30, 2003 Year