			** PUBLIC DISCLOSURE COPY	* *	
	Ω		Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundations	» 2020
Dena	rtment	of the Treasury	Do not enter social security numbers on this form as it m		Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
AF	or th	e 2020 calenda	r year, or tax year beginning $ m JUL1$, 2020 and ending	JUN 30, 2021	
B c a	heck if pplicab	C Name of	organization	D Employer identifica	tion number
x	_chang _Name _chang		ND BLINDNESS siness as	95-609702	3
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/si		•
	Final Final	185/	2 VANDERLIP AVENUE B	714-573-8	888
	termi ated	n-	wn, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,037,898.
	Amer returr	J SANIA	A ANA, CA 92705	H(a) Is this a group retu	ım
	Appli dion		d address of principal officer: ANGIE ROWE	for subordinates?	Yes 🔀 No
	pend	18542	VANDERLIP AVENUE, SUITE B, SANTA ANA	H(b) Are all subordinates incl	uded? Yes No
		empt status:		527 If "No," attach a lis	t. See instructions
			BEYONDBLINDNESS.ORG	H(c) Group exemption	
	_	f organization:	K Corporation Trust Association Other ► L Y	'ear of formation: 1962 M	State of legal domicile: CA
Pa	rt I		DOUTDIN		
e	1	Briefly describe	e the organization's mission or most significant activities: PROVIDIN DN AND ENRICHMENT, AND SUPPORT FOR CH	G EARLY INTERV	ENTION,
Activities & Governance					
/er	2		if the organization discontinued its operations or disposed of n		ets. 11
ģ	3		ng members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		11
80	4		54		
ties	5			210	
ť	6 7-		f volunteers (estimate if necessary)		0.
Ac			business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated i		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,811,422.	1,913,797.
Revenue	9		e revenue (Part VIII, line 2g)	1,228,234.	965,526.
eve	10	-	ome (Part VIII, column (A), lines 3, 4, and 7d)	28,909.	17,686.
ž	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-77,085.	-9,708.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,991,480.	2,887,301.
	13		ilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	-		2,184,057.	1,856,497.
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) ndraising fees (Part IX, column (A), line 11e)	0.	0.
ě	b	Total fundraisir	ng expenses (Part IX, column (D), line 25) > 301, 423.		
ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	598,159.	812,429.
	18	Total expenses	. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,782,216.	2,668,926.
	19	Revenue less e	expenses. Subtract line 18 from line 12	209,264.	218,375.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sset: 3alar	20	Total assets (P		3,521,122.	3,589,765.
at As	21	Total liabilities		585,928.	377,430.
	22		und balances. Subtract line 21 from line 20	2,935,194.	3,212,335.
	rt II				
			declare that I have examined this return, including accompanying schedules and sta		nowledge and belief, it is
true,	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	

