

Return of Organization Exempt From Income Tax

2007

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 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: Blind & Low Vision Services of North Georgia, Inc.
Number and street (or P.O. box if mail is not delivered to street addr) Room/suite: 3830 S. Cobb Dr 125
City, town or country State ZIP code + 4: Smyrna GA 30080

D Employer Identification Number: 58-1550944
E Telephone number: (770) 432-7280
F Accounting method: Cash [ ] Accrual [X] 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): [X] 501(c) 3 (insert no) [ ] 4947(a)(1) or [ ] 527

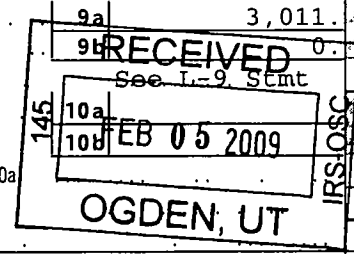
K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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 12 867,110.

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

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 867,110 and total expenses are 909,675, resulting in a deficit of 42,565.



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

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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A See L-25a Stmt	<b>25a</b> 89,250.	17,850.	53,550.	17,850.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 448,586.	346,339.	68,247.	34,000.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 36,406.	24,652.	8,244.	3,510.
<b>29</b> Payroll taxes	<b>29</b> 45,182.	30,595.	10,232.	4,355.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 13,264.	13,131.	133.	0.
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 4,299.	4,256.	43.	0.
<b>34</b> Telephone	<b>34</b> 6,000.	5,940.	60.	0.
<b>35</b> Postage and shipping	<b>35</b> 1,717.	1,700.	17.	0.
<b>36</b> Occupancy	<b>36</b> 19,200.	19,008.	192.	0.
<b>37</b> Equipment rental and maintenance	<b>37</b> 13,385.	13,252.	133.	0.
<b>38</b> Printing and publications	<b>38</b> 3,179.	3,147.	32.	0.
<b>39</b> Travel	<b>39</b> 26,825.	26,557.	268.	0.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b> 9,165.	9,072.	93.	0.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 18,017.	17,837.	180.	0.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> Advertising	<b>43a</b> 2,190.	2,169.	21.	0.
<b>b</b> Aids and appliances	<b>43b</b> 28,398.	28,398.	0.	0.
<b>c</b> Bad debts	<b>43c</b> 40.	0.	40.	0.
<b>d</b> Bank charges	<b>43d</b> 1,900.	1,881.	19.	0.
<b>e</b> Contract services	<b>43e</b> 76,769.	76,001.	768.	0.
<b>f</b> Exhibit expenses	<b>43f</b> 510.	506.	4.	0.
<b>g</b> See Other Expenses Stmt	<b>43g</b> 65,393.	53,085.	874.	11,434.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 909,675.	695,376.	143,150.	71,149.

**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 (See the instructions.)**

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.

What is the organization's primary exempt purpose? ▶ <u>Assisting individuals who are blind or visually impaired</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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>Blind &amp; Low Vision Employment and Training program works with state and federal agencies to help individuals prepare for and/or find employment.</u> ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	275,201.
b <u>Blind &amp; Low Vision Clinic program assists individuals in making the best use of their remaining vision. An optometrist specializing in low vision provides comprehensive low vision evaluations and prescribe appropriate optical devices such as magnifiers or telescopic lenses.</u> ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	88,347.
c <u>Blind &amp; Low Vision Orientation and Mobility program is comprised of teachers who help individuals evaluate their travel needs and teach them techniques and adaptations to gain self-confidence and skills for independent travel.</u> ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	75,425.
d <u>Blind &amp; Low Vision Computer Training program assists individuals interested in the use of computer technology and adaptive software using either synthetic voice output or screen magnification systems.</u> ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	116,011.
e Other program services See Additional Info (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	140,392.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b> ▶	<b>695,376.</b>

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**Part IV Balance Sheets (See the instructions.)**

