

BURNETT + COMPANY LLP
2870 GOLD TAILINGS COURT
RANCHO CORDOVA, CA 95670-6106

SOCIETY FOR THE BLIND, INC.
1238 S STREET
SACRAMENTO, CA 95811



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CLIENT'S COPY

SOCIETY FOR THE BLIND, INC.
1238 S STREET
SACRAMENTO, CA 95811

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2009 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2009 FORM 990

2009 CALIFORNIA FORM 199

2009 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

SINCERELY,

ANGIE PAPENDICK
PARTNER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	SOCIETY FOR THE BLIND, INC. 1238 S STREET SACRAMENTO, CA 95811
Prepared by	BURNETT + COMPANY LLP 2870 GOLD TAILINGS COURT RANCHO CORDOVA, CA 95670-6106
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Return of Organization Exempt From Income Tax

2009

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		SOCIETY FOR THE BLIND, INC.		94-1384666
		Doing Business As		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1238 S STREET		916-452-8271
City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95811		G Gross receipts \$	11,370,805.	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: HEATHER FRANK SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	▶	
J Website: ▶ WWW.SOCIETYFORTHEBLIND.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1954	M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE REHABILITATION, RECREATIONAL AND EDUCATIONAL OPPORTUNITIES FOR THE BLIND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	59
	6 Total number of volunteers (estimate if necessary)	6	256
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,443,714.	1,724,038.
	9 Program service revenue (Part VIII, line 2g)	309,413.	383,319.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,367.	3,484.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	506,309.	614,288.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,262,803.	2,725,129.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,451,020.	1,477,460.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 389,259.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	617,298.	570,190.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,068,318.	2,047,650.	
19 Revenue less expenses. Subtract line 18 from line 12	194,485.	677,479.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,003,751.	End of Year 5,369,273.
	21 Total liabilities (Part X, line 26)	2,692,415.	2,753,593.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,311,336.	2,615,680.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	HEATHER FRANK, EXECUTIVE DIRECTOR			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	94-2880151
	BURNETT + COMPANY LLP 2870 GOLD TAILINGS COURT RANCHO CORDOVA, CA 95670-6106		Phone no. ▶	(916) 638-1188

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE MISSION OF THE SOCIETY FOR THE BLIND IS TO EMPOWER INDIVIDUALS WHO ARE BLIND OR HAVE LOW VISION TO LIVE PRODUCTIVELY AND INDEPENDENTLY BY BUILDING CONFIDENCE THROUGH TRAINING, TOOLS AND MENTORSHIP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,142,687. including grants of \$ 321,212.) (Revenue \$ 599,018.) IN 2009, 86 INDIVIDUALS WHO ARE BLIND GAINED SKILLS AND INDEPENDENCE THROUGH SOCIETY FOR THE BLIND'S GENERAL REHABILITATIVE SERVICE AREAS OF BRAILLE, WHITE CANE TRAVEL, COMPUTERS AND ADAPTIVE TECHNOLOGY, AND THE SKILLS OF DAILY LIVING. 442 BLIND SENIORS LEARNED THE SKILLS NECESSARY TO CONTINUE TO LIVE INDEPENDENTLY. 121 YOUTH WITH VISUAL IMPAIRMENTS COMPETED IN THE BRAILLE CHALLENGE OR AT THE BLIND OLYMPICS, PARTICIPATED IN THE YOUTH LEADERSHIP SUMMIT OR SUMMER CAMP, OR EARNED THEIR FIRST PAYCHECK THROUGH OUR SUMMER INTERNSHIP PROGRAM. SOCIETY FOR THE BLIND PROVIDED RIDES FOR 620 VISUALLY IMPAIRED INDIVIDUALS TO REHABILITATION PROGRAMS, YOUTH, AND SENIOR SERVICES AT THE AGENCY. 235 PEOPLE GAINED CONFIDENCE, KNOWLEDGE AND REASSURANCE THROUGH SUPPORT GROUPS FOR SENIORS, FAMILIES, YOUTH AND INDIVIDUALS LIVING WITH

4b (Code:) (Expenses \$ 196,235. including grants of \$ 0.) (Revenue \$ 114,815.) 382 VISUALLY IMPAIRED INDIVIDUALS WERE EXAMINED THROUGH OUR LOW VISION CLINIC BY AN OPTOMETRIST SPECIALIZING IN LOW VISION AND LOW VISION AIDS.

4c (Code:) (Expenses \$ 150,813. including grants of \$ 187,500.) (Revenue \$ 0.) IN 2009, 1,404 READING-IMPAIRED INDIVIDUALS THROUGHOUT NORTHERN CALIFORNIA CALLED INTO ACCESS NEWS, WHERE THEY COULD HEAR NEWSPAPER AND MAGAZINE ARTICLES, COMMUNITY EVENTS CALENDARS, SALES ADS AND MORE OVER THE PHONE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 274,357.)

4e Total program service expenses \$ 1,489,735.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 16		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 59		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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
	4a		
b	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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			11
b	Enter the number of voting members that are independent		
1b			11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
13		X	
14	Does the organization have a written document retention and destruction policy?	X	
14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	CHERRY FLANAGAN - (916) 452-8271	
	1238 S STREET, SACRAMENTO, CA 95811	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN M. LERNER DIRECTOR	1.00	X					0.	0.	0.	
STEVEN SCOTT PRESIDENT	1.00	X		X			0.	0.	0.	
DORIS FLINT DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL MAY DIRECTOR	1.00	X					0.	0.	0.	
PAUL PETERSON DIRECTOR	1.00	X					0.	0.	0.	
PAUL CARVER DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL MOORE DIRECTOR	1.00	X					0.	0.	0.	
SUSAN PRUDLER DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM CARTER DIRECTOR	1.00	X					0.	0.	0.	
ALLISON OTTO SECRETARY	1.00	X		X			0.	0.	0.	
MARILYN PARK VICE PRESIDENT	1.00	X		X			0.	0.	0.	
NANCY TOOLEY DIRECTOR	1.00	X					0.	0.	0.	
KEVIN DUGGAN DIRECTOR	1.00	X					0.	0.	0.	
HEATHER FRANK EXECUTIVE DIRECTOR	40.00	X		X			83,028.	0.	2,644.	
JILL TODD CFO/TREASURER	1.00	X		X			0.	0.	0.	
JERRY FARRELL DIRECTOR	1.00	X					0.	0.	0.	
GARY ORR DIRECTOR	1.00	X					0.	0.	0.	

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	508,712.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1215326.			
	g Noncash contributions included in lines 1a-1f: \$		46,860.			
	h Total. Add lines 1a-1f		1724038.			
	Program Service Revenue	2 a LOW VISION CLINIC	Business Code 900099	383,319.	383,319.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			383,319.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,568.		1,568.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)		1,916.		
	d Net gain or (loss)		1,916.		1,916.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	23,590.			
		b Less: direct expenses	b	14,173.		
c Net income or (loss) from fundraising events			9,417.		9,417.	
9 a Gross income from gaming activities. See Part IV, line 19	a	9,039,739.				
	b Less: direct expenses	b	8,529,265.			
	c Net income or (loss) from gaming activities		510,474.	510,474.		
10 a Gross sales of inventory, less returns and allowances	a	187749.				
	b Less: cost of goods sold	b	102238.			
	c Net income or (loss) from sales of inventory		85,511.	85,511.		
11 a MISCELLANEOUS INCOME	Business Code 900099	8,886.	8,886.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		8,886.			
	12 Total revenue. See instructions.		2725129.	988,190.	0.	12,901.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,672.	85,672.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,151,073.	837,405.	94,849.	218,819.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	149,152.	108,509.	12,291.	28,352.
10 Payroll taxes	91,563.	66,612.	7,545.	17,406.
11 Fees for services (non-employees):				
a Management				
b Legal	54,661.	39,766.	4,504.	10,391.
c Accounting	23,600.	17,169.	1,945.	4,486.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,198.	5,964.	676.	1,558.
12 Advertising and promotion				
13 Office expenses	75,341.	54,813.	6,207.	14,321.
14 Information technology				
15 Royalties				
16 Occupancy	93,920.	68,328.	7,739.	17,853.
17 Travel	65,515.	47,661.	5,399.	12,455.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	44,189.	8,869.	10,628.	24,692.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,597.	38,992.	4,416.	10,189.
23 Insurance	83,680.	60,877.	6,896.	15,907.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TELEPHONE	24,802.	18,043.	2,044.	4,715.
b PRINTING AND PHOTOCOPYI	19,190.	13,961.	1,581.	3,648.
c TRAINING AND EDUCATION	17,945.	13,055.	1,478.	3,412.
d EQUIPMENT EXPENSES	5,552.	4,039.	458.	1,055.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,047,650.	1,489,735.	168,656.	389,259.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	76,158.	1	65,076.	
	2 Savings and temporary cash investments	422,137.	2	622,002.	
	3 Pledges and grants receivable, net	889,218.	3	903,717.	
	4 Accounts receivable, net	213,634.	4	299,655.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6
	7 Notes and loans receivable, net				7
	8 Inventories for sale or use	126,872.	8	111,748.	
	9 Prepaid expenses and deferred charges	25,410.	9	28,822.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,006,848.			
	b Less: accumulated depreciation	10b 731,489.	4,185,312.	10c	3,275,359.
	11 Investments - publicly traded securities				11
	12 Investments - other securities. See Part IV, line 11	13,360.	12	9,498.	
	13 Investments - program-related. See Part IV, line 11				13
	14 Intangible assets				14
	15 Other assets. See Part IV, line 11	51,650.	15	53,396.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,003,751.	16	5,369,273.		
Liabilities	17 Accounts payable and accrued expenses	324,915.	17	313,593.	
	18 Grants payable				18
	19 Deferred revenue	92,500.	19	95,000.	
	20 Tax-exempt bond liabilities				20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22
	23 Secured mortgages and notes payable to unrelated third parties	2,275,000.	23	2,345,000.	
	24 Unsecured notes and loans payable to unrelated third parties				24
	25 Other liabilities. Complete Part X of Schedule D				25
	26 Total liabilities. Add lines 17 through 25	2,692,415.	26	2,753,593.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-1,124,351.	27	-1,075,385.	
	28 Temporarily restricted net assets	4,435,687.	28	3,691,065.	
	29 Permanently restricted net assets				29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds				30
	31 Paid-in or capital surplus, or land, building, or equipment fund				31
	32 Retained earnings, endowment, accumulated income, or other funds				32
	33 Total net assets or fund balances	3,311,336.	33	2,615,680.	
34 Total liabilities and net assets/fund balances	6,003,751.	34	5,369,273.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
2c	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,997,579.	2,802,221.	2,008,736.	1,443,714.	1,724,038.	9,976,288.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,954,539.	3,673,292.	4,885,749.	8,254,854.	9,634,397.	30,402,831.
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 through 5	5,952,118.	6,475,513.	6,894,485.	9,698,568.	11,358,435.	40,379,119.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,080,000.	334,000.	333,333.			1,747,333.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	611,183.	571,853.	825,793.	300,535.		2,309,364.
c Add lines 7a and 7b	1,691,183.	905,853.	1,159,126.	300,535.		4,056,697.
8 Public support (Subtract line 7c from line 6.)						36,322,422.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	5,952,118.	6,475,513.	6,894,485.	9,698,568.	11,358,435.	40,379,119.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,757.	2,118.	6,266.	3,367.	3,484.	16,992.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,757.	2,118.	6,266.	3,367.	3,484.	16,992.
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.)	14,208.	7,289.	4,688.	6,980.	8,886.	42,051.
13 Total support (Add lines 9, 10c, 11, and 12.)	5,968,083.	6,484,920.	6,905,439.	9,708,915.	11,370,805.	40,438,162.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	89.82 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	85.47 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.04 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.05 %

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 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

Schedule A Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b 2009

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2005 Amount	2006 Amount	2007 Amount	2008 Amount	2009 Amount
CLARA MASSIE	0.	0.	100,000.	0.	
MASSIE FAMILY FOUNDATION	0.	0.	100,000.	0.	
RUMSEY COMMUNITY FUND	0.	0.	100,000.	0.	
MELZA M. AND FRANK THEODORE BARR FOUNDATION	0.	0.	0.	2,911.	
CALIFORNIA STATE LIBRARY	161,000.	161,000.	161,000.	75,911.	
DEPARTMENT OF REHABILITATION/SERVICES	450,183.	410,853.	364,793.	221,713.	
Total to Schedule A, Part III, Line 7b	611,183.	571,853.	825,793.	300,535.	