Sign	Signature of officer		Date							
Here	ANGIE ROWE, EXECUTIVE									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	DIANE E. WITTENBERG		self-employed P01969							
Preparer	Firm's name 🕨 HASKELL & WHITE		Firm's EIN ▶ 33-03105	69						
Use Only	Firm's address 300 SPECTRUM CEN	TER DR, STE 300								
	IRVINE, CA 92618 Phone no.949-450-6200									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	Discoul 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2020) BEYOND BLINDNESS	95-6097023	Pa
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: BEYOND BLINDNESS EMPOWERS CHILDREN WITH VISUAL IMPAIRMEN' DISABILITIES TO ACHIEVE THEIR FULLEST POTENTIAL.	IS AND OTHE	R
<u> </u>	Did the exercise tion undertake any eignificant program payliges during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,118,675. including grants of \$) (Revenue : EARLY INTERVENTION: EARLY INTERVENTION SERVICES PROVIDE (SUPPORT AND RESOURCES TO CHILDREN AGES 0 TO 3 TO OVERCOMING	COMPREHENSI	
	OBSTACLES, MEET KEY MILESTONES, AND ESTABLISH A FOUNDATIO		[
	CHILD TO REACH THEIR FULLEST POTENTIAL. HOME-BASED AND CI		
	SERVICES OFFER VISION STIMULATION AND THERAPY SERVICES TH)
	MINIMIZE DEVELOPMENTAL DELAYS AND OPTIMIZE GROWTH TOWARDS		
	INDEPENDENT FUTURE WHILE TODDLER CLASSROOMS, LOCATED ONS: HEALTHY DEVELOPMENT AND SCHOOL READINESS.	TTE, FOCUS	ON
	HEALTHY DEVELOPMENT AND SCHOOL READINESS.		
łb	(Code:) (Expenses \$ 449,519. including grants of \$) (Revenue =	s 197,	56
-	EDUCATION + ENRICHMENT: THROUGH BEYOND BLINDNESS' EDUCAT		
	· · ·	THEIR PUBLI	С
	SCHOOL CLASSROOM) EDUCATION SUPPORT WITH A DEDICATED TEAC		
	VISUALLY IMPAIRED (TVI), ORIENTATION & MOBILITY TRAINING	(O&M), AND) T
		ITIONAL	
	EDUCATION + ENRICHMENT SERVICES INCLUDE ASSISTIVE TECHNOL		NG
	PEER GROUPS, EXPANDED CORE CURRICULUM, AND LIFE-SKILLS D	EVELOPMENT.	
		<u></u>	
łc	(Code:) (Expenses \$127,699. including grants of \$) (Revenue :		
		DBLINDNESS	Г
		RMENTS AND	
	OTHER DISABILITIES THROUGHOUT THE CHILD'S ENTIRE JOURNEY		'HE
	SERVICES NOT ONLY OFFER NECESSARY AND COMFORTING SUPPORT	TO PARENTS	
	GRANDPARENTS, SIBLINGS, CHILDREN AND MORE IN THE FORM OF	EDUCATION,	
	TRAINING AND INCLUSIVE FAMILY EVENTS, BUT THEY ALSO HELP GUIDANCE, A SENSE OF COMMUNITY, AND MORE.	PROVIDE	
	GUIDANCE, A SENSE OF COMMUNITY, AND MORE.		
1.4	Other program convices (Describe on Schedule O)		
+a	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
1e	Total program service expenses 1,695,893.)	
		Form 9	90
200	¹² 12-23-20 2		
11	108 758382 9222.100 2020.05000 BEYOND BLINDNESS	9222	2
÷ +			

Form 990 (2020)

Part IV Checklist of Required Schedules

BEYOND BLINDNESS

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- U		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		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	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	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	11c		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
128	• • • • • • • • • • • • • • • • • • • •	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 23	
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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	14b		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	15		Х
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	16		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	17	Х	
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	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
00000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	A (2020)
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3 2020.05000 BEYOND BLINDNESS

Form 990 (2020)	BEYOND	BLINDNESS
Part IV	Checklist of	of Required Sc	hedules (continued)

BEYOND BLINDNESS

			Yes	No
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	22		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	23		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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	20a		
5	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	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	20		x
33	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
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	36		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	37		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	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
00000	(gambling) winnings to prize winners?	1 c		 (2020)
U3200	4 12-23-20	i oun	550	(2020)

4 2020.05000 BEYOND BLINDNESS

Form 990	(2020)
Part V	Sta

020) BEYOND BLINDNESS Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 54							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v				
		3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~				
a	If "Yes," enter the name of the foreign country							
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c						
u	any contributions that were not tax deductible as charitable contributions?	6a		х				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7								
а								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?							
с								
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X				
f	5 , 5 , 1 , 1 , , , , , , , , i							
g								
h								
8								
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.) 11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	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 13b							
	Enter the amount of reserves on hand 13c			x				
	ta Did the organization receive any payments for indoor tanning services during the tax year?							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

032005 12-23-20

BEYOND BLINDNESS

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

X

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 on Schedule O. See instructions.

