

Return of Organization Exempt From Income Tax

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

2009

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

For the **2009** calendar year, or tax year beginning **Jul 1**, **2009**, and ending **Jun 30**, **2010**

B Check if applicable:	C Name of organization	D Employer Identification Number
<input type="checkbox"/> Address change	DELAWARE ASSOCIATION FOR THE BLIND	51-0064304
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street addr) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	800 WEST STREET	(302) 655-2111
<input type="checkbox"/> Termination	City, town or country State ZIP code + 4	G Gross receipts \$ 2,303,456.
<input type="checkbox"/> Amended return	WILMINGTON DE 19801	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
	LINDA S. LAURIA 500 WEST STREET WILMINGTON DE 19801	H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.dabdel.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: 1948	M State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PROVIDE SERVICES TO VISUALLY IMPAIRED INDIVIDUALS. TO PROVIDE SERVICES TO THE BLIND AND VISUALLY IMPAIRED INDIVIDUALS LOCATED WITHIN THE STATE OF DELAWARE BY OFFERING PROGRAMS FOR THE PREVENTION OF BLINDNESS, PROVIDING RECREATIONAL ACTIVITIES, RENDERING SERVICES NOT ALWAYS AVAILABLE FROM GOVERNMENTAL AGENCIES, AND PROMOTING HEALTH, EDUCATION AND WELL-BEING</u>			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20	
	5	Total number of employees (Part V, line 2a)	5	30	
	6	Total number of volunteers (estimate if necessary)	6	80	
	7a	Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
			210,312.	833,092.	
	9	Program service revenue (Part VIII, line 2g)	12,679.	5,935.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,017.	-261,591.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,703.	19,847.	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	309,711.	597,283.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,427.	
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	7,296.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	334,403.	310,759.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,000.	1,500.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,500.</u>		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	220,855.	203,642.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	561,685.	523,197.	
19	Revenue less expenses. Subtract line 18 from line 12	-251,974.	74,086.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
			4,053,028.	4,702,255.	
	21	Total liabilities (Part X, line 26)	35,519.	46,486.	
22	Net assets or fund balances. Subtract line 21 from line 20	4,017,509.	4,655,769.		

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	▶ _____	05/20/11	Date
	Signature of officer		
	▶ LINDA S. LAURIA	EXECUTIVE DIRECTOR	
	Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date 05/20/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HAGGERTY & HAGGERTY P.A. 510 PHILADELPHIA PIKE WILMINGTON DE 19809-2169	EIN ▶ _____	Preparer's identifying number (see instructions)
		Phone no. ▶ (302) 762-6380	

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:

PROVIDE SERVICES TO VISUALLY IMPAIRED INDIVIDUALS. TO PROVIDE SERVICES TO THE BLIND AND VISUALLY IMPAIRED INDIVIDUALS LOCATED WITHIN THE STATE OF DELAWARE See Form 990, Page 2, Part III, Line 1 (continued)

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 [X] No

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

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.

4a (Code:) (Expenses \$ 53,280. including grants of \$ 0.) (Revenue \$ 0.)

LANDIS LODGE-A RESIDENTIAL VACATION CAMP FOR VISUALLY IMPAIRED ADULTS PROVIDING RECREATIONAL OPPORTUNITIES, SOCIALIZATION, AND A CHANCE TO MEET AND LEARN FROM OTHER VISUALLY IMPAIRED INDIVIDUALS. THE ACTIVITIES INCLUDE TRIPS TO COMMUNITY ATTRACTIONS, CONCERTS AND SPORTING EVENTS, HORSEBACK RIDING, CRAFTS, MUSIC, SWIMMING, AND PICNICS. APPROXIMATELY 35 INDIVIDUALS ARE SERVED EACH SUMMER.

4b (Code:) (Expenses \$ 72,694. including grants of \$ 0.) (Revenue \$ 0.)

