

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)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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 10/01, 2007, and ending 9/30, 2008

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

C Lighthouse for the Blind and Visually Impaired, 214 Van Ness Avenue, San Francisco, CA 94102

D Employer Identification Number 94-1415317, E Telephone number (415) 431-1481, F Accounting method: Accrual

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? H(b) If 'Yes,' enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.LIGHTHOUSE-SF.ORG

J Organization type (check only one) 501(c) 3

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 10,372,058.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	245,920.	211,209.	20,979.	13,732.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c 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).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	2,666,748.	2,376,414.	57,940.	232,394.
27 Pension plan contributions not included on lines 25a, b, and c.....	27	123,976.	111,146.	3,040.	9,790.
28 Employee benefits not included on lines 25a - 27.....	28	400,797.	365,368.	6,878.	28,551.
29 Payroll taxes.....	29	239,991.	213,438.	6,216.	20,337.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	27,900.	21,840.	3,662.	2,398.
32 Legal fees.....	32	4,555.	3,566.	598.	391.
33 Supplies.....	33	102,357.	92,489.	5,867.	4,001.
34 Telephone.....	34	39,903.	36,044.	2,332.	1,527.
35 Postage and shipping.....	35	32,487.	23,300.	2,502.	6,685.
36 Occupancy.....	36	416,212.	394,089.	13,369.	8,754.
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38				
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40	113,383.	93,343.	4,661.	15,379.
41 Interest.....	41	43,094.	41,206.	896.	992.
42 Depreciation, depletion, etc (attach schedule).....	42	216,756.	206,056.	6,466.	4,234.
43 Other expenses not covered above (itemize):					
a BOARD EXPENSES.....	43a	5,905.		5,905.	
b INSURANCE.....	43b	67,240.	52,906.	8,662.	5,672.
c MARKETING AND PUBLIC REL.....	43c	127,620.	74,307.	10,572.	42,741.
d OUTSIDE SERVICES.....	43d	168,699.	132,337.	21,668.	14,694.
e PROGRAM COSTS.....	43e	588,413.	569,488.	5,537.	13,388.
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	5,631,956.	5,018,546.	187,750.	425,660.

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>SEE STATEMENT 6</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.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 7</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	5,018,546.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	5,018,546.

BAA Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash — non-interest-bearing	313,182.	45	590,377.
	46 Savings and temporary cash investments.....	31,714.	46	406,572.
	47a Accounts receivable.....	47a 372,207.		
	b Less: allowance for doubtful accounts	47b	373,428.	47c 372,207.
	48a Pledges receivable.....	48a 510,989.		
	b Less: allowance for doubtful accounts	48b	397,254.	48c 510,989.
	49 Grants receivable.....		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	199,131.	52	209,460.
	53 Prepaid expenses and deferred charges	94,868.	53	67,544.
	54a Investments — publicly-traded securities. STMT. 8. ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	34,399,259.	54a	26,201,235.
	b Investments — other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55a Investments — land, buildings, & equipment: basis ..	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments — other (attach schedule)	SEE STMT. 9.	700.	56 700.	
57a Land, buildings, and equipment: basis.....	57a 6,356,751.			
b Less: accumulated depreciation (attach schedule)	STATEMENT. 10. 57b 3,200,094.	3,291,890.	57c 3,156,657.	
58 Other assets, including program-related investments (describe ▶			58	
59 Total assets (must equal line 74). Add lines 45 through 58	39,101,426.	59	31,515,741.	
LIABILITIES	60 Accounts payable and accrued expenses	409,065.	60	604,405.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....	SEE STATEMENT. 11	522,599.	64b 364,053.
	65 Other liabilities (describe ▶			65
66 Total liabilities. Add lines 60 through 65.....	931,664.	66	968,458.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	37,352,265.	67	29,916,806.
	68 Temporarily restricted	688,764.	68	501,744.
	69 Permanently restricted	128,733.	69	128,733.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	38,169,762.	73	30,547,283.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	39,101,426.	74	31,515,741.	

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

a	Total revenue, gains, and other support per audited financial statements	a	-1,362,930.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	-9,547,593.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>SEE STM 12</u>	b4	627,593.
	Add lines b1 through b4	b	-8,920,000.
c	Subtract line b from line a	c	7,557,070.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	7,557,070.