1a Enter the number of voting members of the governing body, of the equerning body of the equilation have members included on the 14, above, which are independent in the equerning body of the equilation have members included on the 14, above, which are independent in the equerning body of the equilation have members included on the 4, above, which are independent in the equerning body of the equilation have members in stockholders? 2 2 Did the organization become aware during the year of a significant diversion of the organization have members in stockholders? 3 3 Did the organization have members or stockholders? 6 4 Did the organization have members or stockholders? 7 5 Did the organization the equerning body? 8 4 Each commense with authority to at on behalf of the governing body? 8 5 Did the organization have members included on the analy equilation have members in the organization have equilation to enter the number with a policies on tregularia bar of the governing body? 8 5 Did the organization have members in the organization reserved to (or subject to approval by members, stockholders, or persons other than the governing body? 8	Yes	s No
bedy delegited bread authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of volting members included on line 1a, above, who are independent. b Did any officer, director, trustee, or key employees that a family relationship or a business relationship with any other officers, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization haves members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization haves members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization haves members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization compenseneously document the meetings held or witten actions undertaken during the year by the following: a The governing body? 8 Did the organization network the meetings held or witten actions on the reached at the organization making address? If Yes, "provide the names and addresses on Schedule O 9 Is there any other, director, trustee, or key employee listed in PM VI. Section A, who cannot be reached at the organization have to loai chapters, branches, or affiliates? 10 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 to review this form 990. 12 Did be organization have written corflict of threets policy? 14 Bid the organization have awritten corflict of threets policy? 15 Did the organizatio		
b Enter the number of voting members included on line 1a, above, who are independent		
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2a Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line</i> 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe in Schedule O how this was done</i> 3 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the organization index a written document retention and destruction policy? 15 Did the organization is CEO, Executive Director, or top management official 15 Did the organization is CEO, Executive Director, or top management official 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 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? 20 Did the roguines an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. 20 O wneebsite Another's website X Up on request O ther (explain on Schedule O) 21 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finan 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 boo	a X	
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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 3 Did the organization have a written whistleblower policy? 13 14 15 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization is CEO, Executive Director, or top management official b Other officers or key employees of the organization If "yes," to line 15a or 15b, describe the process in Schedule O (see instructions). 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b 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? 16a b If "Yes," did the equires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finan statements available to the public during the tax year.	a X	
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key En	nployees,	Highest	Compensa	ated
	Employees, and Independe	ent Contrac	ctors					

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.

See instructions for the order in which to list the persons above.

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	box, unless person is both an officer and a director/tructor)					h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANGELA ROWE	40.00			x				127,146.	0.	0.
EXECUTIVE DIRECTOR	2.00			<u>^</u>				12/,140.	0.	0.
(2) BARBARA ALVARADO GOVERNANCE CHAIR	2.00	x		x				0.	0.	0.
(3) JEFF HIPSHMAN	4.00	^		^				0.	0.	0.
BOARD CHAIR		x		x				0.	0.	0.
(4) DANIELLE KING	2.00									
DIRECTOR		x						0.	Ο.	0.
(5) ASHISH MEHTA	2.00									
DIRECTOR		x						0.	0.	0.
(6) MICHELLE DEAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) RAYMOND KONG	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CAROL TRAPANI	2.00									
DIRECTOR		х						0.	0.	0.
(9) JERI KOINOPISOS	2.00									
DIRECTOR SECRETARY		X		X				0.	0.	0.
(10) KAPIL MALHOTRA	2.00							0	0	0
DIRECTOR		X						0.	0.	0.
(11) JARED MORIARTY	2.00							0	0	0
DIRECTOR	2.00	X						0.	0.	0.
(12) DR. CATHERINE HEYMAN DIRECTOR	2.00	x						0.	0.	0.
DIRECTOR		<u>^</u>						0.	0.	0.
		1								
		-								
032007 12-23-20										Form 990 (2020)

032007 12-23-20

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghe	st C	Compensated Employe	es (continued)				
	Name and title Average hours per week			hours per (do not check more than one box, unless person is both an					(D) Reportable compensation from	(E) Reportable compensatio from related	Estir on amo		(F) stimate nount o other	
	(list any hours for related organization below line)			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
·														
1h	Subtotal								127,146.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	le			1
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-	•	-		Ŭ		-		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	ompe	ensa	atior	n and	d otl	-	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co										pensa	ation f	rom	
	the organization. Report compensation for (A) Name and business			endii DNE		vith	or w	ithir	n the organization's tax y (B) Description of s		C) eqmo	;) nsatior	 า
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-							•		
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	nite	d to		se lis 0	stec	d above) who received n	nore than			000 /	
												⊢orm	990 (2	2020)