**Note:** 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	<b>45</b> Cash — non-interest-bearing	11,224.	<b>45</b>	203.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	15,369.
	<b>47a</b> Accounts receivable	<b>47a</b> 81,820.		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 500.	103,786.	<b>47c</b> 81,320.
	<b>48a</b> Pledges receivable	<b>48a</b> 33,022.		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 0.	31,669.	<b>48c</b> 33,022.
	<b>49</b> Grants receivable			<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges		4,585.	<b>53</b> 2,037.
	<b>54a</b> Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>
	<b>b</b> Investments — other securities (attach sch) L-54b Stmt	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	14,841.	<b>54b</b> 0.
	<b>55a</b> Investments — land, buildings, & equipment: basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments — other (attach schedule)			<b>56</b>
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 510,387.		
<b>b</b> Less: accumulated depreciation (attach schedule) L-57 Stmt	<b>57b</b> 311,352.	211,585.	<b>57c</b> 199,035.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )			<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58		377,690.	<b>59</b> 330,986.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses		37,564.	<b>60</b> 29,756.
	<b>61</b> Grants payable			<b>61</b>
	<b>62</b> Deferred revenue			<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule)		134,397.	<b>64b</b> 136,236.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <u>Bank overdraft</u> _____ )			<b>65</b> 477.
	<b>66 Total liabilities.</b> Add lines 60 through 65		171,961.	<b>66</b> 166,469.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted		156,948.	<b>67</b> 98,841.
	<b>68</b> Temporarily restricted		34,468.	<b>68</b> 51,363.
	<b>69</b> Permanently restricted		14,313.	<b>69</b> 14,313.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		205,729.	<b>73</b> 164,517.
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		377,690.	<b>74</b> 330,986.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	867,110.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	867,110.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	867,110.

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

<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>	909,675.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	909,675.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	909,675.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
Charyn Darby 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	President 1.00	0.	0.	0.
Elaine Davis 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Secretary 1.00	0.	0.	0.
Joe Bland 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Asst. Secretary 1.00	0.	0.	0.
Daceta Carty 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Treasurer 1.00	0.	0.	0.
Harold Smith 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Asst. Treasurer 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes	No
-----	----

<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	17		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)			X
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions			X
<b>d</b> Does the organization have a written conflict of interest policy?		X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

**Part VI Other Information (See the instructions.)**

Yes	No
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<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change		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.		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
<b>b</b> If 'Yes,' enter the name of the organization _____ 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)	81 a	
<b>b</b> Did the organization file Form 1120-POL for this year?		X

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Part VI Other Information (continued)	Yes	No
<b>82 a</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?		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)	<b>82b</b>	
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	
<b>85 a</b> 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>	N/A
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.		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	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?	<b>85h</b>	N/A
<b>86</b> 501(c)(7) organizations Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A
<b>87</b> 501(c)(12) organizations Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	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.)	<b>87b</b>	N/A
<b>88 a</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	<b>88a</b>	X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	<b>88b</b>	X
<b>89 a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>	<b>89a</b>	
<b>b</b> 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	<b>89b</b>	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 <u>0.</u>	<b>89c</b>	
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>	<b>89d</b>	
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	X
<b>90 a</b> List the states with which a copy of this return is filed <u>See States Filed In</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	14
<b>91 a</b> The books are in care of <u>Ms. Joan M. Stuart, CFRE</u> Telephone number <u>(770) 432-7280</u> Located at <u>3830 S. Cobb Dr., Suite 125 Smyrna GA</u> ZIP + 4 <u>30080</u>		
<b>b</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 <u>_____</u>	<b>91b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c  Yes  No  
 If 'Yes,' enter the name of the foreign country \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities (See the 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 Program Services Revenue					30,538.
b Admin Services to GSA					232,427.
c Admin Services to HUD					43,520.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	850.	
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			1	3,011.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b Other					12,683.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,861.	319,168.
105 Total (add line 104, columns (B), (D), and (E))					323,029.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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.
93b	Contract fees charged for services to GSA and employment training.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)** N/A

(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
	%			
	%			
	%			
	%			

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A  
Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *[Handwritten Signature]* Date: *1-28-09*  
 Type or print name and title: *Joan Stuart, Executive Director*

