

BGW CPA, PLLC
1616 Camden Rd Ste 510
Charlotte, NC 28203-4756
704-552-0553

November 17, 2016

CONFIDENTIAL

Metrolina Association for
the Blind Inc
704 Louise Ave
Charlotte, NC 28204

Dear Bob:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

BGW CPA, PLLC

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

Name **METROLINA ASSOCIATION FOR THE BLIND INC** Taxpayer Identification Number **56-0529998**

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	332,541	309,208	-23,333
	2. Membership dues and assessments			
	3. Government contributions and grants	110,806	123,255	12,449
	4. Program service revenue	3,142,573	3,207,543	64,970
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	16,380		-16,380
	8. Net income or (loss) from fundraising events		24,460	24,460
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		8,816	8,816
	12. Total revenue. Add lines 1 through 11	3,602,300	3,673,282	70,982
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	755,159	615,417	-139,742
	16. Salaries, other compensation, and employee benefits	1,703,508	1,891,744	188,236
	17. Professional fundraising fees			
	18. Other professional fees	43,146	54,412	11,266
	19. Occupancy, rent, utilities, and maintenance	72,694	80,742	8,048
	20. Depreciation and Depletion	76,901	107,438	30,537
	21. Other expenses	809,457	816,348	6,891
	22. Total expenses. Add lines 13 through 21	3,460,865	3,566,101	105,236
	23. Excess or (Deficit). Subtract line 22 from line 12	141,435	107,181	-34,254
Other Information	24. Total exempt revenue	3,602,300	3,673,282	70,982
	25. Total unrelated revenue			
	26. Total excludable revenue	3,158,953	3,216,359	57,406
	27. Total assets	1,157,442	1,353,549	196,107
	28. Total liabilities	346,237	435,163	88,926
	29. Retained earnings	811,205	918,386	107,181
	30. Number of voting members of governing body	15	11	
	31. Number of independent voting members of governing body	15	11	
	32. Number of employees	39	41	
	33. Number of volunteers	25	20	

Filing Instructions

Metrolina Association for the Blind Inc

Exempt Organization Tax Return

Taxable Year Ended June 30, 2016

Date Due: February 15, 2017

Remittance: None is required. Your Form 990 for the tax year ended 6/30/16 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BGW CPA, PLLC
1616 Camden Rd Ste 510
Charlotte, NC 28203-4756

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **METROLINA ASSOCIATION FOR THE BLIND INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
704 LOUISE AVE
 City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE NC 28204

D Employer identification number
56-0529998

E Telephone number
704-887-5101

G Gross receipts \$ **3,698,576**

F Name and address of principal officer:
ROBERT SCHEFFEL
704 LOUISE AVE
CHARLOTTE NC 28204

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.MABNC.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1938** **M** State of legal domicile: **NC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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 individuals employed in calendar year 2015 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total 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)	Prior Year 443,347	Current Year 432,463
	9 Program service revenue (Part VIII, line 2g)	3,142,573	3,207,543
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,380	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,276
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,602,300	3,673,282
	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)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,458,667	2,507,161
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 762			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,002,198	1,058,940
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,460,865	3,566,101
19 Revenue less expenses. Subtract line 18 from line 12		141,435	107,181
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year 1,157,442
	21 Total liabilities (Part X, line 26)	346,237	435,163
	22 Net assets or fund balances. Subtract line 21 from line 20	811,205	918,386

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: **ROBERT SCHEFFEL** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **ADAM C BOATSMAN** Preparer's signature: **ADAM C BOATSMAN** Date: **11/17/16** Check if self-employed PTIN: **P00785623**

Firm's name: **BGW CPA, PLLC** Firm's EIN: **46-1302809**
 Firm's address: **1616 CAMDEN RD STE 510 CHARLOTTE, NC 28203-4756** Phone no.: **704-552-0553**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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 No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **1,483,634** including grants of\$) (Revenue \$ **327,138**)
PERSONAL ADJUSTMENT AND REHABILITATION-ENABLE BLIND AND VISUALLY IMPAIRED PEOPLE TO ADJUST TO THEIR VISION LOSS AND MANAGE SELECTED DAILY LIVING ACTIVITIES INDEPENDENTLY BY THE PROVISION OF THE DIRECT SERVICES OF THERAPEUTIC CASEWORK, REHABILITATIVE TEACHING, ORIENTATION AND MOBILITY INSTRUCTION, LOW VISION TRAINING, AND SUPPORT SERVICES.

4b (Code:) (Expenses \$ **1,587,120** including grants of\$) (Revenue \$ **2,839,707**)
REPRODUCTION OF MONTHLY STATEMENTS IN BRAILLE AND LARGE PRINT FORMAT.

4c (Code:) (Expenses \$ **20,163** including grants of\$) (Revenue \$ **40,698**)
REPRODUCTION OF TEXTBOOKS IN BRAILLE AND LARGE PRINT FORMAT.

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

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **u 3,090,917**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	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? If "Yes," complete Schedule D, Part VII		X
c	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? If "Yes," complete Schedule D, Part VIII		X
d	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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	11		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	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	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

PHILL POWELL
CHARLOTTE

704 LOUISE AVE

NC 28204

704-372-3870

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) TIM CHAMBERS	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(2) SPENCER LOMAX	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(3) GERRY MORENO	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(4) ANDY SKORJANC	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) LONNIE HARVEY JR	2.00									
VICE CHAIRMAN	0.00	X					0	0	0	
(6) SANDY MCARTHUR	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(7) TIM SPAULDING	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(8) GREG MONTANA	2.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) FRED FUNK	2.00									
CHAIRMAN	0.00	X					0	0	0	
(10) JIM ROBERTS	2.00									
BOARD MEMBER	0.00	X		X			0	0	0	
(11) JOANN CARRERAS	2.00									
BOARD MEMBER	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12) DUFFERIN CULPEPPER II BOARD MEMBER	2.00 0.00	X						0	0	0
(13) ERIN DARCY BOARD MEMBER	2.00 0.00	X						0	0	0
(14) JOSE ESPAILLAT BOARD MEMBER	2.00 0.00	X						0	0	0
(15) GEORGE WARREN BOARD MEMBER	2.00 0.00	X						0	0	0
(16) CHRIS WILKINS V PRESIDENT	37.50 0.00			X				137,500	0	12,375
(17) ROBERT SCHEFFEL PRESIDENT	37.50 0.00			X				125,442	0	11,290
(18) RICHARD HARTNESS V PRESIDENT	37.50 0.00			X				120,000	0	10,800
(19) LAURA PARK-LEACH V PRESIDENT	37.50 0.00			X				110,000	0	9,900
1b Sub-total								492,942		44,365
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								492,942		44,365

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(20) PHIL POWELL VP/SECRETARY	37.50 0.00			X				0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	123,255				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	309,208				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	432,463				
Program Service Revenue	2a PROGRAM SERVICES	Busn. Code	3,068,045	3,068,045			
	b NET PATIENT REVENUE		70,973	70,973			
	c SALE OF SUPPLIES		68,525	68,525			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	3,207,543				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	49,754				
		b Less: direct expenses	b	25,294			
	c Net income or (loss) from fundraising events	u	24,460				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS			8,816	8,816			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		8,816				
12 Total revenue. See instructions.	u		3,673,282	3,216,359	0	0	