032008 12-23-20

			Check if Schedule O o	conta	ains a respo	nse	or note to any lin				L
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
۵Ĕ			Fundraising events		······		251,945.				
ifts ir A					······ — — — — — — — — — — — — — — — —						
<u>a</u> ie			Related organizations		······ — — — — — — — — — — — — — — — —		395,200.				
Sin			Government grants (contr				393,200.				
eriti		f	All other contributions, gifts,	-		4	0.000				
Ĕġ			similar amounts not included	abov			266,652.				
		g	Noncash contributions included in	lines	1a-1f 1g \$						
a C		h	Total. Add lines 1a-1f				🕨	1,913,797.			
							Business Code				
ø	2	a	PROGRAM FEES				611710	965,526.	965,526.		
ž		b									
Sei		c									
Program Service Revenue		-				_					
Be		d									
õ		е									
ш		f	All other program service								
		g	Total. Add lines 2a-2f				🕨	965,526.			
	3	;	Investment income (includ	ding o	dividends, ir	ntere	est, and				
			other similar amounts)				►	17,686.			17,686.
	4	Ļ	Income from investment of								
	5	5	Royalties								
					(i) Real		(ii) Personal				
	6		Gross rents	6a	()		()				
	ľ										
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss))	(n. o		1				
	7	' a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
anı			and sales expenses	7b							
Other Revenue		с	Gain or (loss)	7c							
Be			Net gain or (loss)								
e	8		Gross income from fundraisir								
Ę	ľ			•	45. of						
•											
			contributions reported on				140,889.				
			Part IV, line 18								
			Less: direct expenses				150,597.	0 700			0 700
			Net income or (loss) from			ts	····· 🕨	-9,708.			-9,708.
	9	a	Gross income from gamin	g act	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gami	ing activities	i	►				
	10	a	Gross sales of inventory, I	ess r	returns						
			and allowances			10a					
		h	Less: cost of goods sold			10b					
							-				
		C	Net income or (loss) from	sales	SUIIIVEIILOI	у	Business Code				
sn							Business Code				
ne o	11	а					├				ļ
lar.		b									
ĕ		С									
Miscellaneous Revenue		d	All other revenue								
_		е	Total. Add lines 11a-11d	<u></u>	<u></u>						
	12	2	Total revenue. See instruction	ons				2,887,301.	965,526.	0.	7,978.
03200	09 12	2-23									Form 990 (2020)

032009 12-23-20

17011108 758382 9222.100

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BEYOND BLINDNESS

Form 990 (2020) Part VIII Statement of Revenue

BEYOND BLINDNESS

	rt IX Statement of Functional Expens			95-60	197023 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must com		per organizations must a	molete column (A)	
Sect					
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	132,000.	79,200.	26,400.	26,400.
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	1,413,833.	1,105,074.	214,387.	94,372.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	160,498.	111,134.	38,037.	11,327.
10	Payroll taxes	150,166.	82,169.	59,212.	8,785.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,750.	40.	6,710.	
с	Accounting	92,582.		92,582.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	21,833.	21,391.	442.	
12	Advertising and promotion	102,195.	4,083.	67,171.	30,941.
13	Office expenses	53,517.	15,624.	17,901.	19,992.
14	Information technology	51,206.	29,005.	5,204.	16,997.
15	Royalties				
16	Occupancy	123,153.	89,881.	21,226.	12,046.
17	Travel	27,580.	27,141.	214.	225.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	874.		596.	278.
20	Interest	4,894.		4,894.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	59,286.	19,762.	19,762.	19,762.
23	Insurance	32,204.	26,217.	4,083.	1,904.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STAFF DEVELOPMENT	45,845.	26,766.	16,115.	2,964.
b	TELEPHONE	34,946.	26,247.	5,880.	2,819.
с	UTILITIES	30,496.	21,233.	6,911.	2,352.
d	REPAIRS AND MAINTENANCE	285.	240.	14.	31.
е	All other expenses	124,783.	10,686.	63,869.	50,228.
25	Total functional expenses. Add lines 1 through 24e	2,668,926.	1,695,893.	671,610.	301,423.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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if following SOP 98-2 (ASC 958-720)