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

a	Total expenses and losses per audited financial statements	a	6,259,549.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>SEE STMT 13</u>	b4	627,593.
	Add lines b1 through b4	b	627,593.
c	Subtract line b from line a	c	5,631,956.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	5,631,956.

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
SEE STATEMENT 14		232,000.	13,920.	0.

Part VI Other Information (continued)		Yes	No
82a	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	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....		
82b			N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?.....		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		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.		
85c	Dues, assessments, and similar amounts from members.....		N/A
85d	Section 162(e) lobbying and political expenditures.....		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85h	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?.....		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		
86a			N/A
86b	Gross receipts, included on line 12, for public use of club facilities.....		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		
87a			N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
88a	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.....		X
88b	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.....		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
89b	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.....		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.....		0.
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.....		0.
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?.....		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?.....		X
89g	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?.....		X
90a	List the states with which a copy of this return is filed ▶ CA		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.).....		70
91a	The books are in care of ▶ NING XIAO Telephone number ▶ (415) 431-1481 Located at ▶ 214 VAN NESS AVENUE SAN FRANCISCO CA ZIP + 4 ▶ 94102		
91b	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)?.....		X
	If 'Yes,' enter the name of the foreign country ▶		
	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? 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. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Part VII Analysis of Income-Producing Activities (See 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 SERVICE FEES					245,591.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	955,270.	
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			14	2,577,272.	
100 Gain or (loss) from sales of assets other than inventory					213,683.
101 Net income or (loss) from special events					-27,075.
102 Gross profit or (loss) from sales of inventory					963,510.
103 Other revenue: a _____					
b OTHER INCOME					18,585.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,532,542.	1,414,294.
105 Total (add line 104, columns (B), (D), and (E))					4,946,836.

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).
1	SEE STATEMENT 15

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

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

Part X Information Regarding Transfers Associated with 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).

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please Sign Here

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.

▶ _____
Signature of officer

_____ Date

▶ ANITA SHAFER AARON, EXECUTIVE DIRECTOR
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ▶ BRUCE J. WRIGHT	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GOOD & FOWLER, LLP 262 GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080	EIN ▶ N/A	Phone no. ▶ (650) 872-7600		

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 **LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED** Employer identification number **94-1415317**

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
SEE STATEMENT 16		391,400.	23,484.	0.
Total number of other employees paid over \$50,000	1			

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	0	

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
GREGORY LIVESTOCK PO BOX 315 SHERIDAN, CA 95681	FIRE ABATEMENT SVCS	70,850.
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a 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.) STMT 17	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c 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	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f 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 ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶		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	
Total					0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	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.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: 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
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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:	Yes	No	Amount
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 .)			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED	Employer identification number 94-1415317
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

LIGHTHOUSE FOR THE BLIND AND VISUALLY

94-1415317

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ENZO FANUCCHI ESTATE C/O JUDY EARLY, 906 RUTH AVE BELMONT, CA 94002	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WILLIAM & RUTH STUCKMAN TRUST 75 SANTA MONICA WAY SAN FRANCISCO, CA 94127-1537	\$ 380,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BERNICE CANATA TRUST 44 MONTGOMERY ST, STE 3585 SAN FRANCISCO, CA 94104-4829	\$ 75,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ESTATE OF NORAH KELLY 31 FALL STREET SENECA FALLS, NY 13148-1839	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ANDREW KRISTOFSKY CRUT RBC TRUST CO, PO BOX 15627 WILMINGTON, DE 19850	\$ 407,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

LIGHTHOUSE FOR THE BLIND AND VISUALLY

94-1415317

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A ----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----
_____	----- ----- -----	----- \$-----	-----

Name of organization LIGHTHOUSE FOR THE BLIND AND VISUALLY	Employer identification number 94-1415317
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

CAPITAL GAIN DISTRIBUTION.....		\$ 2,577,272.
	TOTAL	<u>\$ 2,577,272.</u>

STATEMENT 2
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	2,401,078.
COST OR OTHER BASIS:	2,187,395.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 213,683.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 213,683.