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	615,417	445,456	169,961	
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	1,504,420	1,399,965	104,455	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,204	14,977	2,227	
9 Other employee benefits	185,157	161,188	23,969	
10 Payroll taxes	184,963	163,564	21,399	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54,412	33,747	20,665	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	80,742	70,291	10,451	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,872	16,919	3,953	
20 Interest	12,469	599	11,870	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,438	93,530	13,908	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND SHIPPING	310,898	310,434	464	
b SUPPLIES	184,341	154,620	29,721	
c REPAIRS AND MAINTENANCE	121,860	106,083	15,777	
d MISCELLANEOUS	90,416	53,435	36,219	762
e All other expenses	75,492	66,109	9,383	
25 Total functional expenses. Add lines 1 through 24e	3,566,101	3,090,917	474,422	762
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	168,729	1	157,152
	2 Savings and temporary cash investments	1,906	2	1,786
	3 Pledges and grants receivable, net	217,482	3	300,896
	4 Accounts receivable, net	393,793	4	414,415
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,509	9	104,359
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,053,006		
	b Less: accumulated depreciation	10b 1,684,109	312,879	10c 368,897
	11 Investments—publicly traded securities		11	
	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	14,144	15	6,044
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,157,442	16	1,353,549	
Liabilities	17 Accounts payable and accrued expenses	183,216	17	141,231
	18 Grants payable		18	
	19 Deferred revenue	6,226	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	46,628	23	248,673
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	110,167	25	45,259
	26 Total liabilities. Add lines 17 through 25	346,237	26	435,163
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	811,205	27	918,386
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	811,205	33	918,386	
34 Total liabilities and net assets/fund balances	1,157,442	34	1,353,549	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,673,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,566,101
3	Revenue less expenses. Subtract line 2 from line 1	3	107,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	811,205
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	918,386

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u **Attach to Form 990 or Form 990-EZ.**
u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**METROLINA ASSOCIATION FOR
THE BLIND INC**

Employer identification number

56-0529998

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	326,173	247,061	301,541	336,595	342,640	1,554,010
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	326,173	247,061	301,541	336,595	342,640	1,554,010
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.						1,554,010

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	326,173	247,061	301,541	336,595	342,640	1,554,010
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 VI.)	1,348	1,617	885	1,146	11,800	16,796
11 Total support. Add lines 7 through 10						1,570,806
12 Gross receipts from related activities, etc. (see instructions)					12	3,266,113

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98.93 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.62 %

16a 33 1/3% support test—2015. 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

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 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, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS **\$ 16,796**

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

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

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization METROLINA ASSOCIATION FOR THE BLIND INC	Employer identification number 56-0529998
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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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization METROLINA ASSOCIATION FOR	Employer identification number 56-0529998
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF CENTRAL CAROLINAS 301 S BREVARD ST CHARLOTTE NC 28202	\$ 219,385	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHARLOTTE AREA TRANSIT SYSTEM 600 EAST 4TH ST CHARLOTTE NC 28202	\$ 123,255	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

METROLINA ASSOCIATION FOR THE BLIND INC

56-0529998

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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 XIII.
- 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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** 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) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		35,000		35,000
b Buildings		501,743	498,501	3,242
c Leasehold improvements		141,451	111,649	29,802
d Equipment		1,197,041	908,292	288,749
e Other		177,771	165,667	12,104
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	368,897

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CAPITAL LEASE OBLIGATIONS	45,259	
(3) WACHOVIA LINE OF CREDIT		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	45,259	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,698,575
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	25,293	
e	Add lines 2a through 2d		2e	25,293
3	Subtract line 2e from line 1		3	3,673,282
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,673,282

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,591,394
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 XIII.)	2d	25,293	
e	Add lines 2a through 2d		2e	25,293
3	Subtract line 2e from line 1		3	3,566,101
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,566,101

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EXPENSES FROM SCH. G EVENT \$ **25,293**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EXPENSES FROM SCH. G EVENT \$ **25,293**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2015

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

**METROLINA ASSOCIATION FOR
THE BLIND INC**

Employer identification number

56-0529998

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA EVENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	49,754		49,754
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	49,754		49,754
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	25,294		25,294
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				24,460

Part III Gaming. Complete if the organization answered "Yes" on 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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <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	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 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? Yes No

- 13** Indicate the percentage of gaming activity conducted in:
- a** The organization's facility **13a** _____ %
 - b** An outside facility **13b** _____ %

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

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u\$** and the amount of gaming revenue retained by the third party **u\$**
 - c** If "Yes," enter name and address of the third party:

Name **u**

Address **u**

- 16** Gaming manager information:
- Name **u**
- Gaming manager compensation **u\$**
- Description of services provided **u**
- 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? Yes No
 - 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 **u\$**

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**METROLINA ASSOCIATION FOR
THE BLIND INC**

Employer identification number

56-0529998

FORM 990 - ORGANIZATION'S MISSION

ENABLE BLIND AND VISUALLY IMPAIRED PEOPLE TO ADJUST TO THEIR VISION LOSS AND MANAGE SELECTED DAILY LIVING ACTIVITIES INDEPENDENTLY BY THE PROVISION OF THE DIRECT SERVICES OF THERAPEUTIC CASEWORK, REHABILITATIVE TEACHING, ORIENTATION AND MOBILITY INSTRUCTION, LOW VISION TRAINING, AND SUPPORT SERVICE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

SUPPORTING SERVICES TO OTHER ACCOMPLISHMENTS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE PRESIDENT AND VICE PRESIDENT OF FINANCE REVIEW THE FORM 990 TOGETHER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD OF DIRECTORS MONITOR THEIR CONFLICT OF INTEREST POLICY AND A MEMBER OBSTAINS FROM DISCUSSIONS AND VOTING IF IT IS DETERMINED THERE MAY BE A CONFLICT. THE STAFF USES THE POLICY AS STATED IN THE EMPLOYEE MANUAL.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS REVIEWED THE RECOMMENDATIONS OF THE PRESIDENT USING AN INDUSTRY SPECIFIC COMPENSATION SURVEY DONE BY VISION SERVE ALLIANCE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD OF DIRECTORS REVIEWED THE RECOMMENDATIONS OF THE PRESIDENT USING AN INDUSTRY SPECIFIC COMPENSATION SURVEY DONE BY VISION SERVE ALLIANCE.

Name of the organization

Employer identification number

METROLINA ASSOCIATION FOR

56-0529998

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS MAY BE EXAMINED UPON
REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

EXPENSES FROM SCH. G EVENT \$ 25,293

EXPENSES FROM SCH. G EVENT \$ -25,293

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

u **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Attachment Sequence No. **179**

Name(s) shown on return

**METROLINA ASSOCIATION FOR
THE BLIND INC**

Identifying number
56-0529998

Business or activity to which this form relates

INDIRECT DEPRECIATION

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 instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2016. 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.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	81,732
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	75,162

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 2015	17	0
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 checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2015 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		44,603	5.0	HY	200DB	8,919
c 7-year property		10,658	7.0	HY	200DB	1,520
d 10-year property						
e 15-year property		17,012	15.0	HY	150DB	849
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 2015 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 instructions	22	168,182
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

**THE FOLLOWING PAGES
ARE INCLUDED FOR
INFORMATIONAL PURPOSES
ONLY AND ARE NOT BEING
FILED WITH THE
GOVERNMENT COPY
OF THIS TAX RETURN.**