Paid Preparer's Use Only

Preparer's signature: *William L. Kenmore* Date: \_\_\_\_\_ Check if: \_\_\_\_\_ Preparer's SSN or PTIN (See General Instruction X): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *Kennemore & Company, P.C.*  
*5755 N Point Pkwy Ste 20*  
*Alpharetta*

BAA

**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 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

**2007**

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 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
Patrice Lewis 3830 S. Cobb Dr GA 30080	Manager 40.00	50,917.	0.	0.
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	None			

**Part II - A 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 ▶	None	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities $\blacktriangleright$ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>See Part V, Form 990</i>	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
<b>b</b> Did the organization make any taxable distributions under section 4966?		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year $\blacktriangleright$ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year $\blacktriangleright$ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts $\blacktriangleright$ _____		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year $\blacktriangleright$ _____		0

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

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	432,207.	754,367.	850,457.	715,195.	2,752,226.
<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	328,991.	41,191.	116,644.	57,125.	543,951.
<b>18</b> Gross income from interest, dividends, ams rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	695.	970.	820.	770.	3,255.
<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	761,893.	796,528.	967,921.	773,090.	3,299,432.
<b>24</b> Line 23 minus line 17	432,902.	755,337.	851,277.	715,965.	2,755,481.
<b>25</b> Enter 1% of line 23	7,619.	7,965.	9,679.	7,731.	

**26 Organizations described on lines 10 or 11:**

a Enter 2% of amount in column (e), line 24

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 2003 through 2006 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	3,255.	19	
22		26b	

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

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

26a	55,110.
26b	
26c	2,755,481.
26d	3,255.
26e	2,752,226.
26f	99.88 %

**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:

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

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 11b, 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:

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add: Amounts from column (e) for lines:

15		16	
17		21	

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

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))**

27c	
27d	
27e	
27f	
27g	%
27h	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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.) ----- ----- -----		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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.		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)		
<b>39</b>	Other exempt purpose expenditures		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is –</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

		Yes	No
<b>(i)</b> Cash			X
<b>(ii)</b> Other assets			X
<b>b</b> Other transactions:			
<b>(i)</b> Sales or exchanges of assets with a noncharitable exempt organization			X
<b>(ii)</b> Purchases of assets from a noncharitable exempt organization			X
<b>(iii)</b> Rental of facilities, equipment, or other assets			X
<b>(iv)</b> Reimbursement arrangements			X
<b>(v)</b> Loans or loan guarantees			X
<b>(vi)</b> Performance of services or membership or fundraising solicitations			X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees			
			X

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship



**Form 990**  
Part II, Line 25a

**Compensation of Current Officers, Directors,  
Key Employees, Etc.**

**2007**

Name as Shown on Return  
Blind & Low Vision Services of North Georgia, Inc.

Employer Identification No  
58-1550944

**Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Charyn Darby	<input type="checkbox"/>	0.			
Elaine Davis	<input type="checkbox"/>	0.			
Joe Bland	<input type="checkbox"/>	0.			
Daceta Carty	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		89,250.	17,850.	53,550.	17,850.

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Charyn Darby	<input type="checkbox"/>	0.			
Elaine Davis	<input type="checkbox"/>	0.			
Joe Bland	<input type="checkbox"/>	0.			
Daceta Carty	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Charyn Darby	<input type="checkbox"/>	0.			
Elaine Davis	<input type="checkbox"/>	0.			
Joe Bland	<input type="checkbox"/>	0.			
Daceta Carty	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a		89,250.	17,850.	53,550.	17,850.

**Additional Information**

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Statement of Program Service Accomplishments - Page 2

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Blind & Low Vision Personal and Social Adjustment program provides adaptive skills and techniques to help individuals carry out their daily living activities.