BEYOND BLINDNESS

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

Form 990 (2020)

Part X Balance Sheet

		Check il Schedule O contains a response of not	- ··· ,	I		1	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			821,943.	1	412,750.
	2	Savings and temporary cash investments			2,120,247.	2	2,562,253.
	3	Pledges and grants receivable, net			74,825.	3	158,138.
	4				148,643.	4	114,703.
	5	Accounts receivable, net Loans and other receivables from any current or		110,013.	4	114,703.	
	5	-					
		trustee, key employee, creator or founder, subst		5			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit				6	
	-	under section 4958(f)(1)), and persons described				6 7	
Assets	7	Notes and loans receivable, net				-	
Ase	8	Inventories for sale or use			29,900.	8 9	48,542.
•	9	Prepaid expenses and deferred charges		····· -	29,900.	9	40,542.
	10a	Land, buildings, and equipment: cost or other		691,139.			
		basis. Complete Part VI of Schedule D		397,760.	325,564.		293,379.
		Less: accumulated depreciation		525,504.		495,579.	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2 501 100	15		
	16	Total assets. Add lines 1 through 15 (must equa			3,521,122.	16	3,589,765.
	17	Accounts payable and accrued expenses		185,503.	17	192,341.	
	18	Grants payable	4 400	18	00 471		
	19	Deferred revenue	4,400.	19	29,471.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
ies	22	Loans and other payables to any current or form	ner office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
iab.		controlled entity or family member of any of thes	e persor	ns		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, page	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D			396,025.		155,618.
	26	Total liabilities. Add lines 17 through 25			585,928.	26	377,430.
ŷ		Organizations that follow FASB ASC 958, che	ck here				
JCe		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			2,838,405.	27	3,052,029.
Ä	28	Net assets with donor restrictions			96,789.	28	160,306.
ŭ		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🛄			
ц Ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or eq	uipment	fund		30	
tAŝ	31	Retained earnings, endowment, accumulated in	come, or	other funds		31	
Ne	32	Total net assets or fund balances			2,935,194.	32	3,212,335.
	33	Total liabilities and net assets/fund balances			3,521,122.	33	3,589,765.

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Form **990** (2020)

	1 990 (2020) BEYOND BLINDNESS	95-609	<u>7023</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					0 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,66		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,93		
5	Net unrealized gains (losses) on investments	5	50	8,7	66.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2 21	^ ^	25
De	column (B))	10	3,212	4,3	35.
Pa	rt XII Financial Statements and Reporting				x
	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: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		01	Х	
D	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
-		a audit			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?	-	2c	Х	1
			20		
30	If the organization changed either its oversight process or selection process during the tax year, explain on Scl As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Jd		•	3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		<u>Ja</u>		
U U	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		1
	or addits, explain why on conclude o and describe any steps taken to undergo such addits	<u></u>		000	(2020)

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

(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. Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