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
587	TV for Conference Room	8/01/15	5,811				2,905	5	HY 200DB	0	3,487
588	Dell System Mgmt. Device	7/29/15	9,983				4,991	5	HY 200DB	0	5,990
589	Model 8200N Rimmage DC Burner/Printer	8/10/15	44,229				22,115	5	HY 200DB	0	26,537
598	TV for Lobby	2/09/16	2,400				1,200	5	HY 200DB	0	1,440
599	Apple Computer for TV in Lobby	2/12/16	1,650				825	5	HY 200DB	0	990
600	Laptop for LPL - C02Q33LZG8Wp	8/09/15	2,637				1,318	5	HY 200DB	0	1,582
601	2 Dell Latitude E5550	11/30/15	2,110				1,055	5	HY 200DB	0	1,266
602	Apple iPad	6/14/16	957				478	5	HY 200DB	0	574
604	Server - Softchoice	3/24/16	19,432				9,716	5	HY 200DB	0	11,659
			<u>89,209</u>				<u>44,603</u>			<u>0</u>	<u>53,525</u>
7-year GDS Property:											
586	Server Room A/C	2/26/16	8,138				4,069	7	HY 200DB	0	4,650
590	Break Room Cabinets	7/21/15	7,100				3,550	7	HY 200DB	0	4,057
593	Storage Building	9/04/15	2,090				1,045	7	HY 200DB	0	1,194
594	Reception Desk	2/19/16	2,608				1,304	7	HY 200DB	0	1,490
595	Chair & Table	3/01/16	619				309	7	HY 200DB	0	354
596	Chair	3/01/16	277				138	7	HY 200DB	0	158
597	Chair	3/07/16	277				138	7	HY 200DB	0	158
603	Floor Liners	3/17/16	210				105	7	HY 200DB	0	120
			<u>21,319</u>				<u>10,658</u>			<u>0</u>	<u>12,181</u>
15-year GDS Property:											
585	Backup Generator	11/30/15	28,153				14,076	15	HY 150DB	0	14,780
591	Back Parking Lot Repaving	9/15/15	3,433				1,716	15	HY 150DB	0	1,802
592	Concrete for Generator	11/08/15	2,441				1,220	15	HY 150DB	0	1,282
			<u>34,027</u>				<u>17,012</u>			<u>0</u>	<u>17,864</u>
Other Depreciation:											
3	704 Louise Avenue Building	11/01/89	484,662				484,662	20	MO S/L	484,662	0
4	Construction LV clinic	7/01/87	2,018				2,018	5	MO S/L	2,018	0
5	New Roof	7/01/87	4,600				4,600	5	MO S/L	4,600	0
6	Additional Sec Sip	7/01/87	189				189	5	MO S/L	189	0
8	New inside doors and repair	7/01/87	647				647	5	MO S/L	647	0
9	Heat/A/C	7/01/87	3,950				3,950	5	MO S/L	3,950	0
10	Carpet/LV Clinic	7/01/87	408				408	5	MO S/L	408	0
11	Wall and fence	7/01/87	5,208				5,208	5	MO S/L	5,208	0
12	1990 additions	7/01/89	4,627				4,627	5	MO S/L	4,627	0
13	Portico	7/01/91	2,600				2,600	5	MO S/L	2,600	0
14	Heat Exchanger	3/17/98	2,315				2,315	5	MO S/L	2,315	0
15	2 Gas Packs	11/26/97	7,410				7,410	5	MO S/L	7,410	0
16	Computer Equipment	7/01/86	220				220	5	MO S/L	220	0
25	APH Recorder	7/01/86	347				347	5	MO S/L	347	0
31	Posture Chair	7/01/87	156				156	5	MO S/L	156	0
32	Perkins brailler	7/01/87	282				282	5	MO S/L	282	0
33	Perkins jumbo brailler	7/01/87	353				353	5	MO S/L	353	0
34	Transform brailler	7/01/87	1,618				1,618	5	MO S/L	1,618	0
35	2 Perkins braillers	7/01/87	855				855	5	MO S/L	855	0
39	LV Clinic addition/ 1985	7/01/84	22,900				22,900	5	MO S/L	22,900	0
42	2 Perkins jumbo braillers	7/01/87	704				704	5	MO S/L	704	0
43	Duxbury Systems	7/01/87	510				510	5	MO S/L	510	0
52	5 Perkins brailler	7/01/88	1,217				1,217	5	MO S/L	1,217	0
57	Bulk eraser	7/01/88	31				31	5	MO S/L	31	0
65	MES-thermoform	7/01/91	1,982				1,982	5	MO S/L	1,982	0
89	Paper cutter	7/01/93	1,212				1,212	5	MO S/L	1,212	0
99	Agree to Ernst & Young prior year	7/01/95	114				114	5	MO S/L	114	0
159	NEC LT155 XGA Projector	11/15/01	3,250				3,250	5	MO S/L	3,250	0
166	HP Laserjet 4100n/Accessories	12/12/01	2,029				2,029	5	MO S/L	2,029	0
167	Computer Accessories	4/22/02	1,110				1,110	5	MO S/L	1,110	0
169	Computer tables	7/01/90	436				436	5	MO S/L	436	0
170	Computer tables	7/01/90	221				221	5	MO S/L	221	0
172	Hand truck	7/01/90	107				107	5	MO S/L	107	0
176	2 desks	7/01/90	120				120	5	MO S/L	120	0