STATEMENT 3
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
INSIGHTS, THE BLIND ARTIST EXHIBITION	37,595.	0.	37,595.	64,670.	-27,075.
TOTAL	<u>\$ 37,595.</u>	<u>\$ 0.</u>	<u>\$ 37,595.</u>	<u>\$ 64,670.</u>	<u>\$ -27,075.</u>

STATEMENT 4
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

LIGHTHOUSE ENTERPRISES.....		\$ 1,526,433.
GROSS SALES.....		<u>\$ 1,526,433.</u>
LESS RETURNS & ALLOWANCES.....		<u>0.</u>
NET SALES.....		\$ 1,526,433.
LESS COST OF GOODS SOLD.....		562,923.
GROSS PROFIT FROM SALES OF INVENTORY.....		<u>\$ 963,510.</u>

**STATEMENT 5
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED LOSS ON MARKETABLE SECURITIES.....	\$ -9,547,593.
TOTAL	<u>\$ -9,547,593.</u>

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

TO PROMOTE INDEPENDENCE, EQUALITY, AND SELF-RELIANCE OF PEOPLE WHO ARE BLIND/VISUALLY IMPAIRED THROUGH PROVISION OF REHABILITATION TRAINING AND RELEVANT SERVICES, SUCH AS ACCESS TO EMPLOYMENT, EDUCATION, GOVERNMENT, MEDIA, RECREATION, TRANSPORTATION, AND THE ENVIRONMENT.

**STATEMENT 7
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
COMMUNITY AND INFORMATION SERVICES		
-ACCESS TO INFORMATION SERVICES CONNECTS THE INDIVIDUAL TO THE VISUAL WORLD IN WHICH HE OR SHE LIVES. THIS IS ACCOMPLISHED THROUGH FACILITATING ACCESS TO PRINTED INFORMATION SUCH AS NEWSPAPERS AND MAGAZINES USING RECORDING SERVICES, BROADCAST PROGRAMMING, BRAILLE TRANSLATION, AND THE INTERNET.		
-THE VOLUNTEER SERVICES PROGRAM RECRUITS PERSONAL SERVICE VOLUNTEERS TO HELP BLIND AND LOW-VISION INDIVIDUALS BOTH AT HOME AND IN THE COMMUNITY.		
-ENCHANTED HILLS CAMP IS A 311-ACRE CAMP IN NAPA VALLEY THAT PROVIDES BLIND, VISUALLY IMPAIRED, DEAF/BLIND, AND MULTI-DISABLED CHILDREN, ADULTS, AND SENIORS WITH A TRADITIONAL SUMMER CAMPING EXPERIENCE.		
-THE ADULT PROGRAM SERVES BLIND AND LOW-VISION SENIORS AND WORKING-AGE ADULTS AND IS DESIGNED TO FOSTER INTELLECTUAL, SOCIAL, AND PHYSICAL WELL-BEING THROUGH EDUCATIONAL AND RECREATIONAL ACTIVITIES.		
-CHILDREN AND YOUTH PROGRAMS PROVIDE WEEKLY ACTIVITIES WITHIN SETTINGS WHERE VISION LOSS IS THE NORM RATHER THAN THE EXCEPTION.		
-THE VISION LOSS RESOURCE CENTER PROVIDES HIGH QUALITY INFORMATION AND REFERRAL SERVICES TO INDIVIDUALS THROUGHOUT CALIFORNIA ON BLINDNESS AND VISUAL IMPAIRMENT. CORE COMPONENTS INCLUDE A TOLL-FREE NUMBER, A WALK-IN RESOURCE DESK, AND A MATERIALS RESOURCE CENTER.		
-THE PUBLIC POLICY PROGRAM ADVOCATES FOR THE INCLUSION OF		