CAMP SUNNYBROOK-PROVIDES A DAY CAMP EXPERIENCE FOR BLIND AND VISUALLY IMPAIRED CHILDREN STATEWIDE. A SIX WEEK SESSION IS HELD IN NEW CASTLE COUNTY, AND A FOUR WEEK SESSION IS HELD IN KENT AND SUSSEX COUNTIES. A TYPICAL DAY CAMP EXPERIENCE INCLUDES SWIMMING, ARTS AND CRAFTS, MUSIC, GAMES, TRIPS, AND SPECIAL EVENTS. THESE SERVICES ARE PROVIDED BY PAID COUNSELORS AND VOLUNTEERS. APPROXIMATELY 30 CHILDREN WERE SERVED.

4c (Code:) (Expenses \$ 114,809. including grants of \$ 0.) (Revenue \$ 5,935.)

RECREATION ACTIVITIES- THESE ARE ACTIVITIES PLANNED BY THE ASSOCIATION'S DIRECTOR WITH ITS MAIN OBJECTIVE OF GETTING VISUALLY IMPAIRED INDIVIDUALS OUT INTO THE COMMUNITIES, SUCH AS: TRIPS TO CONCERTS, PLAYS, RESTAURANTS, FESTIVALS, SPORTING EVENTS, AND OTHER LOCAL ATTRACTIONS. DOOR-TO-DOOR TRANSPORTATION IS PROVIDED TO THE PARTICIPANTS. APPROXIMATELY 250 INDIVIDUALS PARTICIPATED.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 209,345. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 450,128.

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 statement 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 statement 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, and 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? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1 a	1		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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		
2 a	30		
2 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	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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
4 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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 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?		
6 a	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
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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
1 a	Enter the number of voting members of the governing body		
b	Enter the number of voting members that are independent		
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
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	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 or 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
10 a	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12 a	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	
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	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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	
b	Other officers of key employees of the organization	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	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
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?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ► _____
- 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.
 Own website Another's website 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:
 ► ROBERT MOSCH, TREASURER 800 WEST STREET WILMINGTON DE 19801 (302) 655-2111