56-0529998

Federal Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
179	Bookcase	7/01/90	74			74	5 MO S/L	74	0
180	Donations in 1985	7/01/85	2,430			2,430	5 MO S/L	2,430	0
186	Bookcase	7/01/89	92			92	5 MO S/L	92	0
187	Swivel desk	7/01/89	110			110	5 MO S/L	110	0
188	80 X 18 Table	7/01/89	165			165	5 MO S/L	165	0
189	1989 Additions	7/01/89	18,350			18,350	5 MO S/L	18,350	0
190	1990 additions	7/01/90	7,437			7,437	5 MO S/L	7,437	0
191	1991 additions	7/01/91	427			427	5 MO S/L	427	0
193	Economizer to heat/air	7/01/92	1,080			1,080	5 MO S/L	1,080	0
205	Telephone System	1/07/99	22,387			22,387	5 MO S/L	22,387	0
207	Water cooler and Water	10/31/99	1,136			1,136	5 MO S/L	1,136	0
208	File cabinet	2/15/00	671			671	5 MO S/L	671	0
209	File Cabinet	3/30/00	671			671	5 MO S/L	671	0
215	File Cabinets	6/20/02	198			198	5 MO S/L	198	0
216	Corner Desk & Hutch	6/20/02	200			200	5 MO S/L	200	0
218	Land - 704 Louise Avenue	11/01/89	35,000			35,000	0 -- Land	0	0
223	Security System	8/27/02	17,397			17,397	5 MO S/L	17,397	0
224	Desks	8/31/02	514			514	5 MO S/L	514	0
225	Security System	8/31/02	827			827	5 MO S/L	827	0
226	Security System	8/31/02	3,000			3,000	5 MO S/L	3,000	0
227	Three Drawer File Cabinet	6/23/03	130			130	5 MO S/L	130	0
228	Desk Chair	6/23/03	200			200	5 MO S/L	200	0
229	5 Desks	6/30/03	1,270			1,270	5 MO S/L	1,270	0
230	4 Chairs	6/30/03	580			580	5 MO S/L	580	0
235	Laptop Accessories	8/13/02	554			554	5 MO S/L	554	0
242	Sony Laptop & Accessories	2/11/03	1,530			1,530	5 MO S/L	1,530	0
243	Computer	2/28/03	1,644			1,644	5 MO S/L	1,644	0
244	DSL Router	4/05/03	120			120	5 MO S/L	120	0
245	Pacmate	5/23/03	2,939			2,939	5 MO S/L	2,939	0
246	Pacmate	5/23/03	2,939			2,939	5 MO S/L	2,939	0
248	Laptop Computer	5/31/03	3,054			3,054	5 MO S/L	3,054	0
249	Network Card/Flash Memory/Modem	6/23/03	410			410	5 MO S/L	410	0
252	Adobe Acrobat	9/30/02	270			270	3 MO S/L	270	0
254	HP Jet Direct	5/07/03	355			355	3 MO S/L	355	0
255	McAfee Home 7	5/20/03	640			640	3 MO S/L	640	0
256	Winzip.com	5/31/03	142			142	3 MO S/L	142	0
257	Sterling Software	6/23/03	1,345			1,345	3 MO S/L	1,345	0
258	Enhanced Vision System	10/04/02	2,795			2,795	5 MO S/L	2,795	0
260	CCTV-Vision Technology Freedom Machin	12/31/02	500			500	5 MO S/L	500	0
261	Optelec ClearView 317 Video Magnifier B&	4/25/03	1,000			1,000	5 MO S/L	1,000	0
263	OFFICE CHAIR - COSTCO	8/11/03	160			160	5 MO S/L	160	0
264	CONFERENCE ROOM CHAIRS - SAMS (8/29/03	2,843			2,843	5 MO S/L	2,843	0
265	4 DRAWER LATERAL FILE	10/31/03	450			450	5 MO S/L	450	0
266	DESK W/HUTCH	10/31/03	200			200	5 MO S/L	200	0
267	3 DRAWER FILE CABINET	10/31/03	130			130	5 MO S/L	130	0
268	(2) 27inch TV (1)DIGITAL VIDEO PALYF	10/31/03	1,279			1,279	5 MO S/L	1,279	0
269	DIGITAL VIDEO PLAYER	10/31/03	100			100	5 MO S/L	100	0
270	CARPET	3/22/04	13,600			13,600	5 MO S/L	13,600	0
271	(2) DESK CHAIRS - SAMS CLUB	3/03/04	200			200	5 MO S/L	200	0
272	(3) BOOKCASES FOR TB	3/04/04	446			446	5 MO S/L	446	0
274	HAND TRUCK & 2 FURN DOLLY	3/31/04	94			94	5 MO S/L	94	0
275	NEW SUB-PANEL & WIRING FOR 2 NEV	4/15/04	1,848			1,848	5 MO S/L	1,848	0
276	(2) 4 DRAWER FILE CABINETS	4/29/04	220			220	5 MO S/L	220	0
277	DESK FOR ERIC STICKEN	4/30/04	200			200	5 MO S/L	200	0
278	VELO BIND SYSTEM	7/01/03	2,591			2,591	5 MO S/L	2,591	0
280	OPTIPLEX DESKTOP COMPUTER	8/11/03	1,299			1,299	5 MO S/L	1,299	0
281	30 GB HARD DRIVE - P100 MEMORY	8/13/03	256			256	5 MO S/L	256	0
282	(7) DELL LAPTOP COMPUTERS	9/11/03	10,107			10,107	5 MO S/L	10,107	0
284	EQUIPMENT CHARGE ACCESS POINT	9/25/03	1,395			1,395	5 MO S/L	1,395	0
286	BRILLE NOTE GPS SENDERO GRP	10/31/03	895			895	5 MO S/L	895	0
287	LAPTOP LEATHER CARRYING CASES	10/31/03	495			495	5 MO S/L	495	0
288	2 FLOPPY DISK DRIVES & 2 EXTERNA	10/31/03	356			356	5 MO S/L	356	0
289	(5) SONY THIN LINE A DRIVES (USB 2.	11/06/03	225			225	5 MO S/L	225	0
290	DELL INSPIRON 8500 (M. FOWLER)	11/12/03	4,023			4,023	5 MO S/L	4,023	0
291	DIGITAL CAMERA & EQUIPMENT	11/30/03	802			802	5 MO S/L	802	0
292	COMPUTER FOR RICH/JEREMIAH	1/31/04	1,840			1,840	5 MO S/L	1,840	0
293	COMPUTER FOR JEREMIAH ROGERS	2/29/04	1,453			1,453	5 MO S/L	1,453	0
294	SHREDDER	2/29/04	160			160	5 MO S/L	160	0
295	2 COMPUTER MONITORS	3/03/04	220			220	5 MO S/L	220	0
296	LOW VISION EQUIP SYST-WISH LIST	3/03/04	1,118			1,118	5 MO S/L	1,118	0
297	OLYMPIA PKG - MV2X (WISH LIST)	3/09/04	1,695			1,695	5 MO S/L	1,695	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
298	SCHWEIZER VIDEO MAGNIFIER-COLO	3/10/04	363			363	5 MO S/L	363	0
299	BEECHER 4x20 MIRAGE BINOCULARS	3/10/04	358			358	5 MO S/L	358	0
300	3COM SUPERSTACK 3 SWITCH	3/23/04	1,253			1,253	5 MO S/L	1,253	0
301	VARIABLE-SPEED DETACHER SER#42:	3/25/04	3,200			3,200	5 MO S/L	3,200	0
302	ENVELOPE ORGANIZER	3/31/04	500			500	5 MO S/L	500	0