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Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Fundraising expenses	11,434.	0.	0.	11,434.
Insurance	15,347.	14,580.	767.	0.
Membership dues	1,462.	1,448.	14.	0.
Miscellaneous	6,999.	6,928.	71.	0.
Professional fees	27,975.	27,975.	0.	0.
Staff development	619.	613.	6.	0.
Temporary help	1,557.	1,541.	16.	0.
<b>Total</b>	<u>65,393.</u>	<u>53,085.</u>	<u>874.</u>	<u>11,434.</u>

Form 990, Page 5, Part V-A

**List of Officers, Directors, Trustees, & Key Employees Statement**

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Sarah Scott 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Board Member 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Nancy Eaton 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Board Member 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Bob Carreker 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Board Member 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Phyllis McDaniel 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Board Member 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dedri Cumbie 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Board Member 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Gerald Eaton 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Board Member 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mary Richardson 3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	Board Member 1.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

**List of Officers, Directors, Trustees, & Key Employees Statement**

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jane Finley	Board Member			
3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Sue Griffin	Board Member			
3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Denise Bacon	Board Member			
3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Pete Wood	Board Member			
3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dan Tulman	Board Member			
3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joan Stuart	Exec. Director			
3830 S. Cobb Dr. Ste. 125 Smyrna GA 30080	40.00	89,250.	0.	0.

Form 990, Part VI, Page 7, Line 90a

**States Filed In**

Georgia

Form 990, Page 8, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

Line Number ▼	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).
93c	<u>Contract fees charged for services to HUD and employment training.</u>
103a	<u>Miscellaneous receipts generated and used in the course of operations.</u>

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Moose Ride	3,011.	0.	3,011.	0.	3,011.
Total	<u>3,011.</u>	<u>0.</u>	<u>3,011.</u>	<u>0.</u>	<u>3,011.</u>

Form 990, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
Unreconciled difference in beginning and ending net assets	1,353.
Total	<u>1,353.</u>

Form 990, Part II, Line 25a

**Compensation****Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Harold Smith	<input type="checkbox"/>	0.			
Sarah Scott	<input type="checkbox"/>	0.			
Nancy Eaton	<input type="checkbox"/>	0.			
Bob Carreker	<input type="checkbox"/>	0.			
Phyllis McDaniel	<input type="checkbox"/>	0.			
Dedri Cumbie	<input type="checkbox"/>	0.			
Gerald Eaton	<input type="checkbox"/>	0.			
Mary Richardson	<input type="checkbox"/>	0.			
Jane Finley	<input type="checkbox"/>	0.			
Sue Griffin	<input type="checkbox"/>	0.			
Denise Bacon	<input type="checkbox"/>	0.			
Pete Wood	<input type="checkbox"/>	0.			
Dan Tulman	<input type="checkbox"/>	0.			
Joan Stuart	<input type="checkbox"/>	89,250.	17,850.	53,550.	17,850.
Total		<u>89,250.</u>	<u>17,850.</u>	<u>53,550.</u>	<u>17,850.</u>

Form 990, Part II, Line 25a

**Employee Benefit Plans & Deferred Compensation Plans****Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Harold Smith	<input type="checkbox"/>	0.			

Form 990, Part II, Line 25a

Continued

**Employee Benefit Plans & Deferred Compensation Plans****Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Sarah Scott	<input type="checkbox"/>	0.			
Nancy Eaton	<input type="checkbox"/>	0.			
Bob Carreker	<input type="checkbox"/>	0.			
Phyllis McDaniel	<input type="checkbox"/>	0.			
Dedri Cumbie	<input type="checkbox"/>	0.			
Gerald Eaton	<input type="checkbox"/>	0.			
Mary Richardson	<input type="checkbox"/>	0.			
Jane Finley	<input type="checkbox"/>	0.			
Sue Griffin	<input type="checkbox"/>	0.			
Denise Bacon	<input type="checkbox"/>	0.			
Pete Wood	<input type="checkbox"/>	0.			
Dan Tulman	<input type="checkbox"/>	0.			
Joan Stuart	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Part II, Line 25a