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

SOCIETY FOR THE BLIND, INC.

94-1384666

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KASSIS FAMILY FOUNDATION 4825 AMBER LANE SUITE B SACRAMENTO, CA 95841-4637	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LAWRENCE PROPERTIES 5740 WINDMILL WAY, SUITE 11 CARMICHAEL, CA 95608	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DR. AND MRS. DENNIS AND NANCY MARKS 1800 JEFFERY LANE CARMICHAEL, CA 95608	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	EMBARCADERO LIONS CLUB 902 LAKE FRONT DR SACRAMENTO, CA 95822	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ESTATE OF VERA D. ANDERSON	\$ 13,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JUSTGIVE PO BOX 300 SAN FRANCISCO, CA 94104-0300	\$ 6,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MAXIMUS FOUNDATION 11419 SUNSET HILLS RD RESTON, VA 20190-5207	\$ 7,465.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MELZA M. AND FRANK THEODORE BARR FOUNDATION, INC. 952 ECHO LANE, SUITE 300 HOUSTON, TX 77024-2790	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MICHAEL MOORE, M.D. 11428 GOLD COUNTRY BLVD GOLD RIVER, CA 95670-7809	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MR. AND MRS. CHESTER AND DORIS FLINT 4971 KEANE DRIVE CARMICHAEL, CA 95608-6025	\$ 5,067.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	MR. AND MRS. DEAN AND MARILYN PARK 35 BLUEFEATHER COURT SACRAMENTO, CA 95834-2500	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MR. AND MRS. GORDON AND BARBARA JACK 3500 LYNNMAR WAY CARMICHAEL, CA 95608	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MR. AND MRS. JERRY AND MARY FARRELL 1010 TENNYSON WAY CARMICHAEL, CA 95608	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	MR. AND MRS. MICHAEL AND JOANNE ALLYN 4605 OTTAWA COURT ROCKLIN, CA 95765-5209	\$ 5,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	MR. AND MRS. MIKE AND PATTY KOEWLER 3911 AMERICAN RIVER DRIVE SACRAMENTO, CA 95864	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	MR. AND MRS. PAUL AND LORI FREUDENBERG 712 SHORELINE POINTE EL DORADO HILLS, CA 95762-3631	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MR. AND MRS. PAUL AND SUSAN PRUDLER 4267 ASHTON DRIVE SACRAMENTO, CA 95864-6028	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	MR. AND MRS. ROBERT AND NANCY CASHELL, SR. 500 DAMONTE RANCH PARKWAY, SUITE 980 RENO, NV 89521	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	MR. AND MRS. RUSSELL AND ESTHER PORTER 474 HOPKINS ROAD SACRAMENTO, CA 95864	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MR. AND MRS. THOMAS J. HAMMER, JR. 700 LA LEITA CIR SACRAMENTO, CA 95864-7224	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MR. AND MRS. TIMOTHY AND GAIL KOEWLER 1705 NORTH WELLS AVENUE RENO, NV 89512	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	MR. CHARLES BOOTH 2400 LEECHBURG RD., SUITE 216 NEW KENSINGTON, PA 15068	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	MR. CHARLES SCHWAB P.O. BOX 192861 SAN FRANCISCO, CA 94119	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	MR. DOUGLAS ARTHUR 3141 EL CAMINO AVE APT 24 SACRAMENTO, CA 95821-6030	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	MR. KENNETH B. NOACK, JR. 1610 ARDEN WAY SUITE 195 SACRAMENTO, CA 95815-4035	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	MR. MANSOUR YAGHOUBIAN 2550 FAIR OAKS BLVD SACRAMENTO, CA 95825	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	MR. MICHAEL A. KOEWLER 11350 KIEFER BLVD. SACRAMENTO, CA 95830	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	MR. TIM BURKE 5822 ROSEVILLE ROAD SACRAMENTO, CA 95842-3071	\$ 106,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	MS. GLORIA NAIFY 1365 45TH STREET SACRAMENTO, CA 95819-4135	\$ 10,043.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	NANCY M. FISHER 15 RIVERBANK PLACE CARMICHAEL, CA 95608	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	PFUND FAMILY FOUNDATION 4744 JAN DR CARMICHAEL, CA 95608-1048	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	QUEST, INC. 5822 ROSEVILLE ROAD SACRAMENTO, CA 95842-3071	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	RED HAWK CASINO 1 RED HAWK PARKWAY PLACERVILLE, CA 95667	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	SACRAMENTO REGION COMMUNITY FOUNDATION 740 UNIVERSITY AVENUE SUITE 110 SACRAMENTO, CA 95825-6751	\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	SETZER FOUNDATION 2555 3RD STREET, SUITE 200 SACRAMENTO, CA 95818-1100	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	SPARTA CONSULTING 111 WOODMERE RD SUITE 200 FOLSOM, CA 95630	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	SUTTER HEALTH SACRAMENTO SIERRA REGION P.O. BOX 160727 SACRAMENTO, CA 95816-0727	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	THE DONANT FOUNDATION PO BOX 255009 SACRAMENTO, CA 95865-5009	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	TRI-ONE ELECTRIC, INC. 4000 ITO COURT CAMERON PARK, CA 95682	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	VISION SERVICE PLAN 3333 QUALITY DRIVE RANCHO CORDOVA, CA 95670-9757	\$ 7,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	WASTE CONNECTIONS, INC. 2295 IRON POINT CIRCLE FOLSOM, CA 95630	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	WELLS FARGO FOUNDATION 400 CAPITOL MALL SUITE 2140 SACRAMENTO, CA 95814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	YOCHA DEHE COMMUNITY FUND PO BOX 18 BROOKS, CA 95606-0018	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	ARATA BROS. TRUST PO BOX 430 SACRAMENTO, CA 95812-0430	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	BENTLEY PRINCE STREET 14641 EAST DON JULIAN ROAD CITY OF INDUSTRY, CA 91746	\$ 23,750.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	CAR PROGRAM L.L.C. 3755 OMEC CIRLE SUITE 4 RANCHO CORDOVA, CA 95742-7321	\$ 7,519.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	CATHOLIC HEALTHCARE WEST 3400 DATA DR RANCHO CORDOVA, CA 95670-7956	\$ 24,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	CITY OF ROSEVILLE 311 VERMONT STREET ROSEVILLE, CA 95678	\$ 12,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	DEACON CHARITABLE FOUNDATION <hr/> 7745 GREENBACK LANE SUITE 250 <hr/> CITRUS HEIGHTS, CA 95610-5865 <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____ <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SOCIETY FOR THE BLIND, INC.	Employer identification number 94-1384666
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	STOCK : 95 SHARES ITT _____ _____ _____	\$ 5,067.	10/28/09
29	STOCK: 33 SHARES ASCENT MEDIA, 100 SHARES CA WATER SVC GROUP, 168 SHARES MORGAN STANLEY _____ _____	\$ 10,043.	12/23/09
39	ELECTRICIAN SERVICES AND LABOR. _____ _____ _____	\$ 8,000.	12/01/09
45	CARPET _____ _____ _____	\$ 23,750.	12/16/09
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SOCIETY FOR THE BLIND, INC.

Employer identification number

94-1384666

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question number, Amount. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		636,000.		636,000.
b Buildings		2,474,000.		2,474,000.
c Leasehold improvements		115,095.	114,305.	790.
d Equipment		781,753.	617,184.	164,569.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,275,359.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,725,129.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,047,650.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	677,479.
4	Net unrealized gains (losses) on investments	4	-208.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	263,014.
8	Other (Describe in Part XIV.)	8	-1,635,941.
9	Total adjustments (net). Add lines 4 through 8	9	-1,373,135.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-695,656.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,841,333.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-208.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	116,412.
e	Add lines 2a through 2d	2e	116,204.
3	Subtract line 2e from line 1	3	2,725,129.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,725,129.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,800,003.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,752,353.
e	Add lines 2a through 2d	2e	1,752,353.
3	Subtract line 2e from line 1	3	2,047,650.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,047,650.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ADJUST BUILDING COST TO FMV: -1635941.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 102239.

SPECIAL EVENT EXPENSES: 14173.

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 102239.

SPECIAL EVENT EXPENSES: 14173.

ADJUST BUILDING COST TO FMV: 1635941.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	23,590.			23,590.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	23,590.			23,590.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,400.			8,400.
	7 Food and beverages	2,142.			2,142.
	8 Entertainment				
	9 Other direct expenses	3,631.			3,631.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(14,173)
	11 Net income summary. Combine line 3, column (d), and line 10				9,417.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue	9,039,739.		
Direct Expenses	2 Cash prizes	6,665,660.			6,665,660.
	3 Noncash prizes				
	4 Rent/facility costs	595,600.			595,600.
	5 Other direct expenses	1,268,005.			1,268,005.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(8,529,265)	
8 Net gaming income summary. Combine line 1, column (d), and line 7				510,474.	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>CA</u>		
a Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► DEBBIE RICHTER

Address ► 1238 S STREET - SACRAMENTO, CA 95811

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a		X
------------	--	----------

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► DEBBIE RICHTER

Gaming manager compensation ► \$ 36,969.
**

Description of services provided ► THE POSITION OF GENERAL MANAGER OF BINGO OPERATIONS (THE GENERAL MANAGER) IS RESPONSIBLE FOR ALL THE ACTIVITIES OF BINGO OPERATIONS AS THEY RELATE TO SOCIETY FOR

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	X	
------------	----------	--

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 510,474.

** SEE SCHEDULE O FOR COMPLETE LINE 16 DESCRIPTION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **SOCIETY FOR THE BLIND, INC.** Employer identification number **94-1384666**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	15,110.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>CARPET</u>)	X	1	23,750.	FAIR MARKET VALUE
26 Other ▶ (<u>LABOR AND SER</u>)	X	1	8,000.	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SOCIETY FOR THE BLIND, INC.

Employer identification number

94-1384666

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THE VISUALLY IMPAIRED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIABETES OR OTHER DISABILITIES.

IN 2009, 97% OF CLIENTS RESPONDING TO A SATISFACTION SURVEY WOULD

RECOMMEND BLINDNESS TRAINING AT SOCIETY FOR THE BLIND TO OTHERS. 93%

SAID THAT THEIR TRAINING HAS HELPED INCREASE THEIR SELF-EXPECTATIONS.