303	POWERSHREDDER	4/06/04	200			200	5 MO S/L	200	0
304	HANDHELD PDA - RRS	5/31/04	535			535	5 MO S/L	535	0
305	2 LAPTOP COMPUTERS	4/06/04	3,472			3,472	5 MO S/L	3,472	0
306	SERVER - RACK - MEDIA	4/13/04	5,870			5,870	5 MO S/L	5,870	0
308	NETWORK COM TECH 7FT CABINET P	4/15/04	2,200			2,200	5 MO S/L	2,200	0
309	BRAILLE PLACE EMBOSSE	5/31/04	36,744			36,744	5 MO S/L	36,744	0
310	LRG CELL JUMBO BRAILLER (WISH LI	5/12/04	497			497	5 MO S/L	497	0
312	CIRCUIT CITY 04/27	4/27/04	2,236			2,236	5 MO S/L	2,236	0
313	2 DELL COMPUTERS (K. SMITH/?)	6/09/04	2,884			2,884	5 MO S/L	2,884	0
314	PAGE COMPUTER - CANON SCANNER	6/30/04	3,991			3,991	5 MO S/L	3,991	0
316	OFFICE XP PRO & ENGLISH DISK KIT	10/31/03	657			657	3 MO S/L	657	0
317	ZOOM TEXT	11/07/03	3,998			3,998	3 MO S/L	3,998	0
318	TIME & ATTENDANCE SOFTWARE	12/02/03	1,660			1,660	3 MO S/L	1,660	0
319	MICROSOFT WINDOWS XP (HARTNES;	2/04/04	220			220	3 MO S/L	220	0
320	TEACHING COMPUTER BASICS W/JAV	4/02/04	810			810	3 MO S/L	810	0
321	UNIX (50) LICENSES-SYMANTEC ANT	4/13/04	4,522			4,522	3 MO S/L	4,522	0
322	MICROSOFT CORP WINDOWS SERVER	4/30/04	539			539	3 MO S/L	539	0
323	EASY MEDIA CREATOR/MP3 PRO	5/31/04	90			90	3 MO S/L	90	0
324	WASP BAR CODE TECHN	6/30/04	654			654	3 MO S/L	654	0
325	ABBY SOFTWARE HOUSE	6/30/04	325			325	3 MO S/L	325	0
330	HP STORAGE WORKS DAT7LI-TAPE DI	6/28/04	419			419	5 MO S/L	419	0
331	LIGHTHOUSE INTL - CHARTS/KITS	6/23/04	1,065			1,065	5 MO S/L	1,065	0
332	PAR LOW VISION WISH LIST ITEMS	4/15/04	4,480			4,480	5 MO S/L	4,480	0
336	Refrigerator	12/31/04	2,137			2,137	5 MO S/L	2,137	0
340	Computer - J Hatch	11/01/04	937			937	5 MO S/L	937	0
341	2 Laptop computers	8/09/04	3,431			3,431	5 MO S/L	3,431	0
342	M O Daniel computer	11/02/04	1,596			1,596	5 MO S/L	1,596	0
343	2 Laptops - Dietz/Baxter	1/20/05	2,374			2,374	5 MO S/L	2,374	0
344	CCTV Purchased from client (C Pricklemay	3/03/05	1,200			1,200	5 MO S/L	1,200	0
346	Laptop (Compsolution) R. Hartness	3/31/05	3,741			3,741	5 MO S/L	3,741	0
347	Latitude D410	6/09/05	2,029			2,029	5 MO S/L	2,029	0
348	Auto air adapter	6/09/05	99			99	5 MO S/L	99	0
349	Rimage 1000i w/CD-R-Inkjet Media kit-S&	6/10/05	4,139			4,139	5 MO S/L	4,139	0
350	Windows Eyes Software	10/31/04	781			781	3 MO S/L	781	0
351	Photoshop Cs Full	10/31/04	650			650	3 MO S/L	650	0
352	Org Plus	10/31/04	506			506	3 MO S/L	506	0
353	Kurzwell 1000 ver 9.0 (2) licenses	4/05/05	1,800			1,800	3 MO S/L	1,800	0
354	Symantec Antivirus - 50 licenses	4/30/05	1,737			1,737	3 MO S/L	1,737	0
355	Duxbury for Windows	5/31/05	595			595	3 MO S/L	595	0
356	5 Drawer lateral file cabinet (J Rogers)	10/31/04	740			740	5 MO S/L	740	0
357	Sofa & Loveseat for lobby	8/01/05	1,149			1,149	7 MO S/L	1,149	0
358	Air Purifier	8/04/05	1,000			1,000	7 MO S/L	1,000	0
359	Receptionist desk	12/31/05	2,879			2,879	7 MO S/L	2,879	0
360	Air purifier	2/07/06	1,000			1,000	7 MO S/L	1,000	0
361	Sofa & loveseat	6/16/06	1,550			1,550	7 MO S/L	1,550	0
362	Canister vacuum & air purifier	6/20/06	1,600			1,600	7 MO S/L	1,600	0
363	refrigerator for satellite office	6/24/06	613			613	7 MO S/L	613	0
364	Computer desk	6/25/06	569			569	7 MO S/L	569	0
365	LaserJet 2430 w/ cable	7/06/05	1,022			1,022	5 MO S/L	1,022	0
366	Optiplex computer	7/11/05	941			941	5 MO S/L	941	0
367	CCTVs per grant	8/10/05	3,890			3,890	5 MO S/L	3,890	0
368	Quintex of Asheville/Phillip Morris Grant e;	8/15/05	9,914			9,914	5 MO S/L	9,914	0
369	PAR Presentation laptop / Stella Gibbs Lapt	9/09/05	2,088			2,088	5 MO S/L	2,088	0
370	J. Howard desktop computer	9/09/05	1,071			1,071	5 MO S/L	1,071	0
371	New backup equipment for server	9/30/05	1,075			1,075	5 MO S/L	1,075	0
372	Braillo 200 Embosser (Proforma Invoice No	10/18/05	39,995			39,995	5 MO S/L	39,995	0
373	Training / Travel Fees	10/18/05	1,770			1,770	5 MO S/L	1,770	0
374	Softchoice Corporation 09/27/05	10/31/05	2,411			2,411	5 MO S/L	2,411	0
375	Purchase of laptop computer from Kelly Au	11/20/05	1,990			1,990	5 MO S/L	1,990	0
376	Color Document Scanner	11/30/05	5,778			5,778	5 MO S/L	5,778	0
377	Latitude laptop / Alice Galvan	12/09/05	1,048			1,048	5 MO S/L	1,048	0
378	Optiplex (2) / RRS / SR Scanning Server	12/09/05	2,736			2,736	5 MO S/L	2,736	0
379	New vacuum cleaner-trade-in value allowan	1/13/06	1,500			1,500	5 MO S/L	1,500	0
380	1 Latitude X1 Peninum M 733 (RRS)	2/08/06	1,671			1,671	5 MO S/L	1,671	0
381	Canon EF 85mm camera w/accessories	2/28/06	1,893			1,893	5 MO S/L	1,893	0
382	Photo/Image Mana	2/28/06	35			35	5 MO S/L	35	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
383	Camera Accessories	2/28/06	190			190	5 MO S/L	190	0
384	Camera Tripod	2/28/06	69			69	5 MO S/L	69	0
385	1999 Aladdin Rainbow CCTV	4/20/06	400			400	5 MO S/L	400	0
386	Laptop for Charla Rose Houston	4/20/06	1,553			1,553	5 MO S/L	1,553	0