**Expense Account and Other Allowances****Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Harold Smith	<input type="checkbox"/>	0.			
Sarah Scott	<input type="checkbox"/>	0.			
Nancy Eaton	<input type="checkbox"/>	0.			
Bob Carreker	<input type="checkbox"/>	0.			
Phyllis McDaniel	<input type="checkbox"/>	0.			
Dedri Cumbie	<input type="checkbox"/>	0.			
Gerald Eaton	<input type="checkbox"/>	0.			
Mary Richardson	<input type="checkbox"/>	0.			
Jane Finley	<input type="checkbox"/>	0.			
Sue Griffin	<input type="checkbox"/>	0.			
Denise Bacon	<input type="checkbox"/>	0.			
Pete Wood	<input type="checkbox"/>	0.			
Dan Tulman	<input type="checkbox"/>	0.			
Joan Stuart	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Line 54b

**Investments - Other Securities Statement**

Description	Cost or FMV	Beginning of Year	End of Year
Certificate of deposit	FMV	14,841.	0.
Total		<u>14,841.</u>	<u>0.</u>

Form 990, Page 4, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	67,585.	0.	67,585.
Building	270,342.	152,336.	118,006.
Machinery & Equipment	143,499.	136,569.	6,930.
Furniture & Fixtures	28,961.	22,447.	6,514.
Total	<u>510,387.</u>	<u>311,352.</u>	<u>199,035.</u>