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

1 a 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 employees.'
- 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			
ALAN B. WINGROVE PRESIDENT	2.00	X		X				0.	0.	0.
SUZANNE HOWELL 1ST VICE PRESIDENT	2.00	X		X				0.	0.	0.
WILLIAM E. BARTLETT 2ND VICE PRESIDENT	2.00	X		X				0.	0.	0.
KEN ROLPH SECRETARY	2.00	X		X				0.	0.	0.
ROBERT MOSCH TREASURER	2.00	X		X				0.	0.	0.
JACK BILLINGSLEY BOARD MEMBER	1.00	X						0.	0.	0.
ERNEST J. CAMOIRANO BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT CLABAUGH BOARD MEMBER	1.00	X						0.	0.	0.
KARL GUDE BOARD MEMBER	1.00	X						0.	0.	0.
AUGUST HAZEUR BOARD MEMBER	1.00	X						0.	0.	0.
JEAN KELLY BOARD MEMBER	1.00	X						0.	0.	0.
ROGER M. LEVY BOARD MEMBER	1.00	X						0.	0.	0.
JUDITH MASISHIN BOARD MEMBER	1.00	X						0.	0.	0.
BETSY NIECE BOARD MEMBER	1.00	X						0.	0.	0.
ALFRED PAGANO BOARD MEMBER	1.00	X						0.	0.	0.
TED REIVER BOARD MEMBER	1.00	X						0.	0.	0.
RALPH SCHIEFERSTEIN BOARD MEMBER	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	1 a 10,413.					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 89,552.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 733,127.					
	g Noncash contribns included in lns 1a-1f:	1 g \$					
	h Total. Add lines 1a-1f		833,092.				
PROGRAM SERVICE REVENUE	2 a RECREATION FEES		Business Code				
		900099	5,935.	5,935.	0.	0.	
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f		5,935.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		67,646.	0.	0.	67,646.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	10,450.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	10,450.				
	d Net rental income or (loss)		10,450.	0.	0.	10,450.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,346,406.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1,675,643.				
		c Gain or (loss)	-329,237.				
	d Net gain or (loss)		-329,237.	0.	0.	-329,237.	
	8 a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18	a	14,942.				
		b Less: direct expenses	6,515.				
		c Net income or (loss) from fundraising events		8,427.	0.	0.	8,427.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a	22,276.					
	b Less: cost of goods sold	24,015.					
	c Net income or (loss) from sales of inventory		-1,739.	0.	0.	-1,739.	
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	2,709.	0.	0.	2,709.		
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d		2,709.					
12 Total revenue. See instructions		597,283.	5,935.	0.	-241,744.		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	7,296.	7,296.		
5 Compensation of current officers, directors, trustees, and key employees	77,229.	69,506.	7,723.	0.
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	210,283.	189,255.	21,028.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,296.	1,296.	0.	0.
10 Payroll taxes	21,951.	19,756.	2,195.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,713.	5,381.	4,332.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	1,500.			1,500.
f Investment management fees	15,479.	0.	15,479.	0.
g Other	11,105.	11,105.	0.	0.
12 Advertising and promotion				
13 Office expenses	2,969.	2,732.	237.	0.
14 Information technology	1,498.	1,498.	0.	0.
15 Royalties				
16 Occupancy	35,976.	30,580.	5,396.	0.
17 Travel	20,866.	17,736.	3,130.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,717.	13,359.	2,358.	0.
23 Insurance	39,652.	33,704.	5,948.	0.
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 <u>SUPPLIES</u>	17,544.	16,140.	1,404.	0.
b <u>RECREATION PROGRAM COSTS</u>	12,043.	12,043.	0.	0.
c <u>EQUIPMENT RENTAL & MAINTENANCE</u>	7,882.	7,389.	493.	0.
d <u>TELEPHONE</u>	11,315.	10,410.	905.	0.
e <u>MISCELLANEOUS</u>	1,883.	942.	941.	0.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	523,197.	450,128.	71,569.	1,500.
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	4,174.	1	6,842.
	2	Savings and temporary cash investments	215,211.	2	599,586.
	3	Pledges and grants receivable, net	4,710.	3	204,210.
	4	Accounts receivable, net	9,111.	4	8,799.
	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	24,840.	8	22,971.
	9	Prepaid expenses and deferred charges	6,159.	9	5,698.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,094,623.		
	b	Less: accumulated depreciation	10b 476,297.	1,556,536.	10c 1,618,326.
	11	Investments — publicly-traded securities	2,232,287.	11	2,235,823.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,053,028.	16	4,702,255.	
LIABILITIES	17	Accounts payable and accrued expenses	22,541.	17	36,271.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	12,978.	25	10,215.
	26	Total liabilities. Add lines 17 through 25	35,519.	26	46,486.
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	3,822,234.	27	3,886,724.
	28	Temporarily restricted net assets	172,716.	28	746,486.
	29	Permanently restricted net assets	22,559.	29	22,559.
	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, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	4,017,509.	33	4,655,769.	
34	Total liabilities and net assets/fund balances.	4,053,028.	34	4,702,255.	

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
b Were the organization's financial statements audited by an independent accountant?	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
b 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.		

BAA

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 'unusual grants.')	231,111.	207,899.	339,734.	210,312.	183,913.	1,172,969.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	231,111.	207,899.	339,734.	210,312.	183,913.	1,172,969.
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						1,172,969.

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	231,111.	207,899.	339,734.	210,312.	183,913.	1,172,969.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	156,922.	210,303.	306,520.	119,311.	78,096.	871,152.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
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						2,044,121.
12 Gross receipts from related activities, etc. (see instructions)					12	47,832.
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	57.38%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	57.20%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" 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 yr 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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

Employer identification number

DELAWARE ASSOCIATION FOR THE BLIND

51-0064304

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

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

Table with 3 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and number of easements on certified historic structures.

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 3 columns: Question, Amount. Rows include questions about reporting works of art, historical treasures, and similar assets.

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.

1 a 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

2 a 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 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
1 a Beginning of year balance	22,559.	22,559.			
b Contributions	0.	0.			
c Net Investment earnings, gains, and losses	0.	0.			
d Grants or scholarships	0.	0.			
e Other expenditures for facilities and programs	0.	0.			
f Administrative expenses	0.	0.			
g End of year balance	22,559.	22,559.			