387	R/C Rimage installation fees	4/30/06	2,150			2,150	5 MO S/L	2,150	0
388	2 latitude compters-A Allen & S Andre	5/05/06	2,292			2,292	5 MO S/L	2,292	0
389	2 optiplex desktop-Loncar & Schmiel	5/08/06	3,206			3,206	5 MO S/L	3,206	0
390	Burton Manual Halogen Projector/Wall Mo	5/18/06	1,030			1,030	5 MO S/L	1,030	0
391	Marco RT-300 Refractor	5/18/06	1,595			1,595	5 MO S/L	1,595	0
392	Canon R10 Autorefractor / 5 rolls of paper	5/18/06	895			895	5 MO S/L	895	0
393	B&L slit lamp	5/18/06	910			910	5 MO S/L	910	0
394	mPower Voicenote bt (J. Rogers)	6/06/06	2,385			2,385	5 MO S/L	2,385	0
395	2 Optiplex desktop units	6/20/06	1,341			1,341	5 MO S/L	1,341	0
396	Refraction Desk Prewire Kit	6/20/06	157			157	5 MO S/L	157	0
397	Hartness / Braille Key note	6/29/06	2,701			2,701	5 MO S/L	2,701	0
398	Vision Systems Inc. (LV Center Equipment)	6/30/06	7,700			7,700	5 MO S/L	7,700	0
399	HP Laserjet 4210	6/30/06	1,200			1,200	5 MO S/L	1,200	0
400	MCC Custom built system J. Rogers	6/30/06	619			619	3 MO S/L	619	0
401	Jaws upgrade	8/16/05	5,819			5,819	3 MO S/L	5,819	0
402	Abby Formreader 6.5 Desktop / 2 days on-	11/16/05	17,000			17,000	3 MO S/L	17,000	0
403	Window Eyes software / copies for teachers	12/31/05	3,841			3,841	3 MO S/L	3,841	0
404	ABBT Scanning Project(59 hours-12-10-05	3/03/06	4,720			4,720	3 MO S/L	4,720	0
405	ABBY Scanning Project(145 hours-1-2-06 t	3/03/06	11,600			11,600	3 MO S/L	11,600	0
406	Change orders Website development spanish	3/03/06	1,750			1,750	3 MO S/L	1,750	0
407	Change order eCommerce area	3/03/06	3,550			3,550	3 MO S/L	3,550	0
408	Abby Scanning Project	3/09/06	6,160			6,160	3 MO S/L	6,160	0
409	Softchoice Antivirus Licenses 50	3/31/06	5,273			5,273	3 MO S/L	5,273	0
410	Abby Scanning project 03/01 - 03/31	4/10/06	2,080			2,080	3 MO S/L	2,080	0
411	R/C Website development / E-dreamz	4/30/06	13,800			13,800	3 MO S/L	13,800	0
412	R/C Office professional software update	6/30/06	2,750			2,750	3 MO S/L	2,750	0
413	Awning	7/20/05	522			522	40 MO S/L	129	13
414	Muzak reinstall satellite dish for roof repai	8/22/05	170			170	5 MO S/L	170	0
415	New Carlisle Roof	8/24/05	9,980			9,980	40 MO S/L	2,453	250
416	Replacement of evaporator coil Unit #3	4/20/06	3,863			3,863	40 MO S/L	885	97
417	Install of camera system and re-route old cai	4/26/06	7,538			7,538	7 MO S/L	7,538	0
418	Door widening at satellite office	6/30/06	1,250			1,250	3 MO S/L	1,250	0
420	Phones & installation for satellite office	9/14/06	4,910			4,910	7 MO S/L	4,910	0
421	Computer desk / office chair / file cabinet	4/19/07	947			947	5 MO S/L	947	0
422	T1Trunk Card Sync Card install	4/26/07	2,590			2,590	5 MO S/L	2,590	0
423	Havertys-Desk hutch RRS	4/30/07	4,235			4,235	7 MO S/L	4,235	0
424	Havertys-RRS desk base	5/31/07	369			369	7 MO S/L	369	0
425	Optiplex computer	7/20/06	821			821	5 MO S/L	821	0
426	Lombart / Standard Refraction Desk w/cons	8/22/06	2,445			2,445	7 MO S/L	2,445	0
427	Canon DR Scanner	8/31/06	6,058			6,058	5 MO S/L	6,058	0
428	Braillo plus training expences	9/19/06	41,766			41,766	3 MO S/L	41,766	0
429	Braillo 200	9/19/06	25,000			25,000	3 MO S/L	25,000	0
430	4.0 OGB non-ECC533MHZ	9/20/06	1,386			1,386	5 MO S/L	1,386	0
431	Lat D520 T2300E	9/20/06	2,427			2,427	5 MO S/L	2,427	0
432	2 four drwr lat files	9/30/06	1,400			1,400	5 MO S/L	1,400	0
433	Opti 210L Mt P4 630/3	10/20/06	727			727	5 MO S/L	727	0
434	Installation of Firewall appliance	11/17/06	3,061			3,061	5 MO S/L	3,061	0
435	3 computers one for Liz Seeger Jen and Ma	1/20/07	3,680			3,680	5 MO S/L	3,680	0
436	Aladdin Sunshine CCTV Olympia Hand-hel	2/15/07	2,860			2,860	5 MO S/L	2,860	0
437	VTI Solitaire 1517 Coil Sport Glasses (2)	2/15/07	2,795			2,795	5 MO S/L	2,795	0
438	BioGloRoll LensOptokinetic Nystagmus Dri	2/15/07	1,086			1,086	5 MO S/L	1,086	0
439	Lap top	2/20/07	2,336			2,336	5 MO S/L	2,336	0
440	Optiplex computers strobino Sheffel	3/31/07	6,702			6,702	5 MO S/L	6,702	0
441	Leasehold improvements Painters Bonus 1	4/18/07	700			700	5 MO S/L	700	0
442	HP 380 Server	4/19/07	8,622			8,622	3 MO S/L	8,622	0
443	HP 150 Server	4/19/07	2,465			2,465	5 MO S/L	2,465	0
444	Buffalo Terastation Live HS-DH2.0TGL R5	4/23/07	1,120			1,120	3 MO S/L	1,120	0
445	Symantic Critial Sys Protection	4/23/07	1,126			1,126	3 MO S/L	1,126	0
446	Terastation Pro II 2.0TB	5/02/07	1,437			1,437	3 MO S/L	1,437	0
447	slit lamp ZZ-S-Loserv	5/11/07	158			158	5 MO S/L	158	0
448	HP 380 server 2	5/24/07	37			37	5 MO S/L	37	0
449	Lat D520 A Dorfmeier	6/11/07	8,664			8,664	5 MO S/L	8,664	0
450	A Dorfmeier computer	6/30/07	1,208			1,208	5 MO S/L	1,208	0
451	Opti 740D 3500 NTFS file system	6/20/07	2,731			2,731	5 MO S/L	2,731	0
452	Medisoft Professional (2 licenses + Electron	9/13/06	2,145			2,145	3 MO S/L	2,145	0
453	Per SE technologies	9/20/06	2,290			2,290	3 MO S/L	2,290	0