STATEMENT 7 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>PEOPLE WHO ARE BLIND THROUGHOUT THE FABRIC OF THE COMMUNITY AS FULL ECONOMIC AND SOCIAL PARTICIPANTS. KEY STRATEGIC PRIORITIES INCLUDE VOTING ACCESS, PEDESTRIAN SAFETY, AND ACCESS TO TRANSPORTATION.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		1,575,957.
REHABILITATION SERVICES		
-INDIVIDUAL COUNSELING AND SUPPORT GROUPS FOR INDIVIDUALS AND FAMILIES ADJUSTING TO VISION LOSS.		
-DEAF/BLIND SERVICES PROVIDE INFORMATION AND REFERRAL, ADVOCACY, EDUCATION, AND TRAINING FOR PERSONS WITH MULTIPLE SENSORY LOSSES.		
-REHABILITATION TRAINING TEACHES DAILY LIVING SKILLS AND ASSISTS IN SETTING UP THE HOME TO ACCOMMODATE A RECENT LOSS OF VISION.		
-ORIENTATION AND MOBILITY TRAINING PROVIDES INSTRUCTION ON WHITE-CANE TRAVEL, THE USE OF LOW-VISION AIDS, TRAVEL TRAINING AND ORIENTATION TO NEIGHBORHOODS, SCHOOLS, HOSPITALS, AND OTHER AREAS OF THE COMMUNITY.		
-TECHNOLOGY SERVICES OFFERS INSTRUCTION IN ASSISTIVE COMPUTER TECHNOLOGY THROUGH CLASSES, INDIVIDUAL INSTRUCTION, OPEN LAB, AND EQUIPMENT EVALUATION.		
<p>-THE TAXI VOUCHER PROGRAM, COORDINATED WITH THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, PROVIDES TAXI RIDES TO MEDICAL APPOINTMENTS FOR LOW-INCOME DISABLED SAN FRANCISCANS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		1,673,011.
LIGHTHOUSE ENTERPRISES		
-LIGHTHOUSE INDUSTRIES PROVIDES EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED THROUGH A LIGHT MANUFACTURING PROGRAM MAKING PRODUCTS PRIMARILY FOR THE U.S. GOVERNMENT.		
-LIGHTHOUSE'S ADAPTATIONS STORES SELL REHABILITATION AIDS AND APPLIANCES ON-SITE IN SAN FRANCISCO AND SAN RAFAEL. PRODUCTS MAY ALSO BE PURCHASED THROUGH MAIL ORDER AND ONLINE.		
<p>-DIGITAL DATA SCAN, THE AGENCY'S NEW ELECTRONIC DOCUMENT CONVERSION ENTERPRISE, PROVIDES EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED, BY OFFERING DATA CONVERSION SOLUTIONS TO BUSINESSES AND GOVERNMENTAL ENTITIES AT A COMPETITIVE PRICE.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		1,769,578.
	<u>\$ 0.</u>	<u>\$ 5,018,546.</u>

STATEMENT 8
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MUTUAL FUNDS	MARKET VALUE	\$ 26,201,235.
	TOTAL	<u>\$ 26,201,235.</u>
PUBLICLY TRADED SECURITIES		<u><u>\$ 26,201,235.</u></u>

STATEMENT 9
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

<u>DESCRIPTION OF INVESTMENT</u>	<u>VALUATION METHOD</u>	<u>BOOK VALUE</u>
OTHER INVESTMENTS	MARKET VALUE	\$ 700.
	TOTAL	<u>\$ 700.</u>

STATEMENT 10
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 51,447.	\$ 51,447.	\$ 0.
FURNITURE AND FIXTURES	285,478.	202,284.	83,194.
MACHINERY AND EQUIPMENT	2,203,002.	1,255,556.	947,446.
BUILDINGS	3,055,688.	1,364,916.	1,690,772.
IMPROVEMENTS	337,746.	325,891.	11,855.
LAND	423,390.		423,390.
TOTAL	<u>\$ 6,356,751.</u>	<u>\$ 3,200,094.</u>	<u>\$ 3,156,657.</u>

STATEMENT 11
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
BANK OF AMERICA	\$ 364,053.
	TOTAL <u>\$ 364,053.</u>

STATEMENT 12
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD.....	\$	562,923.
SPECIAL EVENTS EXPENSES.....		64,670.
	TOTAL	<u>\$ 627,593.</u>

STATEMENT 13
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

COST OF GOODS SOLD.....	\$	562,923.
SPECIAL EVENTS EXPENSES.....		64,670.
	TOTAL	<u>\$ 627,593.</u>

STATEMENT 14
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ANITA SHAFER AARON 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	EXECUTIVE DIREC 37.50	\$ 145,000.	\$ 8,700.	\$ 0.
F HOWARD MAULL 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	CFO 37.50	87,000.	5,220.	0.
GIL JOHNSON 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	PRESIDENT 2.00	0.	0.	0.
ED ZAIK 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	PAST PRESIDENT 2.00	0.	0.	0.
TODD STEVENOT 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	VICE PRESIDENT 2.00	0.	0.	0.
ARTHUR BEATO 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	VICE PRESIDENT 2.00	0.	0.	0.
HARRY MAR 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	VICE PRESIDENT 2.00	0.	0.	0.