89% REPORTED THAT THE TRAINING HELPED INCREASE THEIR SENSE OF

INDEPENDENCE AND THE SKILLS NECESSARY TO SECURE GAINFUL EMPLOYMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

872 CUSTOMERS PURCHASED AIDES TO INDEPENDENCE THROUGH OUR STORE.

OVER 256 ACTIVE VOLUNTEERS CONTRIBUTED CLOSE TO 21,690 HOURS OF THEIR

TIME AND TALENT IN 2009. VOLUNTEERS PARTICIPATED BY READING FOR ACCESS

NEWS, PLANNING AND STAFFING SPECIAL EVENTS, HELPING VISUALLY IMPAIRED

INDIVIDUALS WITH PRINT MAIL AND FORMS, WORKING AT OUR STORE AND FRONT

DESK, AND MUCH MORE.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 274357.

FORM 990, PART VI, SECTION B, LINE 11: SOCIETY FOR THE BLIND, INC.'S

EXECUTIVE DIRECTOR WILL REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO

SIGN A CONFLICT OF INTEREST AND TO PROPERLY DISCLOSE WHEN IT EXISTS IN ANY

SITUATION OR TRANSACTION. CONFLICT OF INTEREST POLICY IS INCLUDED IN THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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Employer identification number

94-1384666

EMPLOYEE HANDBOOK WHICH REQUIRES AN ACKNOWLEDGEMENT FROM EACH EMPLOYEE.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S
COMPENSATION IS REVIEWED AND DETERMINED BY THE EXECUTIVE MEMBERS OF THE
BOARD. COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE
DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: SOCIETY FOR THE BLIND, INC.'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE MADE AVAILALBE TO THE PUBLIC UPON REQUEST.

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:
THE POSITION OF GENERAL MANAGER OF BINGO
OPERATIONS (THE GENERAL MANAGER) IS RESPONSIBLE FOR ALL THE
ACTIVITIES OF BINGO OPERATIONS AS THEY RELATE TO SOCIETY FOR
THE BLIND. THE ESSENTIAL FUNCTION OF THE JOB IS TO OVERSEE BUSINESS
GROWTH, MARKETING, FINANCE, HUMAN RESOURCES AND CUSTOMER SERVICE
STANDARDS. IT IS THE GENERAL MANAGER'S JOB TO EFFECTIVELY RUN ALL BINGO
OPERATIONS IN ACCORDANCE WITH COUNTY REGULATIONS AND CONSISTENT WITH
SOCIETY FOR THE BLIND, INC.'S (THE SOCIETY) GOALS, OBJECTIVES, AND
PRINCIPLES. RESPONSIBILITY INCLUDES ASSURING THAT BINGO OPERATIONS MEET
REVENUE GOALS IN ORDER TO SUPPORT THE SOCIETY'S MANY SERVICES TO THE
BLIND COMMUNITY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

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Inspection

Name of the organization

SOCIETY FOR THE BLIND, INC.

Employer identification number

94-1384666

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ALLISON OTTO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD OFFICER, DIRECTOR OF BUSINESS DEVELOPMENT FOR OTTO CONSTRUCTION.

(C) AMOUNT OF TRANSACTION \$ 294540.

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION RELATED COSTS PER APPROVED
CONTRACT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART I, LINE 6, EXPLANATION OF VOLUNTEER SERVICES:

VOLUNTEER INFORMATION IS MAINTAINED IN A DATABASE. OVER 400 VOLUNTEERS
DONATED APPROXIMATELY 21,690 HOURS TO SOCIETY FOR THE BLIND TO ASSIST
IN BINGO, ACCESS NEWS, YOUTH ENRICHMENT, MENTORING, ADMINISTRATION,
FUNDRAISING, AND PROGRAM ACTIVITIES.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
194	PLYMOUTH VOYAGER DONATED							
	11/01/99	SL	5.00	17	9,500.		9,500.	0.
107	2001 FORD E350							
	06/13/01	SL	5.00	17	32,639.		32,639.	0.
108	2001 FORD E360							
	07/03/01	SL	5.00	17	32,443.		32,443.	0.
139	LOGOS							
	12/16/03	SL	5.00	16	2,125.		2,125.	0.
159	FORD WINSTAR							
	09/21/04	SL	5.00	17	15,316.		13,020.	2,296.
211	FORD AEROSTAR							
	12/12/06	SL	5.00	17	1,485.		619.	709.
212	2007 CHEVY UPLANDER							
	12/01/06	SL	5.00	17	39,799.		16,581.	18,804.
258	2001 FORD E350 VAN (TRANSMISSION)							
	12/30/08	SL	5.00	17	3,000.			3,000.
	* 990 PAGE 10 TOTAL -							
					136,307.	0.	106,927.	24,809.
2	FILE CABINETS AND CHAIR							
	06/01/78	SL	5.00	16	291.		291.	0.
3	STOVE							
	06/01/82	SL	5.00	16	1,027.		1,027.	0.
4	BOOK CASE							
	12/01/73	SL	5.00	16	45.		45.	0.
5	PERKINS BRAILLER							
	07/01/75	SL	5.00	16	150.		150.	0.
6	FILE CABINETS & CHAIR							
	07/01/75	SL	5.00	16	600.		600.	0.
7	EXIT SIGN							
	01/01/74	SL	5.00	16	150.		150.	0.
8	DESK & FILE (DEV DEPT)							
	07/01/88	SL	5.00	17	985.		985.	0.
9	SAFE DEPOSIT BOX							
	08/01/92	SL	5.00	17	383.		383.	0.
10	DESIGN CHAIRS							
	12/01/92	SL	5.00	17	65.		65.	0.
11	TIME CLOCK DONATED							
	04/01/93	SL	5.00	17	250.		250.	0.
12	WOOD CABINET LVC							
	06/01/93	SL	5.00	17	517.		517.	0.
13	BOOK CASE & KEYBOARD							
	01/01/94	SL	5.00	17	88.		88.	0.
14	DESK & 2 CHAIRS							
	01/01/94	SL	5.00	17	279.		279.	0.
15	2 LC-1 WHITE LAMPS							
	05/01/95	SL	5.00	17	269.		269.	0.
16	SAFE (PALACE BINGO)							
	09/01/88	SL	5.00	17	537.		537.	0.
17	LION'S DONATED TABLES							
	12/01/87	SL	5.00	17	314.		314.	0.
18	SWANSON SAFE (BINGO)							
	06/01/99	SL	5.00	17	490.		490.	0.
19	HAM RADIO & INSTS DONATED							
	01/01/99	SL	5.00	17	600.		600.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
20	DRINKING WTR SYS DONATED							
	11/01/99	SL	5.00	17	900.		900.	0.
121	PULL TAB COUNTER/BINGO CART							
	06/29/02	SL	5.00	17	649.		649.	0.
122	ACCORDION DOOR							
	07/26/02	SL	5.00	17	2,040.		2,040.	0.
123	GRILL - SIR							
	08/19/02	SL	5.00	17	862.		862.	0.
124	VARIOUS FURNITURE - SIR							
	08/29/02	SL	5.00	17	3,393.		3,393.	0.
125	BEDS - SIR							
	09/12/02	SL	5.00	17	4,255.		4,255.	0.
126	PATIO FURNITURE - SIR							
	10/07/02	SL	5.00	17	1,151.		1,151.	0.
127	ARMOIRE - SIR							
	10/25/02	SL	5.00	17	699.		699.	0.
160	CALIFORNIA OFFICE FURNITURE							
	07/08/04	SL	5.00	17	1,349.		1,349.	0.
161	CALIFORNIA OFFICE FURNITURE							
	07/16/04	SL	5.00	17	705.		705.	0.
162	MA LABORATORIES							
	07/29/04	SL	5.00	17	578.		578.	0.
178	COMPUTER DESK (STORE)							
	01/26/05	SL	7.00	17	913.		913.	0.
179	LEFT RETURN DESK							
	06/13/05	SL	7.00	17	593.		593.	0.
	* 990 PAGE 10 TOTAL -							
					25,127.	0.	25,127.	0.
32	OVERHEAD PROJECTOR							
	11/01/86	SL	5.00	17	338.		338.	0.
33	DECTALK COMPUTER							
	01/01/87	SL	5.00	17	1,626.		1,626.	0.
34	BRAILLE EMBOSER PRINTER							
	12/01/86	SL	5.00	17	3,921.		3,921.	0.
35	BRAILLE-N-PRINT							
	06/04/87	SL	5.00	17	1,434.		1,434.	0.
36	AT&T MODEL 412 PHONES							
	07/01/88	SL	5.00	17	340.		340.	0.
37	OPTIMETRIC SOFTWARE							
	12/01/88	SL	5.00	17	4,505.		4,505.	0.
38	MONO TAPE DUPLICATOR							
	04/01/89	SL	5.00	17	1,721.		1,721.	0.
39	BRAILLE TALK PC							
	04/01/89	SL	5.00	17	201.		201.	0.
40	PANASONIC PRINTERS							
	07/01/89	SL	5.00	17	1,081.		1,081.	0.
41	FUNDMASTER SOFTWARE							
	08/01/92	SL	5.00	17	3,400.		3,400.	0.
42	COMPUTER							
	09/01/92	SL	5.00	17	650.		650.	0.
43	LASER PRINTER DONATED							
	09/01/92	SL	5.00	17	1,904.		1,904.	0.
442	COMPUTERS							
	05/01/93	SL	5.00	17	3,438.		3,438.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
45	SPEECH SYNTHESIZER							
	06/01/93	SL	5.00	17	301.		301.	0.
46	BRAILLE TRANSLATOR							
	06/01/93	SL	5.00	17	533.		533.	0.
47	COPIER							
	12/01/93	SL	5.00	17	4,305.		4,305.	0.
48	TYPEWRITER & CALCULATOR							
	07/01/88	SL	5.00	17	471.		471.	0.
49	EPSON PRINTER							
	07/01/93	SL	5.00	17	280.		280.	0.
50	2 COMPUTERS							
	08/01/93	SL	5.00	17	880.		880.	0.
51	COMPUTER							
	03/01/94	SL	5.00	17	5,133.		5,133.	0.
52	EPSON PRINTER							
	07/01/94	SL	5.00	17	620.		620.	0.
53	OPHTHALMOSCOPE							
	09/01/94	SL	5.00	17	1,526.		1,526.	0.
54	VCR							
	09/01/94	SL	5.00	17	186.		186.	0.
55	2 COMPUTERS							
	09/01/94	SL	5.00	17	838.		838.	0.
56	CAMERA							
	11/01/94	SL	5.00	17	340.		340.	0.
57	35-6TW FULL DIAMETER							
	01/01/95	SL	5.00	17	509.		509.	0.
58	7000-LFC CHAIR							
	01/01/95	SL	5.00	17	4,321.		4,321.	0.
59	WELCH ALLYN RETINOSCOPE							
	01/01/95	SL	5.00	17	193.		193.	0.
60	FLOOR UNIT #5 SILVER							
	01/01/95	SL	5.00	17	3,839.		3,839.	0.
61	SLIT LAMP & TONOMETER							
	01/01/95	SL	5.00	17	4,593.		4,593.	0.
62	JACKSON CROSS CYLINDERS 2							
	01/01/95	SL	5.00	17	53.		53.	0.
63	MARK CLARK COMPUTER UPGRADE							
	02/01/95	SL	5.00	17	210.		210.	0.
64	MICROWAVE OVEN							
	02/01/95	SL	5.00	17	431.		431.	0.
65	PRISM KITS							
	02/01/95	SL	5.00	17	336.		336.	0.
66	PEEK ASPHERIC KIT							
	02/01/95	SL	5.00	17	195.		195.	0.
67	MICROSCOPIC KIT							
	02/01/95	SL	5.00	17	294.		294.	0.
68	MONOTOR, CLINIC							
	04/01/95	SL	5.00	17	216.		216.	0.
69	REICHERT 11625B							
	06/01/95	SL	5.00	17	4,197.		4,197.	0.
70	CPR 450CD, 450CLIP 550							
	06/01/95	SL	5.00	17	450.		450.	0.
71	CHRIS (50)CH5036							
	09/01/95	SL	5.00	17	2,565.		2,565.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
72	MARK CLARK COMPUTER UPGRADE							
	11/01/95	SL	5.00	17	700.		700.	0.
73	PC SPEECH SYNTHESIZER							
	11/10/95	SL	5.00	17	644.		644.	0.
74	MARK CLARK COMPUTER UPGRADE							
	12/01/95	SL	5.00	17	700.		700.	0.
75	TELESCOPIC BIOPTICS							
	12/01/95	SL	5.00	17	178.		178.	0.
76	MARK CLARK COMPUTER UPGRADE							
	06/01/96	SL	5.00	17	3,771.		3,771.	0.
77	VOICE MAIL DONATED							
	06/01/96	SL	5.00	17	10,000.		10,000.	0.
78	MARK CLARK COMPUTER UPGRADE							
	09/01/96	SL	5.00	17	2,100.		2,100.	0.
79	MIP MODULES							
	09/01/96	SL	5.00	17	3,485.		3,485.	0.
80	GOOD GUYS VCR							
	11/01/96	SL	5.00	17	140.		140.	0.
81	MARK CLARK COMPUTER UPGRADE							
	12/01/96	SL	5.00	17	2,800.		2,800.	0.
82	MARK CLARK COMPUTER UPGRADE							
	02/01/97	SL	5.00	17	943.		943.	0.
83	BRAILLE SPEKE							
	03/01/97	SL	5.00	17	1,304.		1,304.	0.
84	EASEL W/MARK/WIPE							
	05/01/97	SL	5.00	17	200.		200.	0.
85	2 HP PRINTERS							
	06/01/97	SL	5.00	17	797.		797.	0.
86	ENHANCED VISION-VMAX							
	09/01/97	SL	5.00	17	3,112.		3,112.	0.
87	IBM SERVER							
	10/01/98	SL	5.00	17	1,071.		1,071.	0.
88	COMPUTER UPGRADE							
	01/01/98	SL	5.00	17	3,663.		3,663.	0.
89	VOICE PRO PHONE UPGRADE							
	07/01/98	SL	5.00	17	12,698.		12,698.	0.
90	MIP SOFTWARE - A/R MODULE							
	03/01/99	SL	5.00	17	815.		815.	0.
91	HP COLORADO BACKUP DR							
	05/01/99	SL	5.00	17	254.		254.	0.
92	DUXBURY SOFTWARE (SPEECH)							
	06/01/99	SL	5.00	17	500.		500.	0.
93	HP PAV, MON, SCAN DONATED							
	01/01/99	SL	5.00	17	2,750.		2,750.	0.
94	BBQS GRILL DONATED							
	01/01/99	SL	5.00	17	800.		800.	0.
95	PERKINS BRAILLERS DONATED							
	01/01/99	SL	5.00	17	1,400.		1,400.	0.
96	BRAILLERS & TRANS DONATED							
	05/01/99	SL	5.00	17	400.		400.	0.
97	COPIER FOR BINGO DONATED							
	12/01/99	SL	5.00	17	4,500.		4,500.	0.
98	RICOH COPIER DONATED							
	05/01/99	SL	5.00	17	3,500.		3,500.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
99	COMPUTERS							
	102600	SL	5.00	17	1,650.		1,650.	0.
100	COMPUTERS							
	102600	SL	5.00	17	1,650.		1,650.	0.
101	COMPUTERS							
	102600	SL	5.00	17	1,100.		1,100.	0.
102	COMPUTERS							
	110500	SL	5.00	17	1,235.		1,235.	0.
103	COMET BRAILLE EMBOSSE							
	020100	SL	5.00	17	4,000.		4,000.	0.
104	WINDOWS 2000 SERVER SOFTWARE							
	120100	SL	5.00	17	10,000.		10,000.	0.
105	EQUIPMENT							
	120100	SL	5.00	17	855.		855.	0.
109	COMPUTER							
	032001	200DB	5.00	17	37,909.		37,909.	0.
110	TV/WEB TV							
	022601	SL	5.00	17	1,509.		1,509.	0.
111	DELL COMPUTERS							
	052501	SL	5.00	17	2,046.		2,046.	0.
112	DVI TELESCOPE							
	053101	SL	5.00	17	1,605.		1,605.	0.
113	COMPUTERS - ACCESSABILITY							
	080301	SL	5.00	17	4,702.		4,702.	0.
114	JAWS SOFTWARE							
	080301	SL	5.00	17	579.		579.	0.
115	SPLIT HEADSETS							
	080301	SL	5.00	17	959.		959.	0.
116	COMPUTER MEMORY CHIPS							
	080301	SL	5.00	17	526.		526.	0.
117	SMARTVIEW MONITOR							
	092801	SL	5.00	17	3,280.		3,280.	0.
118	HP LASERJET 1200 PRINTER							
	111401	SL	5.00	17	408.		408.	0.
119	BRAILLE EMBOSSE							
	121901	SL	5.00	17	14,386.		14,386.	0.
128	OCTEL VOICEMAIL							
	041102	SL	5.00	17	2,200.		2,200.	0.
129	4 COMPUTERS - SENIOR OUTREACH							
	061302	SL	5.00	17	40,820.		40,820.	0.
130	SPEECH SYNTHESIZER							
	081402	SL	5.00	17	1,990.		1,990.	0.
131	COMPUTERS, SCANNERS							
	082202	SL	5.00	17	5,183.		5,183.	0.
132	DVS DESCRIBED VIDEO LIBRARY							
	082802	SL	5.00	17	3,000.		3,000.	0.
133	PRINTER - SIR							
	090502	SL	5.00	17	1,141.		1,141.	0.
134	2 ERGO CCTV - SIR							
	091002	SL	5.00	17	6,454.		6,454.	0.
135	WINDOW EYES PROFESSIONAL - SIR							
	091602	SL	5.00	17	2,353.		2,353.	0.
136	PROGRAM CD BRAILLE - SIR							
	091602	SL	5.00	17	1,409.		1,409.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
140	013103	SL	5.00	16	1,972.		1,972.	0.
141	013103	SL	5.00	16	5,738.		5,738.	0.
142	022003	SL	5.00	16	1,253.		1,253.	0.
143	022703	SL	5.00	16	652.		652.	0.
144	042403	SL	5.00	16	3,148.		3,148.	0.
145	073003	SL	5.00	16	781.		781.	0.
146	073003	SL	5.00	16	814.		813.	0.
147	090403	SL	5.00	16	7,800.		7,800.	0.
148	091803	SL	5.00	16	557.		557.	0.
149	091803	SL	5.00	16	2,140.		2,140.	0.
150	092403	SL	5.00	16	3,092.		3,092.	0.
151	092403	SL	5.00	16	2,462.		2,461.	0.
152	092403	SL	5.00	16	1,132.		1,132.	0.
153	093003	SL	5.00	16	4,087.		4,087.	0.
154	093003	SL	5.00	16	6,294.		6,294.	0.
155	103103	SL	5.00	16	3,499.		3,499.	0.
156	100803	SL	5.00	16	731.		731.	0.
163	022704	SL	5.00	17	3,637.		3,519.	118.
164	022704	SL	5.00	17	9,188.		8,877.	311.
165	022704	SL	5.00	17	1,409.		1,409.	0.
166	022704	SL	5.00	17	1,101.		1,101.	0.
167	033004	SL	5.00	17	1,054.		1,054.	0.
168	033104	SL	5.00	17	591.		591.	0.
169	051304	SL	5.00	17	6,455.		6,029.	426.
170	052404	SL	5.00	17	3,859.		3,536.	323.
171	060804	SL	5.00	17	1,454.		1,454.	0.
172	063004	SL	5.00	17	561.		561.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
173	COMPUTER SYSTEM							
	06/30/04	SL	5.00	17	746.		746.	0.
174	MAVERICK COPIER							
	10/07/04	SL	5.00	17	3,189.		2,700.	489.
175	JAWS SOFTWARE							
	12/27/04	SL	5.00	17	6,878.		5,506.	1,372.
180	ZOOMTEXT							
	01/25/05	SL	5.00	17	1,474.		1,159.	299.
181	SOUNDSTATION2 CONFERENCE PHONE							
	04/22/05	SL	5.00	17	719.		719.	0.
182	VISION HOT SWAPPABLE SERVER							
	05/20/05	SL	5.00	17	2,674.		1,922.	539.
183	CREDIT CARD MACHINE							
	06/01/05	SL	5.00	17	669.		669.	0.
184	NS PRO							
	07/28/05	SL	5.00	17	819.		819.	0.
185	HP COLOR LASER JET 2550 (SIP)							
	09/13/05	SL	5.00	17	646.		646.	0.
186	BRAILLIANT 40 (SIP)							
	09/29/05	SL	5.00	17	5,000.		3,250.	817.
187	XEROX PRINTER							
	10/31/05	SL	5.00	17	1,389.		877.	276.
188	PERSONAL COMPUTER							
	11/09/05	SL	5.00	17	1,014.		645.	203.
189	JAWS							
	12/10/05	SL	5.00	17	800.		800.	0.
190	JAWS							
	12/10/05	SL	5.00	17	800.		800.	0.
191	ZOOMTEXT							
	12/10/05	SL	5.00	17	800.		800.	0.
192	4 COMPUTERS							
	12/23/05	SL	5.00	17	1,530.		912.	306.
193	INTUIT SOFTWARE (6 USERS)							
	12/23/05	SL	5.00	17	970.		579.	194.
194	TANDEM BIKES AND HELMETS							
	12/31/05	SL	5.00	17	2,640.		1,584.	528.
195	DELL COMPUTERS							
	02/25/06	SL	5.00	17	13,777.		7,809.	2,755.
196	TECH-HERO							
	02/28/06	SL	5.00	17	1,069.		604.	214.
197	IRTI							
	03/02/06	SL	5.00	17	1,785.		1,011.	357.
198	IRTI							
	03/02/06	SL	5.00	17	11,667.		6,607.	2,333.
199	XEROX DIRECT							
	03/04/06	SL	5.00	17	1,425.		807.	285.
200	BLAISE MEDIA							
	03/09/06	SL	5.00	17	12,500.		6,161.	2,500.
201	IRTI							
	03/15/06	SL	5.00	17	4,714.		2,675.	943.
202	TECH-HERO							
	04/19/06	SL	5.00	17	925.		521.	185.
203	BLAISE MEDIA							
	05/16/06	SL	5.00	17	14,000.		7,931.	2,800.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
204	YEP							
	062306	SL	5.00	17	647.		647.	0.
205	BLAISE MEDIA							
	121806	SL	5.00	17	8,685.		3,474.	1,737.
206	TECH-HERO							
	123106	SL	5.00	17	1,040.		414.	208.
223	MAIL FOUNDRY							
	022807	SL	5.00	17	1,298.		359.	260.
224	BLAISE MEDIA							
	042007	SL	5.00	17	8,101.		2,700.	1,620.
225	TECH-HERO (LAPTOP)							
	042707	SL	5.00	17	873.		294.	175.
226	TECH-HERO (DESKTOP)							
	042707	SL	5.00	17	1,013.		339.	203.
227	TECH-HERO (NOTEBOOK)							
	042707	SL	5.00	17	1,557.		520.	311.
228	WEBCO COMMUNICATIONS							
	043007	SL	5.00	17	9,159.		3,055.	1,832.
229	TECH-HERO (IBM SERVER)							
	053007	SL	5.00	17	899.		285.	180.
230	AI SQUARED							
	062207	SL	5.00	17	510.		165.	102.
231	TECH-HERO (AGENCY BACKUP DRIVES)							
	082407	SL	5.00	17	829.		221.	166.
232	FREEDOM SCIENTIFIC (JAWS-ACCESSN)							
	082407	SL	5.00	17	1,304.		349.	261.
233	LVC EQUIPMENT							
	122607	NC	5.00		22,995.			0.
245	HUMANWARE (SCANNER)							
	012907	SL	5.00	17	2,904.		869.	581.
259	GUIDE SOFTWARE							
	013008	SL	5.00	17	846.		140.	169.
260	DAISY PLAYER							
	020608	SL	5.00	17	693.		118.	139.
261	COMPUTER							
	022308	SL	5.00	17	528.		72.	106.
262	COMPUTERS							
	042908	SL	5.00	17	665.		88.	133.
263	COMPUTERS							
	042908	SL	5.00	17	665.		88.	133.
264	COMPUTER							
	042908	SL	5.00	17	528.		71.	106.
265	WINDOWEYES 10 USER							
	050108	SL	5.00	17	2,754.		368.	551.
266	GUIDE SOFTWARE ADDTL USER							
	050208	SL	5.00	17	1,390.		184.	278.
267	LVC EQUIPMENT							
	031108	NC	5.00		19,269.			0.
268	LVC EQUIPMENT							
	123108	NC	5.00		42,251.			0.
269	COMPUTER (SIP) - DELL							
	061908	SL	5.00	17	999.		101.	200.
270	COMPUTER (SIP) - DELL							
	063008	SL	5.00	17	999.		101.	200.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
271	COMPUTER (SIP) - DELL							
	08/19/08	SL	5.00	17	1,135.		76.	227.
272	JAWS UPGRADE (SIP) - FREEDOM S.							
	09/17/08	SL	5.00	17	2,699.		135.	540.
273	LAPTOP (CREDIT CARD 244)							
	09/29/08	SL	5.00	17	1,385.		69.	277.
275	2009 ADDITION							
	07/01/09	200DB	5.00	19B	33,072.			3,663.
	* 990 PAGE 10 TOTAL -							
					620,320.	0.	427,390.	32,931.
21	CDF CONSTRUCTOR REMODEL							
	09/01/90	SL	5.00	17	24,270.		24,270.	0.
22	LEASEHOLD IMPROVEMENT							
	12/01/91	SL	5.00	17	17,028.		17,028.	0.
23	LEASEHOLD IMPROVEMENT							
	06/01/92	SL	5.00	17	8,921.		8,921.	0.
24	STRIP LIGHTS							
	12/01/94	SL	5.00	17	323.		323.	0.
25	EXAM ROOM REMODEL							
	05/01/95	SL	5.00	17	5,258.		5,258.	0.
26	ART & LOGO DONATED							
	05/01/97	SL	5.00	17	900.		900.	0.
27	ACCESS NEWS CONSTRUCTION							
	06/01/98	SL	5.00	17	18,522.		18,522.	0.
28	REPAVE PRKING LOT DONATED							
	01/01/99	SL	5.00	17	6,600.		6,600.	0.
29	STRIPE PRKING LOT DONATED							
	01/01/99	SL	5.00	17	250.		250.	0.
30	ATTIC INSULATION DONATED							
	01/01/99	SL	5.00	17	2,500.		2,500.	0.
31	PAINT STORAGE ROOM DONATED							
	09/01/99	SL	5.00	17	500.		500.	0.
176	HVAC-2 UNITS FOR FACILITY							
	04/20/04	SL	5.00	17	14,500.		13,535.	965.
177	HVAC-SERVER ROOM							
	06/23/04	SL	5.00	17	4,924.		4,430.	495.
2078	WORKSTATION CUBICLES							
	05/13/05	SL	5.00	17	10,598.		7,685.	2,123.
	* 990 PAGE 10 TOTAL -							
					115,094.	0.	110,722.	3,583.
208	1238 S STREET							
	12/30/05	NC	5.00		2,346,860.			0.
209	CIP							
	12/31/06	NC	5.00		3,000.			0.
210	CIP							
	12/31/06	NC	5.00		71,783.			0.
234	CIP-RENOVATION COSTS							
	12/31/07	NC	5.00		71,658.			0.
256	CIP (IN A/P AT 12/31/07) (AJE #101)							
	12/31/07	NC	5.00		41,773.			0.
257	CIP (DONATED AT 12/31/07) (AJE #103)							
	12/31/07	NC	5.00		29,524.			0.
274	RENOVATION COSTS							
	12/31/08	NC	5.00		54,180.			0.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