# Blind and Low Vision Services, Inc.

## Depreciation Schedule by Category

### For the 12 Months Ended 06/30/08

09/27/08

12:12PM

58-1550944

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/07	Current Depreciation	Accum Depr 06/30/08
<b>Building</b>									
1	Building	09/30/90	ST LINE	31/06	N	270,342.00	143,753.36	8,582.29	152,335.65
74	Land	09/30/90	LAND	00/00	N	67,585.00	0.00	0.00	0.00
Total for (Building)						337,927.00	143,753.36	8,582.29	152,335.65
<b>Equipment</b>									
2	IBM - Computer Accessories	07/31/02	ST LINE	05/00	N	540.12	531.10	8.89	539.99
3	Folding T	10/03/91	ST LINE	07/00	N	158.00	158.00	0.00	158.00
4	Various	06/01/84	ST LINE	05/00	N	618.00	618.00	0.00	618.00
5	Various	04/01/85	ST LINE	05/00	N	6,966.00	6,966.00	0.00	6,966.00
6	Various	06/01/85	ST LINE	05/00	N	800.00	800.00	0.00	800.00
7	IBM Comp Accessories	07/31/02	ST LINE	05/00	N	169.16	166.33	2.79	169.12
8	CDW-Computer Accessories	08/01/02	ST LINE	05/00	N	2,786.26	2,739.81	46.45	2,786.26
9	CDW Computer Accessories	08/01/02	ST LINE	05/00	N	86.26	84.81	1.45	86.26
10	Vision EV	06/11/90	ST LINE	05/00	N	15,375.00	15,375.00	0.00	15,375.00
11	Fax Machine	04/15/94	ST LINE	05/00	N	427.00	427.00	0.00	427.00
12	Auto Refr	05/16/95	ST LINE	05/00	N	6,475.00	6,475.00	0.00	6,475.00
13	Donated F	11/30/95	ST LINE	05/00	N	2,414.00	2,414.00	0.00	2,414.00
14	Low Vision	02/26/96	ST LINE	05/00	N	6,367.43	6,367.43	0.00	6,367.43
15	Telephone	10/20/95	ST LINE	05/00	N	588.00	588.00	0.00	588.00
16	Computer	07/19/95	ST LINE	05/00	N	930.80	930.80	0.00	930.80
17	Donated C	03/03/97	ST LINE	05/00	N	1,620.00	1,620.00	0.00	1,620.00
18	Purchased	03/10/97	ST LINE	05/00	N	1,148.70	1,148.70	0.00	1,148.70
19	Zerox Copier	08/15/96	ST LINE	05/00	N	4,455.00	4,455.00	0.00	4,455.00
20	Braille Printer and Software	02/28/98	ST LINE	07/00	N	5,590.00	5,590.00	0.00	5,590.00
21	Donated IBM Computer	12/15/97	ST LINE	05/00	N	2,200.00	2,200.00	0.00	2,200.00
22	Software & Scanner	09/08/98	ST LINE	05/00	N	1,266.00	1,266.00	0.00	1,266.00
23	Joan's computer & Peachtree Soft	11/30/98	ST LINE	05/00	N	1,655.25	1,655.25	0.00	1,655.25
24	Braille N Speak	03/08/99	ST LINE	07/00	N	1,255.00	1,255.00	0.00	1,255.00
25	Monitor & Printer	03/27/99	ST LINE	05/00	N	653.19	653.19	0.00	653.19
26	Closed Circuit TV donated	08/01/98	ST LINE	07/00	N	3,168.00	3,168.00	0.00	3,168.00
27	19" Color CCTV-Optelec-Spectrum	12/15/99	ST LINE	07/00	N	2,500.00	2,500.00	0.00	2,500.00
28	Blazie Type 'n Speak	12/15/99	ST LINE	07/00	N	1,395.00	1,395.00	0.00	1,395.00
29	Unit #1 Gateway CPU w/Monitor	08/29/00	ST LINE	07/00	N	600.00	585.70	13.88	599.58
30	Unit #2 Gateway CPU w/Monitor	08/29/00	ST LINE	07/00	N	600.00	585.70	13.88	599.58
31	Unit #3 Gateway CPU w/Monitor	08/29/00	ST LINE	07/00	N	600.00	585.70	13.88	599.58
32	Unit #4 Gateway CPU w/monitor	08/29/00	ST LINE	07/00	N	600.00	585.70	13.88	599.58
33	Unit #5 Gateway CPU w/monitor	08/29/00	ST LINE	07/00	N	600.00	585.70	13.88	599.58
34	Unit #6 Gateway CPU w/monitor	08/29/00	ST LINE	07/00	N	600.00	585.70	13.88	599.58
35	Unit #7 Gateway CPU w/Monitor	08/29/00	ST LINE	07/00	N	750.00	732.13	17.34	749.47
36	Unit #8 TII Sensory w/Monitor	08/29/00	ST LINE	07/00	N	600.00	585.70	13.88	599.58
37	RICOH Photocopy Machine	08/29/00	ST LINE	07/00	N	500.00	488.10	11.54	499.64
38	Typewriter #2	03/01/91	ST LINE	07/00	N	499.00	499.00	0.00	499.00
39	Laptop IBM T/P 20M, P3/700 w/So	08/03/00	ST LINE	07/00	N	4,011.00	3,963.25	47.75	4,011.00
40	Dell Inspiron 4100	12/08/01	ST LINE	07/00	N	2,762.96	2,203.80	394.71	2,598.51
41	Mons CCTV	07/20/01	ST LINE	07/00	N	2,040.00	1,724.29	291.43	2,015.72