STATEMENT 14 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CARL JANSON 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	TREASURER 2.00	\$ 0.	\$ 0.	\$ 0.
JORDANA WELLES 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	SECRETARY 2.00	0.	0.	0.
DAVID CHAN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
JOSEPH CHAN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
MARGIE DONOVAN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
JULIE DOWN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
REBECCA HANDLER 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
DANA HOOPER 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
KATHLEEN KNOX 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
BARBARA J LASSEN 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
JOSHUA A MIELE, PH.D. 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
LESLIE MURPHY 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.

STATEMENT 14 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GARY SCHNITZER 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	\$ 0.	\$ 0.	0.
KEITH WILLIAMS 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIRECTOR 2.00	0.	0.	0.
	TOTAL	<u>\$ 232,000.</u>	<u>\$ 13,920.</u>	<u>\$ 0.</u>

STATEMENT 15
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	FEES FROM PROVIDING SERVICES RANGING FROM DEVELOPMENT TO EDUCATION AND RECREATION THAT SUPPORTS ORGANIZATION'S EXEMPT PURPOSE.
102	SALE OF ADAPTIVE AIDS AND APPLIANCES AT ADAPTATIONS, THE LIGHTHOUSE STORE, PROVIDES ESSENTIAL TOOLS FOR SUCCESSFUL LIVING WITH VISION LOSS, AND THE SALE OF PRODUCTS MANUFACTURED BY THE LIGHTHOUSE INDUSTRIES PROVIDES EMPLOYMENT FOR INDIVIDUALS WHO ARE BLIND OR VISUALLY IMPAIRED.
103	MISCELLANEOUS INCOME RELATES TO THE ORGANIZATION'S EXEMPT PURPOSE.

STATEMENT 16
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
GEORGE CLARK 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	CHIEF DEV OFFCR 37.50	90,000.	5,400.	0.
KATHY ABRAHAMSON 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIR REHAB SVC 37.50	87,000.	5,220.	0.
TONY FLETCHER 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	DIR COMM SVC 37.50	75,000.	4,500.	0.
NING XIAO 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	CONTROLLER 37.50	71,400.	4,284.	0.

STATEMENT 16 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
JULIE MCCARTHY 214 VAN NESS AVENUE SAN FRANCISCO, CA 94102	HR/OFFICE MGR 37.50	68,000.	4,080.	0.
		TOTAL \$ <u>391,400.</u>	\$ <u>23,484.</u>	\$ <u>0.</u>

STATEMENT 17
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

DAILY LIVING EQUIPMENT FUND: THE DAILY LIVING FUND IS AVAILABLE THROUGHOUT THE YEAR FOR CONSUMERS WHO ARE UNABLE TO AFFORD ADAPTIVE EQUIPMENT. REQUESTS MUST NOT EXCEED \$50 AND REQUESTS OVER \$25 MUST BE SUBMITTED IN WRITING FOR SUPERVISOR APPROVAL.

APPLICANT CRITERIA: 1. "EMERGENCY" INDICATES THAT THE INDIVIDUAL IS IN URGENT NEED OF AN ADAPTIVE PRODUCT AND THEY ARE UNABLE TO AFFORD IT BECAUSE OF THEIR FINANCIAL CIRCUMSTANCES. 2. MONTHLY INCOME MUST BE \$1,000 OR LESS FOR AN INDIVIDUAL. 3. APPLICANT CAN NOT RECEIVE MORE THAN \$50 TOWARDS THE PURCHASE OF EQUIPMENT IN A FISCAL YEAR. 4. TOTAL AMOUNT REQUESTED IS NOT TO EXCEED \$50. 5. THE DOLLAR AMOUNT CAN BE USED TO COVER THE FULL COST OF AN ITEM OR TO OFFSET THE COST OF A MORE EXPENSIVE ITEM. 6. CONSUMERS WILL NOT BE GIVEN CASH. MONEY MUST BE APPLIED TO ADAPTIVE AIDS OR APPLIANCES THAT CAN BE PURCHASED OR ORDERED THROUGH ADAPTATIONS (I.E.: CANES, MAGNIFIER, WATCHES, TAPE RECORDER).