SOCIETY FOR THE BLIND, INC.

FORM 990 PAGE 10

94-1384666

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	57,660.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		33,072.	5 YRS.	HY	200DB	3,663.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	61,323.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost basis.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for miles driven and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2009 tax year: Table with 6 columns for cost description and amortization.

43 Amortization of costs that began before your 2009 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	SOCIETY FOR THE BLIND, INC. 1238 S STREET SACRAMENTO, CA 95811
Prepared by	BURNETT + COMPANY LLP 2870 GOLD TAILINGS COURT RANCHO CORDOVA, CA 95670-6106
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0700
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

TAXABLE YEAR
2009

California Exempt Organization Annual Information Return

928941 12-31-09
FORM
199

Calendar Year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter) **C** CORP # **C0295797**
IRC Section 4947(a)(1) trust

Corporation/Organization Name **SOCIETY FOR THE BLIND, INC.** FEIN **94-1384666**

Address **1238 S STREET**

City **SACRAMENTO** State **CA** ZIP Code **95811**

C Amended Return? Yes No

D Are you a subordinate/affiliate in a group exemption? Yes No

(a) Is this a group filing for affiliates? See General Instruction L Yes No

(b) If "Yes," enter the number of affiliates _____

(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

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

(e) Federal Group Exemption Number _____

(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

F Check the box if the organization filed the following federal forms or schedule:
 (1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	9,646,767.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,724,038.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 3	4	11370805.00
	This line must be completed. If the result is less than \$25,000, see General Instruction C			
	5	Cost of goods sold STMT 2	5	102,238.00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	102,238.00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	11268567.00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	10591088.00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	677,479.00
	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **EXECUTIVE DIRE** Title Date Telephone

Preparer's signature _____ Date Check if self-employed Preparer's SSN/PTIN **P00561515**

Firm's name (or yours, if self-employed) and address **BURNETT + COMPANY LLP** Telephone **94-2880151**
2870 GOLD TAILINGS COURT
RANCHO CORDOVA, CA 95670-6106 Telephone **(916) 638-1188**

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

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete
Part II or furnish substitute information. See Specific Line Instructions.

928951 11-19-09

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	9,251,078.00
	2	Interest	•	2	1,561.00
	3	Dividends	•	3	7.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See instructions)	•	6	SEE STATEMENT 4 1,916.00
	7	Other income	•	7	SEE STATEMENT 5 392,205.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	9,646,767.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	SEE STATEMENT 6 85,672.00
	12	Other salaries and wages	•	12	1,151,073.00
	13	Interest	•	13	44,189.00
	14	Taxes	•	14	91,563.00
	15	Rents	•	15	93,920.00
	16	Depreciation and depletion (See instructions)	•	16	53,597.00
	17	Other	•	17	SEE STATEMENT 7 9,071,074.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	10591088.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		498,295.		687,078.
2 Net accounts receivable		213,634.		299,655.
3 Net notes receivable				
4 Inventories		126,872.		111,748.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments STMT 8		13,360.		9,498.
10 a Depreciable assets	4,219,478.		3,370,848.	
b Less accumulated depreciation	(670,166.)	3,549,312.	(731,489.)	2,639,359.
11 Land		636,000.		636,000.
12 Other assets STMT 9		966,278.		985,935.
13 Total assets		6,003,751.		5,369,273.
Liabilities and net worth				
14 Accounts payable		324,915.		313,593.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		2,275,000.		2,345,000.
18 Other liabilities STMT 10		92,500.		95,000.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,311,336.		2,615,680.
22 Total liabilities and net worth		6,003,751.		5,369,273.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1 Net income per books	•	-958,670.	
2 Federal income tax	•		
3 Excess of capital losses over capital gains	•		
4 Income not recorded on books this year	•		
5 Expenses recorded on books this year not deducted in this return STMT 11	•	1,635,941.	
6 Total.			
Add line 1 through line 5		677,271.	
7 Income recorded on books this year not included in this return STMT 12	•		-208.
8 Deductions in this return not charged against book income this year	•		
9 Total. Add line 7 and line 8			-208.
10 Net income per return.			
Subtract line 9 from line 6			677,479.

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
KASSIS FAMILY FOUNDATION	4825 AMBER LANE SUITE B SACRAMENTO, CA, 95841-4637		10,000.
LAWRENCE PROPERTIES	5740 WINDMILL WAY, SUITE 11 CARMICHAEL, CA, 95608		10,000.
DR. AND MRS. DENNIS AND NANCY MARKS	1800 JEFFERY LANE CARMICHAEL, CA, 95608		20,000.
EMBARCADERO LIONS CLUB	902 LAKE FRONT DR SACRAMENTO, CA, 95822		6,000.
ESTATE OF VERA D. ANDERSON			13,135.
JUSTGIVE	PO BOX 300 SAN FRANCISCO, CA, 94104-0300		6,460.
MAXIMUS FOUNDATION	11419 SUNSET HILLS RD RESTON, VA, 20190-5207		7,465.
MELZA M. AND FRANK THEODORE BARR FOUNDATION, INC.	952 ECHO LANE, SUITE 300 HOUSTON, TX, 77024-2790		10,000.
MICHAEL MOORE, M.D.	11428 GOLD COUNTRY BLVD GOLD RIVER, CA, 95670-7809		10,000.
MR. AND MRS. DEAN AND MARILYN PARK	35 BLUEFEATHER COURT SACRAMENTO, CA, 95834-2500		36,000.
MR. AND MRS. GORDON AND BARBARA JACK	3500 LYNNMAR WAY CARMICHAEL, CA, 95608		30,000.
MR. AND MRS. JERRY AND MARY FARRELL	1010 TENNYSON WAY CARMICHAEL, CA, 95608		7,500.
MR. AND MRS. MICHAEL AND JOANNE ALLYN	4605 OTTAWA COURT ROCKLIN, CA, 95765-5209		5,848.
MR. AND MRS. MIKE AND PATTY KOEWLER	3911 AMERICAN RIVER DRIVE SACRAMENTO, CA, 95864		60,000.
MR. AND MRS. PAUL AND LORI FREUDENBERG	712 SHORELINE POINTE EL DORADO HILLS, CA, 95762-3631		15,000.