454	formreader Desktop software tech support	9/20/06	3,000			3,000	3 MO S/L	3,000	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
456	SMA for JFW NT site license	6/29/07	1,807			1,807	5 MO S/L	1,807	0
457	Renovation of satellite office	7/24/06	1,250			1,250	3 MO S/L	1,250	0
458	Materials & Labor	4/19/07	7,861			7,861	3 MO S/L	7,861	0
459	Install rubber base painting 2nd floor & stai	4/23/07	19,222			19,222	3 MO S/L	19,222	0
460	1318-A4 Central Avenue / Cove base labor	6/06/07	406			406	5 MO S/L	406	0
461	1318-A4 Central Ave / Carpet & padding (n	6/06/07	2,272			2,272	5 MO S/L	2,272	0
469	Amigo-Acrobat X-Y-Table-flat panel	2/15/07	2,945			2,945	5 MO S/L	2,945	0
470	Sanyo Camcorder	6/27/06	1,540			1,540	5 MO S/L	1,540	0
472	FREEDOM SCIENTIFIC JAWS STANDAI	10/31/07	904			904	3 MO S/L	904	0
473	OPTIPLEX 745 SERIAL CL3TRD1	10/10/07	788			788	5 MO S/L	788	0
474	OPTIPLEX 745 SERIAL FL3TRD1	10/10/07	788			788	5 MO S/L	788	0
475	OPTIPLEX 745 SERIAL 8L3TRD1	10/10/07	788			788	5 MO S/L	788	0
476	PRECISION M4300	10/10/07	2,101			2,101	5 MO S/L	2,101	0
477	LATITUDE D520 SERIAL BFFTRD1	10/10/07	1,078			1,078	5 MO S/L	1,078	0
478	LATITUDE D520 SERIAL 6GFTRD1	10/10/07	1,078			1,078	5 MO S/L	1,078	0
479	LATITUDE D520 SERIAL 6HFTRD1	10/10/07	1,078			1,078	5 MO S/L	1,078	0
480	FINE READER UPGRADE	11/30/07	1,012			1,012	3 MO S/L	1,012	0
481	OPTIPLEX 755 serial #6WD9ZD1	12/03/07	1,107			1,107	5 MO S/L	1,107	0
482	OPTIPLEX 755 serial #GJS0CZD1	12/03/07	978			978	5 MO S/L	978	0
483	OPTIPLEX 755 376S1F1	12/03/07	1,825			1,825	5 MO S/L	1,825	0
484	MS ENTERPRISE LICENSE	1/08/08	447			447	3 MO S/L	447	0
485	POWER CONNECT 6248	2/08/08	2,265			2,265	5 MO S/L	2,265	0
486	FTP SERVER	2/11/08	672			672	5 MO S/L	672	0
487	STACKING MODULES	3/20/08	617			617	5 MO S/L	617	0
488	HVAC UNIT FOR SERVER ROOM	3/25/08	6,900			6,900	5 MO S/L	6,900	0
489	APC BACKUPS AND ROUTER	5/08/08	986			986	5 MO S/L	986	0
490	LATITUDE D530 INTECORE 2	1/10/08	1,214			1,214	5 MO S/L	1,214	0
491	VOICEMAIL SYSTEM FOR SATELLITE	12/27/07	6,348			6,348	5 MO S/L	6,348	0
492	4 DESKS AND 2 CHAIRS FROM SAMS	7/20/07	3,169			3,169	7 MO S/L	3,169	0
493	LOVESEAT	11/09/07	746			746	7 MO S/L	746	0
494	BOOKCASE AND CABINET FOR SATEI	11/09/07	395			395	7 MO S/L	395	0
495	EVENTS MANAGER SOFTWARE	6/17/08	1,188			1,188	3 MO S/L	1,188	0
496	OPTIPLEX 745 SERIAL 6L3TRD1	10/10/07	788			788	5 MO S/L	788	0
497	LATITUDE D530 INTECORE 2	1/10/08	1,214			1,214	5 MO S/L	1,214	0
498	LATITUDE D530 INTECORE 2	1/10/08	1,214			1,214	5 MO S/L	1,214	0
499	Soda Machine	8/31/07	2,949			2,949	5 MO S/L	2,949	0
500	Security System expander	12/20/07	4,578			4,578	5 MO S/L	4,578	0
501	Security system Expander	4/04/08	1,510			1,510	5 MO S/L	1,510	0
502	Refridgerator	12/31/08	2,286			2,286	5 MO S/L	2,286	0
503	Stove & Microwave (Queen City)	6/01/09	1,680			1,680	5 MO S/L	1,680	0
504	Label printer	7/18/08	508			508	5 MO S/L	508	0
505	Used Marco Lensmeter	8/13/08	1,020			1,020	5 MO S/L	1,020	0
506	2 EQP PBMOD	1/26/09	1,953			1,953	5 MO S/L	1,953	0
507	APC Backups	2/10/09	239			239	5 MO S/L	239	0
508	EQP PB MOD MP2000	2/11/09	1,424			1,424	5 MO S/L	1,424	0
509	MS SQL CAL Licenses & MS Windows	2/24/09	1,562			1,562	3 MO S/L	1,562	0
510	Dell Computers for New Freedom Grant	5/20/09	3,836			3,836	5 MO S/L	3,836	0
511	Dell Computers for New Freedom Grant	5/20/09	2,673			2,673	5 MO S/L	2,673	0
512	Fax HP3180	6/02/09	157			157	5 MO S/L	157	0
513	APC Smart 1000VA	6/23/09	986			986	5 MO S/L	986	0
514	PGP Universal Server 2.9	12/14/08	1,412			1,412	5 MO S/L	1,412	0
515	Pitney Bowes Software	7/01/09	23,195			23,195	3 MO S/L	23,195	0
516	SMA for JFW NT Site License	5/27/09	602			602	5 MO S/L	602	0
517	SMA for JFW NT Site License SN#17574	5/27/09	1,205			1,205	3 MO S/L	1,205	0
518	Acronis True Image Echo Svr for Windows	6/30/09	1,217			1,217	3 MO S/L	1,217	0
521	2009 Honda Odyssey - White plus lift	3/25/09	59,868			59,868	5 MO S/L	59,868	0
522	Qrt Deluxe Kit for L Track	6/05/09	363			363	5 MO S/L	363	0
524	REPLACE A/C UNIT	8/25/09	10,472			10,472	5 MO S/L	10,472	0
525	REPLACE HEAT EXCHANGER	12/13/09	2,134			2,134	5 MO S/L	2,134	0
526	ALARM SYSTEM GREENSBORO	9/02/09	1,042			1,042	5 MO S/L	1,042	0
527	2 DESK - STATEMENT RENDERING	12/11/09	1,265			1,265	5 MO S/L	1,265	0
528	VACUUM CLEANERS & AIR FILTERS	10/22/09	3,850			3,850	5 MO S/L	3,850	0
529	3 COMPUTERS	1/20/10	3,540			3,540	5 MO S/L	3,540	0
530	DESK ERNESTINE	2/03/10	789			789	5 MO S/L	789	0
531	2 DESK SR	2/04/10	2,482			2,482	5 MO S/L	2,482	0
532	19" TFT FLAT PANEL MONITOR M LE	2/11/10	725			725	5 MO S/L	725	0
533	NEW COMPUTER	2/20/10	857			857	5 MO S/L	857	0
534	2 ADJUSTABLE TABLES FOR SR	4/16/10	293			293	5 MO S/L	293	0
535	CONFERENCE ROOM PHONE	5/17/10	1,184			1,184	5 MO S/L	1,184	0
536	LINKSYS ROUTER	7/20/09	312			312	5 MO S/L	312	0
537	APC POWERCHUTE	7/23/09	100			100	5 MO S/L	100	0