**Blind and Low Vision Services, Inc.  
Depreciation Schedule by Category  
For the 12 Months Ended 06/30/08**

09/27/08

12:12PM

58-1550944

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/07	Current Depreciation	Accum Depr 06/30/08
<b>Equipment</b>									
42	3 Perkins Braille Writers	06/15/02	ST LINE	07/00	N	900.00	653.57	128.57	782.14
43	Optelec CCTV	06/15/02	ST LINE	07/00	N	400.00	290.46	57.14	347.60
44	8 Dell Optiplex Computers	06/15/02	ST LINE	07/00	N	800.00	580.97	114.29	695.26
45	Xerox Personal Reader	05/15/02	ST LINE	07/00	N	1,500.00	1,107.17	214.29	1,321.46
46	Juliet Braille Printer	04/15/02	ST LINE	07/00	N	2,500.00	1,874.99	357.14	2,232.13
47	Thermoform Brailon Duplicator	06/15/02	ST LINE	07/00	N	500.00	363.10	71.43	434.53
48	CDW-CompAccess	09/01/02	ST LINE	05/00	N	39.54	38.23	1.31	39.54
49	FREED-Braille Labels	09/01/02	ST LINE	07/00	N	407.00	393.43	13.57	407.00
50	AI SQU-Upgrade to Zoom text	09/01/02	ST LINE	05/00	N	149.00	144.03	4.97	149.00
51	CDW-Comp Access	09/01/02	ST LINE	05/00	N	33.98	32.87	1.11	33.98
52	Comp-Best Buy	08/01/02	ST LINE	05/00	N	477.21	469.25	7.96	477.21
53	New Vista PC's/IBM Think Pad	08/01/02	ST LINE	05/00	N	10,908.00	10,726.20	181.80	10,908.00
54	Clearview CCTV w/monitor	02/01/03	ST LINE	05/00	N	1,800.00	1,590.00	210.00	1,800.00
55	In-Focus CCTV (used)	04/01/03	ST LINE	05/00	N	500.00	425.00	75.00	500.00
56	Dell Pentium (Used)	05/01/03	ST LINE	05/00	N	400.00	333.33	66.63	399.96
57	Air Conditioning	02/01/03	ST LINE	05/00	N	25,244.95	22,299.71	2,945.24	25,244.95
58	Stars, Inc. Equipment	11/01/04	ST LINE	05/00	N	500.00	266.67	100.00	366.67
59	Knouff Computer	11/09/04	ST LINE	05/00	N	688.89	367.41	137.78	505.19
60	Dell Computer	01/04/05	ST LINE	05/00	N	1,168.64	832.07	233.73	1,065.80
61	Touch the Future	03/02/05	ST LINE	05/00	N	391.50	182.70	78.30	261.00
62	Dell Computer	02/08/06	ST LINE	05/00	N	1,144.00	594.88	228.80	823.68
63	IBM Computer (Donated)	11/11/05	ST LINE	05/00	N	1,210.00	629.20	242.00	871.20
73	Telephone System	11/01/07	ST LINE	05/00	N	5,466.00	0.00	725.81	725.81
<b>Total for (Equipment)</b>						<b>143,498.84</b>	<b>129,453.13</b>	<b>7,116.38</b>	<b>136,569.51</b>
<b>Furniture &amp; Fixtures</b>									
64	Furniture	06/01/88	ST LINE	05/00	N	280.00	280.00	0.00	280.00
65	Kitchen	03/01/91	ST LINE	07/00	N	503.00	503.00	0.00	503.00
66	Carpeting	04/01/95	ST LINE	05/00	N	2,720.00	2,720.00	0.00	2,720.00
67	Computer Desk	08/29/00	ST LINE	07/00	N	540.00	527.13	12.49	539.62
68	Adirondack Direct	05/01/03	ST LINE	07/00	N	3,234.00	1,925.00	462.00	2,387.00
69	North GA Trophy & Engraving	05/01/03	ST LINE	07/00	N	441.20	262.63	63.03	325.66
72	2002 Renovations-carpet & paint	12/01/02	ST LINE	05/00	N	21,245.12	13,910.51	1,781.11	15,691.62
<b>Total for (Furniture &amp; Fixtures)</b>						<b>28,963.32</b>	<b>20,128.27</b>	<b>2,318.63</b>	<b>22,446.90</b>
<b>Client Subtotal Before Sales</b>						<b>510,389.16</b>	<b>293,334.76</b>	<b>18,017.30</b>	<b>311,352.06</b>
<b>Less Assets Sold</b>						<b>0.00</b>			<b>0.00</b>
<b>Total</b>						<b>510,389.16</b>	<b>293,334.76</b>	<b>18,017.30</b>	<b>311,352.06</b>

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>Blind &amp; Low Vision Services of North Georgia, Inc.</b>	Employer identification number <b>58-1550944</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions <b>3830 S. Cobb Dr, #125</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Smyrna GA 30080</b>	

**Check type of return to be filed** (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● The books are in the care of ▶ Ms. Joan M. Stuart, CFRE

Telephone No ▶ (770) 432-7280 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 17, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning Jul 1, 20 07, and ending Jun 30, 20 08

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 0.
<b>3c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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