MR. AND MRS. PAUL AND SUSAN PRUDLER	4267 ASHTON DRIVE SACRAMENTO, CA, 95864-6028	20,000.
MR. AND MRS. ROBERT AND NANCY CASHELL, SR.	500 DAMONTE RANCH PARKWAY, SUITE 980 RENO, NV, 89521	5,000.
MR. AND MRS. RUSSELL AND ESTHER PORTER	474 HOPKINS ROAD SACRAMENTO, CA, 95864	5,000.
MR. AND MRS. THOMAS J. HAMMER, JR.	700 LA LEITA CIR SACRAMENTO, CA, 95864-7224	10,000.
MR. AND MRS. TIMOTHY AND GAIL KOEWLER	1705 NORTH WELLS AVENUE RENO, NV, 89512	5,000.
MR. CHARLES BOOTH	2400 LEECHBURG RD., SUITE 216 NEW KENSINGTON, PA, 15068	25,000.
MR. CHARLES SCHWAB	P.O. BOX 192861 SAN FRANCISCO, CA, 94119	100,000.
MR. DOUGLAS ARTHUR	3141 EL CAMINO AVE APT 24 SACRAMENTO, CA, 95821-6030	10,000.
MR. KENNETH B. NOACK, JR.	1610 ARDEN WAY SUITE 195 SACRAMENTO, CA, 95815-4035	5,250.
MR. MANSOUR YAGHOUBIAN	2550 FAIR OAKS BLVD SACRAMENTO, CA, 95825	25,000.
MR. MICHAEL A. KOEWLER	11350 KIEFER BLVD. SACRAMENTO, CA, 95830	30,000.
MR. TIM BURKE	5822 ROSEVILLE ROAD SACRAMENTO, CA, 95842-3071	106,667.
NANCY M. FISHER	15 RIVERBANK PLACE CARMICHAEL, CA, 95608	10,000.
PFUND FAMILY FOUNDATION	4744 JAN DR CARMICHAEL, CA, 95608-1048	5,000.
QUEST, INC.	5822 ROSEVILLE ROAD SACRAMENTO, CA, 95842-3071	20,000.
RED HAWK CASINO	1 RED HAWK PARKWAY PLACERVILLE, CA, 95667	10,000.
SACRAMENTO REGION COMMUNITY FOUNDATION	740 UNIVERSITY AVENUE SUITE 110 SACRAMENTO, CA, 95825-6751	37,000.
SETZER FOUNDATION	2555 3RD STREET, SUITE 200 SACRAMENTO, CA, 95818-1100	20,000.

SPARTA CONSULTING	111 WOODMERE RD SUITE 200 FOLSOM, CA, 95630	17,000.
SUTTER HEALTH SACRAMENTO SIERRA REGION	P.O. BOX 160727 SACRAMENTO, CA, 95816-0727	25,000.
THE DONANT FOUNDATION	PO BOX 255009 SACRAMENTO, CA, 95865-5009	10,000.
VISION SERVICE PLAN	3333 QUALITY DRIVE RANCHO CORDOVA, CA, 95670-9757	7,749.
WASTE CONNECTIONS, INC.	2295 IRON POINT CIRCLE FOLSOM, CA, 95630	5,000.
WELLS FARGO FOUNDATION	400 CAPITOL MALL SUITE 2140 SACRAMENTO, CA, 95814	5,000.
YOCHA DEHE COMMUNITY FUND	PO BOX 18 BROOKS, CA, 95606-0018	100,000.
ARATA BROS. TRUST	PO BOX 430 SACRAMENTO, CA, 95812-0430	25,000.
CAR PROGRAM L.L.C.	3755 OMEC CIRLE SUITE 4 RANCHO CORDOVA, CA, 95742-7321	7,519.
CATHOLIC HEALTHCARE WEST	3400 DATA DR RANCHO CORDOVA, CA, 95670-7956	24,761.
CITY OF ROSEVILLE	311 VERMONT STREET ROSEVILLE, CA, 95678	12,563.
DEACON CHARITABLE FOUNDATION	7745 GREENBACK LANE SUITE 250 CITRUS HEIGHTS, CA, 95610-5865	5,000.
TOTAL INCLUDED ON LINE 3		<u>940,917.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		126,872
2.	MERCHANDISE PURCHASED.	87,114	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		213,986
7.	INVENTORY AT END OF YEAR		111,748
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		102,238

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

BENTLEY PRINCE STREET

14641 EAST DON JULIAN ROAD CITY OF INDUSTRY,
CA, 91746

PROPERTY DESCRIPTION

CARPET

DATE OF GIFT

FMV OF GIFT

AMOUNT OF GIFT

12/16/09

23,750.

23,750.

TOTAL INCLUDED ON LINE 3

46,860.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	VARIOUS	12/31/09	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	1,916.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	1,916.

FORM 199 OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	8,886.
LOW VISION CLINIC	383,319.
TOTAL TO FORM 199, PART II, LINE 7	392,205.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STEPHEN M. LERNER 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
STEVEN SCOTT 1238 S STREET SACRAMENTO, CA 95811	PRESIDENT 1.00	0.
DORIS FLINT 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
MICHAEL MAY 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
PAUL PETERSON 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
PAUL CARVER 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
MICHAEL MOORE 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
SUSAN PRUDLER 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
WILLIAM CARTER 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
ALLISON OTTO 1238 S STREET SACRAMENTO, CA 95811	SECRETARY 1.00	0.
MARILYN PARK 1238 S STREET SACRAMENTO, CA 95811	VICE PRESIDENT 1.00	0.

NANCY TOOLEY 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
KEVIN DUGGAN 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
HEATHER FRANK 1238 S STREET SACRAMENTO, CA 95811	EXECUTIVE DIRECTOR 40.00	85,672.
JILL TODD 1238 S STREET SACRAMENTO, CA 95811	CFO/TREASURER 1.00	0.
JERRY FARRELL 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.
GARY ORR 1238 S STREET SACRAMENTO, CA 95811	DIRECTOR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11	85,672.
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FORM 199	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	AMOUNT
TELEPHONE	24,802.
PRINTING AND PHOTOCOPYI	19,190.
TRAINING AND EDUCATION	17,945.
EQUIPMENT EXPENSES	5,552.
DIRECT EXPENSES OF FUNDRAISING EVENTS	14,173.
DIRECT EXPENSES OF GAMING ACTIVITIES	8,529,265.
OTHER EMPLOYEE BENEFITS	149,152.
LEGAL FEES	54,661.
ACCOUNTING FEES	23,600.
OTHER PROFESSIONAL FEES	8,198.
OFFICE EXPENSES	75,341.
TRAVEL	65,515.
INSURANCE	83,680.
TOTAL TO FORM 199, PART II, LINE 17	9,071,074.

FORM 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
SECURITIES - MUTUAL FUNDS		13,360.	9,498.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		13,360.	9,498.

FORM 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		889,218.	903,717.
PREPAID EXPENSES AND DEFERRED CHARGES		25,410.	28,822.
CSV - LIFE INSURANCE		51,650.	53,396.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		966,278.	985,935.

FORM 199	OTHER LIABILITIES	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		92,500.	95,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		92,500.	95,000.

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	11
DESCRIPTION		AMOUNT	
ADJUST BUILDING COST TO FMV		1,635,941.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		1,635,941.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED LOSS ON INVESTMENTS	-208.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	-208.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-1384666

Corporation name

California corporation number

SOCIETY FOR THE BLIND, INC.

C0295797

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000									
2 Total cost of Section 179 property placed in service	2										
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000									
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4										
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 35%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property (elected Section 179 cost)</td> <td style="text-align: center;">7</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property (elected Section 179 cost)	7	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost									
6											
7 Listed property (elected Section 179 cost)	7										
8 Total elected cost of Section 179 property. Add amounts in column (c), line 6 and line 7	8										
9 Tentative deduction. Enter the smaller of line 5 or line 8	9										
10 Carryover of disallowed deduction from prior taxable years	10										
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11										
12 Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12										
13 Carryover of disallowed deduction to 2010. Add line 9 and line 10, less line 12	13										

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(e) Additional first year depreciation
14							
SEE STATEMENT	13	4,006,848.	670,166.				
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	61,323.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	61,323.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	61,323.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22	

CA 3885		DEPRECIATION				STATEMENT 13	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 94 PLYMOUTH VOYAGER DONATED	11/01/99	9,500.	9,500.	SL	5.00	0.	
2 FILE CABINETS AND CHAIR	06/01/78	291.	291.	SL	5.00	0.	
3 STOVE	06/01/82	1,027.	1,027.	SL	5.00	0.	
4 BOOK CASE	12/01/73	45.	45.	SL	5.00	0.	
5 PERKINS BRAILLER	07/01/75	150.	150.	SL	5.00	0.	
6 FILE CABINETS & CHAIR	07/01/75	600.	600.	SL	5.00	0.	
7 EXIT SIGN	01/01/74	150.	150.	SL	5.00	0.	
8 DESK & FILE (DEV DEPT)	07/01/88	985.	985.	SL	5.00	0.	
9 SAFE DEPOSIT BOX	08/01/92	383.	383.	SL	5.00	0.	
10 DESIGN CHAIRS	12/01/92	65.	65.	SL	5.00	0.	
11 TIME CLOCK DONATED	04/01/93	250.	250.	SL	5.00	0.	
12 WOOD CABINET LVC	06/01/93	517.	517.	SL	5.00	0.	
13 BOOK CASE & KEYBOARD	01/01/94	88.	88.	SL	5.00	0.	
14 DESK & 2 CHAIRS	01/01/94	279.	279.	SL	5.00	0.	
15 2 LC-1 WHITE LAMPS	05/01/95	269.	269.	SL	5.00	0.	
16 SAFE (PALACE BINGO)	09/01/88	537.	537.	SL	5.00	0.	
17 LION'S DONATED TABLES	12/01/87	314.	314.	SL	5.00	0.	
18 SWANSON SAFE (BINGO)	06/01/99	490.	490.	SL	5.00	0.	
19 HAM RADIO & INSTS DONATED	01/01/99	600.	600.	SL	5.00	0.	
20 DRINKING WTR SYS DONATED	11/01/99	900.	900.	SL	5.00	0.	
21 CDF CONSTRUCTOR REMODEL	09/01/90	24,270.	24,270.	SL	5.00	0.	
22 LEASEHOLD IMPROVEMENT	12/01/91	17,028.	17,028.	SL	5.00	0.	
23 LEASEHOLD IMPROVEMENT	06/01/92	8,921.	8,921.	SL	5.00	0.	