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

- a Board designated or quasi-endowment ▶ 0.00 %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ 0.00 %

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

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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
1 a Land		1,205,287.		1,205,287.
b Buildings		440,304.	318,844.	121,460.
c Leasehold improvements				
d Equipment		105,194.	86,240.	18,954.
e Other		343,838.	71,213.	272,625.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,618,326.

BAA

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		597,283.
2	Total expenses (Form 990, Part IX, column (A), line 25)		523,197.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		74,086.
4	Net unrealized gains (losses) on investments		564,174.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		564,174.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		638,260.

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	1,176,508.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	564,174.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	30,530.
e	Add lines 2a through 2d	2e	594,704.
3	Subtract line 2e from line 1	3	581,804.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	15,479.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	15,479.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	597,283.

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

1	Total expenses and losses per audited financial statements	1	538,248.
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	30,530.
e	Add lines 2a through 2d	2e	30,530.
3	Subtract line 2e from line 1	3	507,718.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	15,479.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	15,479.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	523,197.

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.

Pt V Line 4 ASSETS HELD TO GENERATE INCOME TO BE USED TO TRAIN & PROVIDE GUIDE DOGS TO THE VISUALLY IMPAIRED.

Pt XII Line 2d REPRESENT COSTS OF: MERCHANDISE SOLD OF \$24,015 AND SPECIAL EVENTS EXPENSE OF \$6,515.

Pt XIII Line 2d REPRESENT COSTS OF: MERCHANDISE SOLD OF \$24,015 AND SPECIAL EVENTS EXPENSE OF \$6,515.

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 DELAWARE ASSOCIATION FOR THE BLIND	Employer identification number 51-0064304
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Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

- For 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)/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 their 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).

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

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

Name of organization DELAWARE ASSOCIATION FOR THE BLIND	Employer identification number 51-0064304
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Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LONGWOOD FOUNDATION, INC 100 WEST 10TH STREET, SUITE 109 WILMINGTON DE 19801-1694	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WELFARE FOUNDATION, INC 100 WEST 10TH STREET, SUITE 109 WILMINGTON DE 19801-1694	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CRYSTAL TRUST P. O. BOX 39 MONTCHANIN DE 19710-0039	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CHICHESTER duPONT FOUNDATION, INC 5720 KENNETT PIKE, P. O. BOX 3598 WILMINGTON DE 19807	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	REGINA F. DELDMAN TRUST C/O GORDON, FOURNARIS, MAMMARELLA, P.A. WILMINGTON DE 19806	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

For calendar year 2009, or fiscal year beginning Jul 1, 2009, and ending Jun 30, 2010.

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

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

DELAWARE ASSOCIATION FOR THE BLIND

Employer identification number

51-0064304

Name and title of officer

LINDA S. LAURIA

EXECUTIVE DIRECTOR

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

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

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>597,283.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize HAGGERTY & HAGGERTY P.A. to enter my PIN 64304 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 05/20/2011

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 51084815665
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

BY OFFERING PROGRAMS FOR THE PREVENTION OF BLINDNESS, PROVIDING RECREATIONAL ACTIVITIES, RENDERING SERVICES NOT ALWAYS AVAILABLE FROM GOVERNMENTAL AGENCIES, AND PROMOTING HEALTH, EDUCATION AND WELL-BEING OF THE VISUALLY IMPAIRED FOR THE IMPROVEMENT AND ENRICHMENT OF THEIR LIVES.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: PEER SUPPORT-THE PROGRAM'S OBJECTIVE IS TO MATCH NEWLY BLIND ADULTS WITH
Expenses 43,498. A VOLUNTEER PEER SUPPORT WORKER WHO SERVES AS A ROLE MODEL AND INFORMATION
Grants Of 0. SOURCE. THE GOAL OF THE COUNSELOR IS TO HAVE THE COUNSELEE ACCEPT SERVICES
Revenue.. 0. TO ASSIST THE COUNSELEE ADJUST TO HIS OR HER VISUAL IMPAIRMENT. OUR
PEER SUPPORT WORKERS PROVIDED SERVES TO APPROXIMATELY 50 INDIVIDUALS.