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
538	2 APC BACK-UPS	9/23/09	349			349	5 MO S/L	349	0
539	10 USER GLOBAL VON CLIENT PACKA	10/08/09	242			242	5 MO S/L	242	0
540	3MS WINDOWS 7 LICENSES	12/03/09	190			190	5 MO S/L	190	0
541	3MS WINDOWS 7 PRO LICENSES	12/03/09	190			190	5 MO S/L	190	0
542	RIMAGE MODEL 2000i DUPLICATOR W	3/19/10	3,891			3,891	5 MO S/L	3,891	0
543	MEMORY AND SERVER SUPPORT 2 YF	3/19/10	1,391			1,391	2 MO S/L	1,391	0
544	MAC COMPUTER	5/02/10	2,447			2,447	5 MO S/L	2,447	0
545	COMPUTERS	6/20/10	1,076			1,076	5 MO S/L	1,076	0
546	MEGA DOTS & DBT	7/20/09	1,500			1,500	5 MO S/L	1,500	0
547	MEGA DOTS & DBT UPDATE	8/03/09	295			295	5 MO S/L	295	0
548	PEACHTREE AUANTUM ACCOUNTING	1/29/10	2,622			2,622	5 MO S/L	2,622	0
549	3 YEAR LICENSE FOR SOFTWARE	3/17/10	2,913			2,913	3 MO S/L	2,913	0
550	2 DEDICATED CIRCUITS FOR COMPUT	7/09/09	641			641	5 MO S/L	641	0
551	SECURITY, FIRE ALARM SYSTEM	8/03/09	5,912			5,912	5 MO S/L	5,912	0
552	(2) Rimage Producer III Model 8100N	12/21/10	68,567			68,567	5 MO S/L	61,710	6,857
553	Digital Camera	8/30/10	629			629	5 MO S/L	608	21
554	Scanner added to Sorter	7/23/10	5,884			5,884	5 MO S/L	5,786	98
555	Mac Book Air Bob	12/20/10	1,648			1,648	5 MO S/L	1,483	165
556	Apple Mac Book for training-Sarah	2/15/11	1,396			1,396	5 MO S/L	1,233	163
557	Oxbury for laptop	12/11/11	545			545	5 MO S/L	391	109
558	Dell Precision Laptop computer - Bob's	12/08/11	3,263			3,263	5 MO S/L	2,338	653
560	Exam Chair for LV Clinic	10/19/12	4,056			4,056	5 MO S/L	2,163	811
562	EMC Storage Equipment	7/01/12	44,601			44,601	5 MO S/L	26,761	8,920
563	Carpet in conference room	11/07/13	3,600			3,600	5 MO S/L	1,200	720
564	Laptops (18) and Desktops (4)	4/29/14	25,433			25,433	5 MO S/L	5,934	5,087
568	Air Purifiers (3)	10/25/13	3,873			3,873	5 MO S/L	1,291	775
569	Spedo 2200	6/01/14	26,140			26,140	5 MO S/L	5,664	5,228
570	Server Equipment	5/23/14	28,052			28,052	5 MO S/L	6,078	5,610
572	2 new desk for PAR	6/03/15	918			918	5 MO S/L	15	184
573	CTO Latitude Lap Top	9/08/14	1,436			1,436	5 MO S/L	239	287
574	Dynavision D2 machine	1/20/15	15,750			15,750	5 MO S/L	1,313	3,150
575	2014 Honda Odyssey	9/10/14	42,562			42,562	5 MO S/L	7,094	8,512
576	2015 Ford F-150	4/14/15	55,099			55,099	5 MO S/L	2,755	11,020
577	Accessories for 2015 F150	4/17/15	469			469	5 MO S/L	16	93
578	Bed Cover for 2015 F-150	5/01/15	1,916			1,916	5 MO S/L	64	383
579	Replaced 4 Ton Gas Pack on roof	2/26/15	8,481			8,481	5 MO S/L	565	1,697
580	New Cabinets in Conference Room	6/01/15	6,150			6,150	5 MO S/L	103	1,230
581	New Counter Tops.	6/01/15	2,626			2,626	5 MO S/L	44	525
582	Crystal Software	4/29/15	7,495		X	3,747	3 MO Amort	4,060	1,249
583	Software - Element Financial	4/29/15	7,007		X	3,504	3 MO Amort	3,795	1,168
584	2014 Honda Odyssey van	9/10/14	42,562			42,562	5 MO S/L	7,094	8,512
605	Website	1/01/16	18,900		X	9,450	3 MO Amort	0	11,025
Total Other Depreciation			<u>1,908,452</u>			<u>1,891,751</u>		<u>1,583,293</u>	<u>84,612</u>
Total ACRS and Other Depreciation			<u>1,908,452</u>			<u>1,891,751</u>		<u>1,583,293</u>	<u>84,612</u>
Grand Totals			2,053,007			1,964,024		1,583,293	168,182
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,053,007</u>			<u>1,964,024</u>		<u>1,583,293</u>	<u>168,182</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
582	Crystal Software	4/29/15	7,495		0	0	3,748	3,747
583	Software - Element Financial	4/29/15	7,007		0	0	3,503	3,504
605	Website	1/01/16	18,900		0	9,450	0	9,450
591	Back Parking Lot Repaving	9/15/15	3,433		0	1,717	0	1,716
585	Backup Generator	11/30/15	28,153		0	14,077	0	14,076
586	Server Room A/C	2/26/16	8,138		0	4,069	0	4,069
587	TV for Conference Room	8/01/15	5,811		0	2,906	0	2,905
588	Dell System Mgmt. Device	7/29/15	9,983		0	4,992	0	4,991
589	Model 8200N Rimmage DC Burner/Printer	8/10/15	44,229		0	22,114	0	22,115
590	Break Room Cabinets	7/21/15	7,100		0	3,550	0	3,550
592	Concrete for Generator	11/08/15	2,441		0	1,221	0	1,220
593	Storage Building	9/04/15	2,090		0	1,045	0	1,045
594	Reception Desk	2/19/16	2,608		0	1,304	0	1,304
595	Chair & Table	3/01/16	619		0	310	0	309
596	Chair	3/01/16	277		0	139	0	138
597	Chair	3/07/16	277		0	139	0	138
598	TV for Lobby	2/09/16	2,400		0	1,200	0	1,200
599	Apple Computer for TV in Lobby	2/12/16	1,650		0	825	0	825
600	Laptop for LPL - C02Q33LZG8Wp	8/09/15	2,637		0	1,319	0	1,318
601	2 Dell Latitude E5550	11/30/15	2,110		0	1,055	0	1,055
602	Apple iPad	6/14/16	957		0	479	0	478
603	Floor Liners	3/17/16	210		0	105	0	105
604	Server - Softchoice	3/24/16	19,432		0	9,716	0	9,716
Form 990, Page 1			<u>177,957</u>		<u>0</u>	<u>81,732</u>	<u>7,251</u>	<u>88,974</u>
Grand Total			<u>177,957</u>		<u>0</u>	<u>81,732</u>	<u>7,251</u>	<u>88,974</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	585	Backup Generator	14,780	14,780	0
Page 1	1	586	Server Room A/C	4,650	4,650	0
Page 1	1	587	TV for Conference Room	3,487	3,487	0
Page 1	1	588	Dell System Mgmt. Device	5,990	5,990	0
Page 1	1	589	Model 8200N Rimmage DC Burner/Printer	26,537	26,537	0
Page 1	1	590	Break Room Cabinets	4,057	4,057	0
Page 1	1	591	Back Parking Lot Repaving	1,802	1,802	0
Page 1	1	592	Concrete for Generator	1,282	1,282	0
Page 1	1	593	Storage Building	1,194	1,194	0
Page 1	1	594	Reception Desk	1,490	1,490	0
Page 1	1	595	Chair & Table	354	354	0
Page 1	1	596	Chair	158	158	0
Page 1	1	597	Chair	158	158	0
Page 1	1	598	TV for Lobby	1,440	1,440	0
Page 1	1	599	Apple Computer for TV in Lobby	990	990	0
Page 1	1	600	Laptop for LPL - C02Q33LZG8Wp	1,582	1,582	0
Page 1	1	601	2 Dell Latitude E5550	1,266	1,266	0
Page 1	1	602	Apple iPad	574	574	0
Page 1	1	603	Floor Liners	120	120	0
Page 1	1	604	Server - Softchoice	11,659	11,659	0
				<u>83,570</u>	<u>83,570</u>	<u>0</u>

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 10,287	\$ 10,287	\$	\$
CONTRACT LABOR	9,818	9,818		
PROFESSIONAL FEES	8,060	8,060		
PROFESSIONAL FEES	5,531	5,531		
PROFESSIONAL FEES	51	51		
PROFESSIONAL FEES	20,665		20,665	
TOTAL	\$ 54,412	\$ 33,747	\$ 20,665	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
LOCAL TRANSPORTATION	\$ 45,854	\$ 38,865	\$ 6,989	\$
TELEPHONE	18,488	16,094	2,394	
SPECIAL ASSISTANCE	7,264	7,264		
PRINTING	2,937	2,937		
DUES AND SUBSCRIPTIONS	949	949		
TOTAL	\$ 75,492	\$ 66,109	\$ 9,383	\$ 0

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
PROVIDENT BENEVOLENT FOUNDATION	\$ 11,200	\$
TOTAL	\$ 11,200	\$ 0

Federal Statements

Schedule A, Part II, Line 12

Description	Amount
PROGRAM SERVICES	\$ 3,068,045
SALE OF SUPPLIES	68,525
NET PATIENT REVENUE	70,973
MISCELLANEOUS	8,816
GALA EVENT	49,754
TOTAL	\$ <u>3,266,113</u>