24	STRIP LIGHTS						
	12/01/94	323.	323.	SL	5.00	0.	
25	EXAM ROOM REMODEL						
	05/01/95	5,258.	5,258.	SL	5.00	0.	
26	ART & LOGO DONATED						
	05/01/97	900.	900.	SL	5.00	0.	
27	ACCESS NEWS CONSTRUCTION						
	06/01/98	18,522.	18,522.	SL	5.00	0.	
28	REPAVE PRKING LOT DONATED						
	01/01/99	6,600.	6,600.	SL	5.00	0.	
29	STRIPE PRKING LOT DONATED						
	01/01/99	250.	250.	SL	5.00	0.	
30	ATTIC INSULATION DONATED						
	01/01/99	2,500.	2,500.	SL	5.00	0.	
31	PAINT STORAGE ROOM DONATED						
	09/01/99	500.	500.	SL	5.00	0.	
32	OVERHEAD PROJECTOR						
	11/01/86	338.	338.	SL	5.00	0.	
33	DECTALK COMPUTER						
	01/01/87	1,626.	1,626.	SL	5.00	0.	
34	BRAILLE EMBOSER PRINTER						
	12/01/86	3,921.	3,921.	SL	5.00	0.	
35	BRAILLE-N-PRINT						
	06/04/87	1,434.	1,434.	SL	5.00	0.	
36	AT&T MODEL 412 PHONES						
	07/01/88	340.	340.	SL	5.00	0.	
37	OPTIMETRIC SOFTWARE						
	12/01/88	4,505.	4,505.	SL	5.00	0.	
38	MONO TAPE DUPLICATOR						
	04/01/89	1,721.	1,721.	SL	5.00	0.	
39	BRAILLE TALK PC						
	04/01/89	201.	201.	SL	5.00	0.	
40	PANASONIC PRINTERS						
	07/01/89	1,081.	1,081.	SL	5.00	0.	
41	FUNDMASTER SOFTWARE						
	08/01/92	3,400.	3,400.	SL	5.00	0.	
42	COMPUTER						
	09/01/92	650.	650.	SL	5.00	0.	
43	LASER PRINTER DONATED						
	09/01/92	1,904.	1,904.	SL	5.00	0.	
44	2 COMPUTERS						
	05/01/93	3,438.	3,438.	SL	5.00	0.	
45	SPEECH SYNTHESIZER						
	06/01/93	301.	301.	SL	5.00	0.	
46	BRAILLE TRANSLATOR						
	06/01/93	533.	533.	SL	5.00	0.	
47	COPIER						
	12/01/93	4,305.	4,305.	SL	5.00	0.	
48	TYPEWRITER & CALCULATOR						
	07/01/88	471.	471.	SL	5.00	0.	
49	EPSON PRINTER						
	07/01/93	280.	280.	SL	5.00	0.	
50	2 COMPUTERS						
	08/01/93	880.	880.	SL	5.00	0.	

51	COMPUTER	03/01/94	5,133.	5,133.	SL	5.00	0.
52	EPSON PRINTER	07/01/94	620.	620.	SL	5.00	0.
53	OPHITHALMOSCOPE	09/01/94	1,526.	1,526.	SL	5.00	0.
54	VCR	09/01/94	186.	186.	SL	5.00	0.
55	2 COMPUTERS	09/01/94	838.	838.	SL	5.00	0.
56	CAMERA	11/01/94	340.	340.	SL	5.00	0.
57	35-6TW FULL DIAMETER	01/01/95	509.	509.	SL	5.00	0.
58	7000-LFC CHAIR	01/01/95	4,321.	4,321.	SL	5.00	0.
59	WELCH ALLYN RETINOSCOPE	01/01/95	193.	193.	SL	5.00	0.
60	FLOOR UNIT #5 SILVER	01/01/95	3,839.	3,839.	SL	5.00	0.
61	SLIT LAMP & TONOMETER	01/01/95	4,593.	4,593.	SL	5.00	0.
62	JACKSON CROSS CYLINDERS 2	01/01/95	53.	53.	SL	5.00	0.
63	MARK CLARK COMPUTER UPGRADE	02/01/95	210.	210.	SL	5.00	0.
64	MICROWAVE OVEN	02/01/95	431.	431.	SL	5.00	0.
65	PRISM KITS	02/01/95	336.	336.	SL	5.00	0.
66	PEEK ASPHERIC KIT	02/01/95	195.	195.	SL	5.00	0.
67	MICROSCOPIC KIT	02/01/95	294.	294.	SL	5.00	0.
68	MONOTOR, CLINIC	04/01/95	216.	216.	SL	5.00	0.
69	REICHERT 11625B	06/01/95	4,197.	4,197.	SL	5.00	0.
70	CPR 450CD, 450CLIP 550	06/01/95	450.	450.	SL	5.00	0.
71	CHRIS (50)CH5036	09/01/95	2,565.	2,565.	SL	5.00	0.
72	MARK CLARK COMPUTER UPGRADE	11/01/95	700.	700.	SL	5.00	0.
73	PC SPEECH SYNTHESIZER	11/10/95	644.	644.	SL	5.00	0.
74	MARK CLARK COMPUTER UPGRADE	12/01/95	700.	700.	SL	5.00	0.
75	TELESCOPIC BIOPTICS	12/01/95	178.	178.	SL	5.00	0.
76	MARK CLARK COMPUTER UPGRADE	06/01/96	3,771.	3,771.	SL	5.00	0.
77	VOICE MAIL DONATED	06/01/96	10,000.	10,000.	SL	5.00	0.

78	MARK CLARK COMPUTER UPGRADE						
	09/01/96	2,100.	2,100.	SL	5.00	0.	
79	MIP MODULES						
	09/01/96	3,485.	3,485.	SL	5.00	0.	
80	GOOD GUYS VCR						
	11/01/96	140.	140.	SL	5.00	0.	
81	MARK CLARK COMPUTER UPGRADE						
	12/01/96	2,800.	2,800.	SL	5.00	0.	
82	MARK CLARK COMPUTER UPGRADE						
	02/01/97	943.	943.	SL	5.00	0.	
83	BRAILLE SPEKE						
	03/01/97	1,304.	1,304.	SL	5.00	0.	
84	EASEL W/MARK/WIPE						
	05/01/97	200.	200.	SL	5.00	0.	
85	2 HP PRINTERS						
	06/01/97	797.	797.	SL	5.00	0.	
86	ENHANCED VISION-VMAX						
	09/01/97	3,112.	3,112.	SL	5.00	0.	
87	IBM SERVER						
	10/01/98	1,071.	1,071.	SL	5.00	0.	
88	COMPUTER UPGRADE						
	01/01/98	3,663.	3,663.	SL	5.00	0.	
89	VOICE PRO PHONE UPGRADE						
	07/01/98	12,698.	12,698.	SL	5.00	0.	
90	MIP SOFTWARE - A/R MODULE						
	03/01/99	815.	815.	SL	5.00	0.	
91	HP COLORADO BACKUP DR						
	05/01/99	254.	254.	SL	5.00	0.	
92	DUXBURY SOFTWARE (SPEECH)						
	06/01/99	500.	500.	SL	5.00	0.	
93	HP PAV, MON, SCAN DONATED						
	01/01/99	2,750.	2,750.	SL	5.00	0.	
94	BBQS GRILL DONATED						
	01/01/99	800.	800.	SL	5.00	0.	
95	PERKINS BRAILLERS DONATED						
	01/01/99	1,400.	1,400.	SL	5.00	0.	
96	BRAILLERS & TRANS DONATED						
	05/01/99	400.	400.	SL	5.00	0.	
97	COPIER FOR BINGO DONATED						
	12/01/99	4,500.	4,500.	SL	5.00	0.	
98	RICOH COPIER DONATED						
	05/01/99	3,500.	3,500.	SL	5.00	0.	
99	COMPUTERS						
	10/26/00	1,650.	1,650.	SL	5.00	0.	
100	COMPUTERS						
	10/26/00	1,650.	1,650.	SL	5.00	0.	
101	COMPUTERS						
	10/26/00	1,100.	1,100.	SL	5.00	0.	
102	COMPUTERS						
	11/05/00	1,235.	1,235.	SL	5.00	0.	
103	COMET BRAILLE EMBOSSER						
	02/01/00	4,000.	4,000.	SL	5.00	0.	
104	WINDOWS 2000 SERVER SOFTWARE						
	12/01/00	10,000.	10,000.	SL	5.00	0.	

105	EQUIPMENT						
		12/01/00	855.	855.	SL	5.00	0.
107	2001 FORD E350						
		06/13/01	32,639.	32,639.	SL	5.00	0.
108	2001 FORD E360						
		07/03/01	32,443.	32,443.	SL	5.00	0.
109	COMPUTER						
		03/20/01	37,909.	37,909.	200DB	5.00	0.
110	TV/WEB TV						
		02/26/01	1,509.	1,509.	SL	5.00	0.
111	DELL COMPUTERS						
		05/25/01	2,046.	2,046.	SL	5.00	0.
112	DVI TELESCOPE						
		05/31/01	1,605.	1,605.	SL	5.00	0.
113	COMPUTERS - ACCESSABILITY						
		08/03/01	4,702.	4,702.	SL	5.00	0.
114	JAWS SOFTWARE						
		08/03/01	579.	579.	SL	5.00	0.
115	SPLIT HEADSETS						
		08/03/01	959.	959.	SL	5.00	0.
116	COMPUTER MEMORY CHIPS						
		08/03/01	526.	526.	SL	5.00	0.
117	SMARTVIEW MONITOR						
		09/28/01	3,280.	3,280.	SL	5.00	0.
118	HP LASERJET 1200 PRINTER						
		11/14/01	408.	408.	SL	5.00	0.
119	BRAILLE EMBOSSER						
		12/19/01	14,386.	14,386.	SL	5.00	0.
121	PULL TAB COUNTER/BINGO CART						
		06/29/02	649.	649.	SL	5.00	0.
122	ACCORDION DOOR						
		07/26/02	2,040.	2,040.	SL	5.00	0.
123	GRILL - SIR						
		08/19/02	862.	862.	SL	5.00	0.
124	VARIOUS FURNITURE - SIR						
		08/29/02	3,393.	3,393.	SL	5.00	0.
125	BEDS - SIR						
		09/12/02	4,255.	4,255.	SL	5.00	0.
126	PATIO FURNITURE - SIR						
		10/07/02	1,151.	1,151.	SL	5.00	0.
127	ARMOIRE - SIR						
		10/25/02	699.	699.	SL	5.00	0.
128	OCTEL VOICEMAIL						
		04/11/02	2,200.	2,200.	SL	5.00	0.
129	4 COMPUTERS - SENIOR OUTREACH						
		06/13/02	40,820.	40,820.	SL	5.00	0.
130	SPEECH SYNTHESIZER						
		08/14/02	1,990.	1,990.	SL	5.00	0.
131	COMPUTERS, SCANNERS						
		08/22/02	5,183.	5,183.	SL	5.00	0.
132	DVS DESCRIBED VIDEO LIBRARY						
		08/28/02	3,000.	3,000.	SL	5.00	0.
133	PRINTER - SIR						
		09/05/02	1,141.	1,141.	SL	5.00	0.

