

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

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** Jul 1 , 2008, **and ending** Jun 30 , 2009

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input checked="" type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C Name of organization</b> Vision Rehabilitation Services of Georgia, Inc.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 3830 S. Cobb Dr 125</p> <p>City or town, state or country, and ZIP + 4 Smyrna GA 30080</p>	<p><b>D Employer identification number</b> 58-1550944</p> <p><b>E Telephone number</b> (770) 432-7280</p> <p><b>F Group Exemption Number</b> ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

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

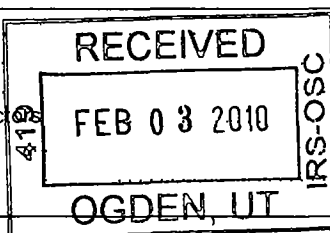
**J Organization type** (check only one) —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

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

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 905,566.

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

<b>R</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received		1	526,054.
	<b>2</b> Program service revenue including government fees and contracts		2	367,109.
	<b>3</b> Membership dues and assessments		3	
	<b>4</b> Investment income		4	985.
	<b>5a</b> Gross amount from sale of assets other than inventory	5a		
	<b>b</b> Less: cost or other basis and sales expenses	5b		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		5c	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	4,130.	
	<b>b</b> Less: direct expenses other than fundraising expenses	6b	0.	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	4,130.
	<b>7a</b> Gross sales of inventory, less returns and allowances	7a		
	<b>b</b> Less: cost of goods sold	7b		
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	<b>8</b> Other revenue (describe ▶ _____)		8	7,288.
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	905,566.
<b>E</b>	<b>10</b> Grants and similar amounts paid (attach schedule)		10	
	<b>11</b> Benefits paid to or for members		11	
	<b>12</b> Salaries, other compensation, and employee benefits		12	588,887.
	<b>13</b> Professional fees and other payments to independent contractors		13	156,172.
	<b>14</b> Occupancy, rent, utilities, and maintenance		14	40,912.
	<b>15</b> Printing, publications, postage, and shipping		15	5,485.
	<b>16</b> Other expenses (describe ▶ See Other Expenses Statement)		16	120,590.
	<b>17 Total expenses</b> (add lines 10 through 16)		17	912,046.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,480.
<b>A</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	164,517.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)		20	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20		21	158,037.



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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	15,572.	26,542.
<b>23</b>	Land and buildings	199,035.	188,582.
<b>24</b>	Other assets (describe ▶ See L-24 Stmt)	116,379.	110,979.
<b>25</b>	<b>Total assets</b>	330,986.	326,103.
<b>26</b>	<b>Total liabilities</b> (describe ▶ See L-26 Stmt)	166,469.	168,066.
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	164,517.	158,037.

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

Form 990-EZ (2008)

SCANNED FEB 1 @ 2010

21

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>Assisting individuals who are blind or visually impaired.</u> Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
28	<u>VRS provided life-changing services to more than 450 individuals who are blind or visually impaired during FY08-09. Using a community based model in our 31 county service delivery area, VRS provides one-on-one instruction in the client's home, school or place of business. (Grants \$ 0.) If this amount includes foreign grants, check here</u> <input type="checkbox"/>	28 a 312,179.
29	<u>VRS Low Vision Clinic primary objective is to assist individuals in making the best use of their remaining vision. We provide an optometrist who specializes in low vision. They provide low vision evaluations and prescribe optical devices. (Grants \$ 0.) If this amount includes foreign grants, check here</u> <input type="checkbox"/>	29 a 113,325.
30	<u>VRS Orientation and Mobility is comprised of teachers who help individuals evaluate their travel needs. Instruction in the use of the long cane is provided within the local community and includes the use of public transportation. (Grants \$ 0.) If this amount includes foreign grants, check here</u> <input type="checkbox"/>	30 a 68,167.
31	Other program services (attach schedule) <u>Computer training and Personal/ (Grants \$ 0.) If this amount includes foreign grants, check here</u> <input type="checkbox"/>	31 a 231,116.
32	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32 724,787.</b>

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Nancy Eaton</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Chair 1.25	0.	0.	
<u>Pete Wood</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Vice Chair 1.25	0.	0.	
<u>Daceta Carty</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Treasurer 1.25	0.	0.	
<u>Joe Bland</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Secretary 1.25	0.	0.	
<u>Denise Bacon</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Board Member 1.25	0.	0.	
<u>Deidri Cumbie</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Board Member 1.25	0.	0.	
<u>Charyn Darby</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Board Member 1.25	0.	0.	
<u>Elaine Davis</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Board Member 1.25	0.	0.	
<u>Jeff Daxe</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Board Member 1.25	0.	0.	
<u>Gerald Eaton</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Board Member 1.25	0.	0.	
<u>Sue Griffin</u> <u>3830 S. Cobb Dr., Ste. 125</u> <u>Smyrna GA 30080</u>	Board Member 1.25	0.	0.	
<u>See List of Officers, Directors, Trustees, &amp; Key Employees Stmt</u>				

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>35a</b>	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>35b</b>	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ <b>37a</b> 0.</span>		
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39</b>	501(c)(7) organizations Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b>	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>40b</b>	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
<b>40c</b>	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . ▶ _____		
<b>40d</b>	d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
<b>40e</b>	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
<b>41</b>	List the states with which a copy of this return is filed ▶ _____		

**42a** The books are in care of ▶ Joan M. Stuart, CFRE Telephone no ▶ (770) 432-7280  
 Located at ▶ 3830 S. Cobb Dr., Ste. 125 Smyrna GA ZIP + 4 ▶ 30080

		Yes	No
<b>42b</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: ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>			
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

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

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

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

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

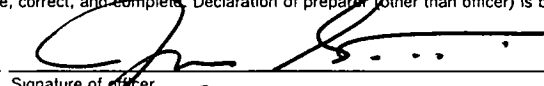
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

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


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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by taxpayer.