Code: _____ Description: VOLUNTEER TAPING PROGRAM-THE PROGRAM'S OBJECTIVE IS TO RECORD AND
Expenses 36,271. DISTRIBUTE ON TAPE [AND OTHER MEANS], WRITTEN MATERIAL OF LOCAL INTEREST THAT
Grants Of 0. OTHERWISE WOULD NOT BE AVAILABLE TO DELAWAREANS UNABLE TO READ PRINT.
Revenue.. 0. APPROXIMATELY 9,000 TAPES WERE PRODUCED ALL BY VOLUNTEER READERS.

Code: _____ Description: SUNNYBROOK POOL-THE POOL IS LOCATED AT THE ASSOCIATION'S CAMP SITE.
Expenses 41,464. THE POOL IS AVAILABLE TO VISUALLY IMPAIRED DELAWAREANS AND MEMBERS OF THEIR FAMILIES.
Grants Of 0. THE POOL IS USED EXTENSIVELY BY OUR ADULT AND CHILDREN CAMPS AND IS ALSO
Revenue.. 0. MADE AVAILABLE TO OTHER ORGANIZATION'S SERVING THE VISUALLY IMPAIRED
COMMUNITY. APPROXIMATELY 500 INDIVIDUALS USED THE POOL FOR THE SUMMER SEASON.

Code: _____ Description: OTHER VARIOUS PROGRAMS- CRAFT CLASSES FOR THE VISUALLY IMPAIRED ARE HELD IN
Expenses 88,112. ALL THREE COUNTIES OF THE STATE. APPROXIMATELY 60 INDIVIDUALS WERE SERVED.
Grants Of 0. OTHER SERVICES PROVIDED INCLUDE A STORE OFFERING ITEMS FOR THE BLIND AND
Revenue.. 0. VISUALLY IMPAIRED, ASSISTANCE IN OBTAINING TRANSPORTATION, FINANCIAL HELP FOR
GUIDE DOG FOOD AND VETERINARY BILLS, GRANTS TO PURCHASE SPECIAL EQUIPMENT,
AND ASSISTANCE IS PROVIDED FOR FINANCIAL EMERGENCIES AS THEY ARISE.
APPROXIMATELY 1,700 INDIVIDUALS RECEIVED ONE OR MORE OF THESE SERVICES.

Supporting Statement of:

Sch. A, page 2/Gross Receipts

Description	Amount
PROGRAM SERVICE FEES-2005	8,243.
PROGRAM SERVICE FEES-2006	9,170.
PROGRAM SERVICE FEES-2007	11,805.
PROGRAM SERVICE FEES-2008	12,679.
PROGRAM SERVICE FEES-2009	5,935.
Total	<u>47,832.</u>

Supporting Statement of:

Sch D, page 2/Other col (b)

Description	Amount
EQUIPMENT	71,826.
FURNITURE	1,099.
CONSTRUCTION IN PROGRESS	270,913.
Total	<u>343,838.</u>

Supporting Statement of:

Sch D, page 2/Other col (c)

Description	Amount
EQUIPMENT	70,114.
FURNITURE	1,099.
CONSTRUCTION IN PROGRESS	0.
Total	<u>71,213.</u>

Supporting Statement of:

Sch D, page 4/Part XII, Line 2d

Description	Amount
COST OF MERCHANDISE	24,015.
SPECIAL EVENTS EXPENSE	6,515.
Total	<u>30,530.</u>

Supporting Statement of:

Sch D, page 4/Part XIII, Line 2d

Description	Amount
COST OF MERCHANDISE SOLD	24,015.
SPECIAL EVENTS EXPENSE	6,515.
Total	<u>30,530.</u>

Additional Information For Tax Return

DELAWARE ASSOCIATION FOR THE BLIND

51-0064304

Form 990 p 1: Pt I, Ln 1, Mission, Cont-3

OF THE VISUALLY IMPAIRED FOR THE IMPROVEMENT AND ENRICHMENT OF THEIR LIVES.