134	2 ERGO CCTV - SIR						
	09/10/02	6,454.	6,454.	SL	5.00	0.	
135	WINDOW EYES PROFESSIONAL - SIR						
	09/16/02	2,353.	2,353.	SL	5.00	0.	
136	PROGRAM CD BRAILLE - SIR						
	09/16/02	1,409.	1,409.	SL	5.00	0.	
139	LOGOS						
	12/16/03	2,125.	2,125.	SL	5.00	0.	
140	1 NOVES 6 PIECE KIT - LVC						
	01/31/03	1,972.	1,972.	SL	5.00	0.	
141	BLACKBAUD DATABASE VERSION						
	01/31/03	5,738.	5,738.	SL	5.00	0.	
142	EXCEL COMPUTERS						
	02/20/03	1,253.	1,253.	SL	5.00	0.	
143	QUICKBOOKS UPGRADE 2003						
	02/27/03	652.	652.	SL	5.00	0.	
144	3 EXCEL COMPUTERS						
	04/24/03	3,148.	3,148.	SL	5.00	0.	
145	EXCEL COMPUTER						
	07/30/03	781.	781.	SL	5.00	0.	
146	EXCEL COMPUTER						
	07/30/03	814.	813.	SL	5.00	0.	
147	SLATE						
	09/04/03	7,800.	7,800.	SL	5.00	0.	
148	COMPUTER						
	09/18/03	557.	557.	SL	5.00	0.	
149	VOICE NOTE - QT						
	09/18/03	2,140.	2,140.	SL	5.00	0.	
150	JAWS SOFTWARE						
	09/24/03	3,092.	3,092.	SL	5.00	0.	
151	ZOOMTEXT						
	09/24/03	2,462.	2,461.	SL	5.00	0.	
152	TREKKER, GPS SYSTEM						
	09/24/03	1,132.	1,132.	SL	5.00	0.	
153	SANYO PROJECTOR						
	09/30/03	4,087.	4,087.	SL	5.00	0.	
154	3 DELL COMPUTER SYSTEMS						
	09/30/03	6,294.	6,294.	SL	5.00	0.	
155	PHASER 8200 COLOR PRINTER						
	10/31/03	3,499.	3,499.	SL	5.00	0.	
156	PORTABLE VIDEO MAGNIFIER						
	10/08/03	731.	731.	SL	5.00	0.	
159	FORD WINSTAR						
	09/21/04	15,316.	13,020.	SL	5.00	2,296.	
160	CALIFORNIA OFFICE FURNITURE						
	07/08/04	1,349.	1,349.	SL	5.00	0.	
161	CALIFORNIA OFFICE FURNITURE						
	07/16/04	705.	705.	SL	5.00	0.	
162	MA LABORATORIES						
	07/29/04	578.	578.	SL	5.00	0.	
163	PORT EXPANSION UNIT-TEL. SYSTEM						
	02/27/04	3,637.	3,519.	SL	5.00	118.	
164	SLATE VI.I						
	02/27/04	9,188.	8,877.	SL	5.00	311.	

165	NORTON ANTI VIRUS	02/27/04	1,409.	1,409.	SL	5.00	0.
166	XEROX COLOR PRINTER	02/27/04	1,101.	1,101.	SL	5.00	0.
167	COMPUTER SYSTEM	03/30/04	1,054.	1,054.	SL	5.00	0.
168	MONITOR	03/31/04	591.	591.	SL	5.00	0.
169	FILE SERVER	05/13/04	6,455.	6,029.	SL	5.00	426.
170	JAWS SOFTWARE	05/24/04	3,859.	3,536.	SL	5.00	323.
171	ZOOMTEXT	06/08/04	1,454.	1,454.	SL	5.00	0.
172	CREDIT CARD WITH PRINTER	06/30/04	561.	561.	SL	5.00	0.
173	COMPUTER SYSTEM	06/30/04	746.	746.	SL	5.00	0.
174	MAVERICK COPIER	10/07/04	3,189.	2,700.	SL	5.00	489.
175	JAWS SOFTWARE	12/27/04	6,878.	5,506.	SL	5.00	1,372.
176	HVAC-2 UNITS FOR FACILITY	04/20/04	14,500.	13,535.	SL	5.00	965.
177	HVAC-SERVER ROOM	06/23/04	4,924.	4,430.	SL	5.00	495.
178	COMPUTER DESK (STORE)	01/26/05	913.	913.	SL	7.00	0.
179	LEFT RETURN DESK	06/13/05	593.	593.	SL	7.00	0.
180	ZOOMTEXT	01/25/05	1,474.	1,159.	SL	5.00	299.
181	SOUNDSTATION2 CONFERENCE PHONE	04/22/05	719.	719.	SL	5.00	0.
182	VISION HOT SWAPPABLE SERVER	05/20/05	2,674.	1,922.	SL	5.00	539.
183	CREDIT CARD MACHINE	06/01/05	669.	669.	SL	5.00	0.
184	NS PRO	07/28/05	819.	819.	SL	5.00	0.
185	HP COLOR LASER JET 2550 (SIP)	09/13/05	646.	646.	SL	5.00	0.
186	BRAILLIANT 40 (SIP)	09/29/05	5,000.	3,250.	SL	5.00	817.
187	XEROX PRINTER	10/31/05	1,389.	877.	SL	5.00	276.
188	PERSONAL COMPUTER	11/09/05	1,014.	645.	SL	5.00	203.
189	JAWS	12/10/05	800.	800.	SL	5.00	0.
190	JAWS	12/10/05	800.	800.	SL	5.00	0.
191	ZOOMTEXT	12/10/05	800.	800.	SL	5.00	0.

192	4 COMPUTERS	12/23/05	1,530.	912.	SL	5.00	306.
193	INTUIT SOFTWARE (6 USERS)	12/23/05	970.	579.	SL	5.00	194.
194	TANDEM BIKES AND HELMETS	12/31/05	2,640.	1,584.	SL	5.00	528.
195	DELL COMPUTERS	02/25/06	13,777.	7,809.	SL	5.00	2,755.
196	TECH-HERO	02/28/06	1,069.	604.	SL	5.00	214.
197	IRTI	03/02/06	1,785.	1,011.	SL	5.00	357.
198	IRTI	03/02/06	11,667.	6,607.	SL	5.00	2,333.
199	XEROX DIRECT	03/04/06	1,425.	807.	SL	5.00	285.
200	BLAISE MEDIA	03/09/06	12,500.	6,161.	SL	5.00	2,500.
201	IRTI	03/15/06	4,714.	2,675.	SL	5.00	943.
202	TECH-HERO	04/19/06	925.	521.	SL	5.00	185.
203	BLAISE MEDIA	05/16/06	14,000.	7,931.	SL	5.00	2,800.
204	YEP	06/23/06	647.	647.	SL	5.00	0.
205	BLAISE MEDIA	12/18/06	8,685.	3,474.	SL	5.00	1,737.
206	TECH-HERO	12/31/06	1,040.	414.	SL	5.00	208.
207	8 WORKSTATION CUBICLES	05/13/05	10,598.	7,685.	SL	5.00	2,123.
208	1238 S STREET	12/30/05	2,346,860.			5.00	0.
209	CIP	12/31/06	3,000.			5.00	0.
210	CIP	12/31/06	71,783.			5.00	0.
211	FORD AEROSTAR	12/12/06	1,485.	619.	SL	5.00	709.
212	2007 CHEVY UPLANDER	12/01/06	39,799.	16,581.	SL	5.00	18,804.
223	MAIL FOUNDRY	02/28/07	1,298.	359.	SL	5.00	260.
224	BLAISE MEDIA	04/20/07	8,101.	2,700.	SL	5.00	1,620.
225	TECH-HERO (LAPTOP)	04/27/07	873.	294.	SL	5.00	175.
226	TECH-HERO (DESKTOP)	04/27/07	1,013.	339.	SL	5.00	203.
227	TECH-HERO (NOTEBOOK)	04/27/07	1,557.	520.	SL	5.00	311.
228	WEBCO COMMUNICATIONS	04/30/07	9,159.	3,055.	SL	5.00	1,832.

229	TECH-HERO (IBM SERVER)					
	05/30/07	899.	285.	SL	5.00	180.
230	AI SQUARED					
	06/22/07	510.	165.	SL	5.00	102.
231	TECH-HERO (AGENCY BACKUP DRIVES)					
	08/24/07	829.	221.	SL	5.00	166.
232	FREEDOM SCIENTIFIC (JAWS-ACCESSN)					
	08/24/07	1,304.	349.	SL	5.00	261.
233	LVC EQUIPMENT					
	12/26/07	22,995.			5.00	0.
234	CIP-RENOVATION COSTS					
	12/31/07	71,658.			5.00	0.
245	HUMANWARE (SCANNER)					
	01/29/07	2,904.	869.	SL	5.00	581.
256	CIP (IN A/P AT 12/31/07) (AJE #101)					
	12/31/07	41,773.			5.00	0.
257	CIP (DONATED AT 12/31/07) (AJE #103)					
	12/31/07	29,524.			5.00	0.
258	2001 FORD E350 VAN (TRANSMISSION)					
	12/30/08	3,000.		SL	5.00	3,000.
259	GUIDE SOFTWARE					
	01/30/08	846.	140.	SL	5.00	169.
260	DAISY PLAYER					
	02/06/08	693.	118.	SL	5.00	139.
261	COMPUTER					
	02/23/08	528.	72.	SL	5.00	106.
262	COMPUTERS					
	04/29/08	665.	88.	SL	5.00	133.
263	COMPUTERS					
	04/29/08	665.	88.	SL	5.00	133.
264	COMPUTER					
	04/29/08	528.	71.	SL	5.00	106.
265	WINDOWEYES 10 USER					
	05/01/08	2,754.	368.	SL	5.00	551.
266	GUIDE SOFTWARE ADDTL USER					
	05/02/08	1,390.	184.	SL	5.00	278.
267	LVC EQUIPMENT					
	03/11/08	19,269.			5.00	0.
268	LVC EQUIPMENT					
	12/31/08	42,251.			5.00	0.
269	COMPUTER (SIP) - DELL					
	06/19/08	999.	101.	SL	5.00	200.
270	COMPUTER (SIP) - DELL					
	06/30/08	999.	101.	SL	5.00	200.
271	COMPUTER (SIP) - DELL					
	08/19/08	1,135.	76.	SL	5.00	227.
272	JAWS UPGRADE (SIP) - FREEDOM S.					
	09/17/08	2,699.	135.	SL	5.00	540.
273	LAPTOP (CREDIT CARD 244)					
	09/29/08	1,385.	69.	SL	5.00	277.
274	RENOVATION COSTS					
	12/31/08	54,180.			5.00	0.
275	2009 ADDITION					
	07/01/09	33,072.		200DB	5.00	3,663.

276 RENOVATION COSTS

12/31/09 491,222.

.000 0.

TOTAL DEPR TO FORM 3885 4,006,848. 670,166.

61,323.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	SOCIETY FOR THE BLIND, INC. 1238 S STREET SACRAMENTO, CA 95811
Prepared by	BURNETT + COMPANY LLP 2870 GOLD TAILINGS COURT RANCHO CORDOVA, CA 95670-6106
Mail tax return to	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
Return must be mailed on or before	NOVEMBER 15, 2010
Special Instructions	<p>THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.</p> <p>ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.</p> <p>A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.</p>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>02323</u> SOCIETY FOR THE BLIND, INC. <small>Name of Organization</small> <u>1238 S STREET</u> <small>Address (Number and Street)</small> <u>SACRAMENTO, CA 95811</u> <small>City or Town, State and ZIP Code</small>	Check if: <input checked="" type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>C0295797</u> Federal Employer I.D. No. <u>94-1384666</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2009 ending 12/31/2009) list:
 Gross annual revenue \$ 2,725,129. Total assets \$ 5,369,273.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 14	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 15	X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 916-452-8271

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

HEATHER FRANK

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 14

CALIFORNIA STATE LIBRARY
P.O. BOX 942837
SACRAMENTO, CA 94237
916-651-0812

DEPT OF REHABILITATION
SERVICES FOR THE BLIND
721 CAPITOL MALL
SACRAMENTO, CA 95814
ANTHONY CANDELA
916-558-5300

FORM RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 8

STATEMENT 15

SOCIETY OF THE BLIND CONDUCTS A VEHICLE DONATION PROGRAM OPERATED BY A
COMMERCIAL FUNDRAISER.