FRANCES S. MILLER EQUIPMENT SCHOLARSHIP FUND: FRANCES MILLER WAS A BRAILLE TRANSCRIBER FROM SOUTHERN CALIFORNIA. WHEN SHE DIED, SHE LEFT A LEGACY TO THE LIGHTHOUSE TO BE USED TO ASSURE THAT PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED HAVE ACCESS TO THE BEAUTY OF LANGUAGE AND LITERATURE. BEGINNING IN 2006, FRANCES' LEGACY WILL ENSURE AVAILABILITY TO ACCESSIBLE TECHNOLOGY. EVERY YEAR AN AWARD WILL BE GIVEN TO A BLIND, VISUALLY IMPAIRED, OR DEAF-BLIND INDIVIDUAL UP TO A MAXIMUM OF \$2,500 FOR THE PURCHASE OF EQUIPMENT THAT COMES WITH ACCESSIBLE TECHNOLOGY.

APPLICANT CRITERIA: 1. THE APPLICANT MUST SUBMIT A THOROUGHLY-COMPLETED APPLICATION AND A TYPED ESSAY NO MORE THAN TWO PAGES (DOUBLE-SPACED) STATING YOUR SPECIFIC EQUIPMENT NEED AND HOW YOU WILL BENEFIT FROM THE EQUIPMENT YOU WOULD LIKE TO PURCHASE. IF THE APPLICATION IS INCOMPLETE AND AN ESSAY IS NOT SUBMITTED THE APPLICATION WILL EITHER BE RETURNED OR RATED LOWER THAN THOSE FULLY COMPLETED. 2. THE APPLICANT MUST IDENTIFY A SPECIFIC PIECE OF ADAPTIVE EQUIPMENT (I.E.: SOFTWARE, BRAILLER, CCTV, NOTETAKER). THE TOTAL AMOUNT REQUESTED IS NOT TO EXCEED \$2,500. IF THE \$2,500 DOES NOT COVER THE FULL COST OF THE EQUIPMENT THE APPLICANT MUST INDICATE HOW THE REMAINDER WILL BE FUNDED. 3. THE APPLICANT'S INDIVIDUAL INCOME MAY NOT EXCEED \$30,000 PER YEAR. 4. THE APPLICANT'S HOUSEHOLD INCOME MAY NOT EXCEED \$40,000 PER YEAR. 5. NO AGE LIMIT. 6. SCHOLARSHIP RECIPIENTS WILL NOT BE GIVEN CASH. THE SCHOLARSHIP AWARDED MUST BE SPENT BY SEPTEMBER 30 OR IT WILL BE FORFEITED. THE AMOUNT AWARDED WILL BE PAID DIRECTLY TO THE VENDOR. 7. APPLICANTS MUST LIVE WITHIN CALIFORNIA.

STATEMENT 18
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
OTHER REVENUE	\$ 8,721.	\$ 23,226.	\$ 15,565.	\$ 35,105.	\$ 82,617.
TOTAL	<u>\$ 8,721.</u>	<u>\$ 23,226.</u>	<u>\$ 15,565.</u>	<u>\$ 35,105.</u>	<u>\$ 82,617.</u>

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning 10/01, 2007, and ending 9/30, 2008.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2007

Department of the Treasury
Internal Revenue Service

Return ID (20-digit number) ▶ 94103720083660800043

Name of exempt organization **LIGHTHOUSE FOR THE BLIND AND VISUALLY
IMPAIRED**

Employer identification number
94-1415317

Name and title of officer

ANITA SHAFER AARON

EXECUTIVE DIRECTOR

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here. ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, line 12)	1b <u>7,557,070.</u>
2a Form 990-EZ check here. ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here. ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here. ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here. ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GOOD & FOWLER, LLP to enter my PIN 15030 as my signature
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94103794044
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**