Sign Here

Signature of officer  
  
 Type or print name and title  
 Joan STUART, EXECUT

Paid Preparer's Use Only

Preparer's signature  
  
 Firm's name (or yours if self-employed), address, and ZIP + 4  
 WILLIAM L. KENNEMORE, CPA, I  
 5755 N POINT PKWY STE 20  
 ALPHARETTA

May the IRS discuss this return with the preparer shown above? See instructions on page 1.  
 BAA

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545 0047

**2008**

**Open to Public Inspection**

Name of the organization <b>Vision Rehabilitation Services of Georgia, Inc.</b>	Employer identification number <b>58-1550944</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

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

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

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

**h** Provide the following information about the organizations the organization supports.

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	850,457.	754,367.	471,418.	544,081.	526,054.	3,146,377.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</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>4 Total.</b> Add lines 1-3	850,457.	754,367.	471,418.	544,081.	526,054.	3,146,377.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						3,146,377.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	850,457.	754,367.	471,418.	544,081.	526,054.	3,146,377.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	820.	970.	695.	850.	985.	4,320.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				12,683.	7,288.	19,971.
<b>11 Total support.</b> Add lines 7 through 10						3,170,668.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,001,785.

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.23%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	99.88%

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 19a **33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b **33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Other Income Part II, Line 10

Description: Misc. Income

2007: 12683.

2008: 7288.



Name as Shown on Return Vision Rehabilitation Services of Georgia, Inc.	Employer Identification No 58-1550944
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Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts receivable, net	81,320.	76,647.
Pledges receivable, net	33,022.	32,408.
Prepaid expense	2,037.	1,924.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>116,379.</b>	<b>110,979.</b>

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts payable and accrued expenses	29,756.	44,879.
Mortgages and other notes payable	136,236.	123,187.
Bank overdraft	477.	0.
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>166,469.</b>	<b>168,066.</b>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
Depreciation	12,046.
Advertising	2,833.
Aids and appliances	42,517.
Bad debts	200.
Bank charges	4,164.
Exhibit expenses	75.
Insurance	15,704.
Interest expense	10,533.
Membership dues	1,686.
Miscellaneous	1,582.
Staff development	486.
Supplies	4,312.
Temporary help	9,148.
Travel	15,304.
<b>Total</b>	<b>120,590.</b>

Form 990-EZ, Page 2, Part IV

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

(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"/> Harry Kipreos 3830 S. Cobb Dr., Ste. 125 Smyrna GA 30080 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.25	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Tamiko Leverette 3830 S. Cobb Dr., Ste. 125 Smyrna GA 30080 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.25	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Tina Lucas-Glass 3830 S. Cobb Dr., Ste. 125 Smyrna GA 30080 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.25	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Phyllis McDaniel 3830 S. Cobb Dr., Ste. 125 Smyrna GA 30080 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.25	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

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

(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 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.25	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Harold Smith 3830 S. Cobb Dr., Ste. 125 Smyrna GA 30080 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.25	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dan Tulman 3830 S. Cobb Dr., Ste. 125 Smyrna GA 30080 Foreign city _____ Foreign country _____	Title Board Member Hours/Week 1.25	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joan Stuart 3830 S. Cobb Dr., Ste. 125 Smyrna GA 30080 Foreign city _____ Foreign country _____	Title Executive Director Hours/Week 40.00	87,682.	0.	

**Supporting Statement of:**

Form 990-EZ/Line 22, Column (A)

Description	Amount
Cash	203.
Certificate of deposit	15,369.
Total	<u>15,572.</u>

**Supporting Statement of:**

Form 990-EZ/Line 23, Column (A)

Description	Amount
Land	67,585.
Building	118,006.
Machinery & Equipment	6,930.
Furniture & Fixtures	6,514.
Total	<u>199,035.</u>

**Supporting Statement of:**

Form 990-EZ/Line 23, Column (B)

Description	Amount
Land	67,585.
Building	109,424.
Commercial Sign	1,654.
Machinery & Equipment	3,929.
Furniture & Fixtures	5,990.
Total	<u>188,582.</u>

**Supporting Statement of:**

Form 990-EZ/Other Program Service Exp

Description	Amount
VRS Computer Training assists individuals interested in the use of computer technology and adaptive software.	109,989.
VRS Personal and Social Adjustment provides adaptive skills and techniques to help individuals carry out their daily living needs.	121,127.
Total	<u>231,116.</u>

**Supporting Statement of:**

Sch. A, page 2/Gross Receipts

Description	Amount
2004 Program Service Fees	0.
2005 Program Service Fees	0.
2006 Program Service Fees	328,191.
2007 Program Service Fees	306,485.
2008 Program Service Fees	367,109.
Total	<u>1,001,785.</u>

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 checked="" 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 ► 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 16, 20 10, 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 08, and ending Jun 30, 20 09

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

<b>3a</b> 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.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b> \$	0.
<b>c 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.**