Internal Reve	enue Service		Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								
Name of	the organizati								identification number		
Part I	Reason		ND BLINDNE	אם אם (All organizations must d	complete t	his part \ S	Soo instructio		5-6097023		
				(For lines 1 through 12, 0				13.			
1		•		on of churches describe		,					
2 X	-			(Attach Schedule E (Forr		• • •	·//~//י/·				
3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ganization described in s			;;)				
4				onjunction with a hospita				Viii) Entor	the hospital's name		
4	city, and stat	-	ation operated in co	njunction with a nospita	i describe				the hospital s hame,		
5	•	-	or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit			
•	0	•	Complete Part II.)			lica by a g	overninentai				
6			• •	mental unit described in	section 1	70(h)(1)(A)	(v)				
7		-	-					the general	public described in		
•	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)(1)(A)(vi). (Complete Par	+ 11)						
9				d in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college		
•	-	-	-	culture (see instructions)		-		-	-		
	university:		grant conege of agri				y, and state c				
10		on that norma	Illy receives (1) more	e than 33 1/3% of its sup	port from	contributio	ons members	shin fees a	nd gross receipts from		
				ct to certain exceptions;							
				e (less section 511 tax) fr					-		
			mplete Part III.)					gamzation			
11			• •	sively to test for public sa	afetv. See	section 50	09(a)(4).				
12	•	-	-	sively for the benefit of, t	•			arrv out the	e purposes of one or		
	-	-	-	ed in section 509(a)(1) of	-			-			
				of supporting organizatio							
a 🗌		•	• •	supervised, or controlled		-		-	/ giving		
			-	egularly appoint or elect	•						
		•	complete Part IV, S	• • • •							
b 🗌			-	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving		
	control or r	nanagement o	of the supporting org	ganization vested in the s	same perse	ons that co	ontrol or man	age the sup	oported		
	organizatio	n(s). You mus	t complete Part IV	, Sections A and C.							
c 🗌	Type III fur	nctionally inte	grated. A supportir	ng organization operated	in connec	tion with,	and functiona	ally integrat	ed with,		
	its support	ed organizatio	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.				
d 🗌	Type III no	n-functionally	y integrated. A sup	porting organization ope	rated in co	nnection v	with its suppo	orted organ	ization(s)		
	that is not f	functionally int	tegrated. The organi	ization generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness		
	requiremen	nt (see instruct	ions). You must co	mplete Part IV, Section	s A and D	, and Part	V .				
e	Check this	box if the orga	anization received a	written determination from	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III			
	functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.					
f Ent	er the number	of supported of	organizations								
			n about the support		6 3 Is the second						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o	,	(vi) Amount of other		
	organizatior	1		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)		
Total											

Schedule A (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 13

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Schedule A (Form 990 or 990-EZ) 2020 BEYOND BLINDNESS

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

Se	ction A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(u) 2010		(0) 2010	(4) 2010	(0) 2020	(i) rotai
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instructi				12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax			
10	organization, check this box and sto			,	,	()()	
Se	ction C. Computation of Publ						
-	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						-
100	stop here. The organization qualifies						
r	33 1/3% support test - 2019. If the d		0				
	and stop here. The organization qual	-					
17:	10% -facts-and-circumstances tes						or more
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	•	•	0	
L		•	• •		•	172 and line 15 is	
L L	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
10	organization meets the facts-and-circ		•	-			
18	Private foundation. If the organization	IT UIU HOL CHECK a		a, 100, 17a, 0f 171		and see instruction	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 BEYOND BLINDNESS

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

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(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
	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						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b 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 5 years. If the Form 990 is for the	e organization's f	irst, second, third	, fourth, or fifth tax	x year as a section	501(c)(3) org	janization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (ine 8, column (f), (divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by	line 13, column (f))	17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, an	d line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	9a, and line 16 is m	ore than 33	1/3%, and
	line 18 is not more than 33 1/3% , che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organi	zation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
03202	23 01-25-21			15	Sch	nedule A (Fo	orm 990 or 990-EZ) 2020

^{2020.05000} BEYOND BLINDNESS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

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16 2020.05000 BEYOND BLINDNESS Part IV Supporting Organizations (continued)

1

2

1.4

...

			Yes	No
11 Has the	organization accepted a gift or contribution from any of the following persons?			
a A perso	n who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c belo	ow, the governing body of a supported organization?	11a		
b A family	member of a person described in line 11a above?	11b		
c A 35% o	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in	Part VI.	11c		
Section B.	Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 arganization appoint and/or remewore officers, or trustees are all times during the tax year?	
	organization, describe how the powers to appoint and/or remove officers, 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	Г

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.

Section C.	. Type II Supporting Organizations	

			Yes	No
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).	1		
Se	ction D. All Type III Supporting Organizations			

			Yes	No
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?	1		
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).	2		
3	By reason of the relationship described in line 2, above, 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 C	Check the box next to the method that the organization used to satisfy the Integral Part Test during	the yea	a(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 support	ed a governmental entity	. Describe in Part VI how	you supported a g	overnmental entity	(see instructions).
---	--	--------------------------	--------------------------	---------------------------	-------------------	--------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "*No*" 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.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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Yes

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 BEYOND BLINDNESS

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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			
-		1 1		

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t v Type III Non-Functionally Integrated 509	v(a)(3) Supporting Orga	anizations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 BEYOND BLINDNESS Part VI Supplemental Information Provide the evolution

	Part IV, Section A, line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, 4b ction D, lines 2 and 3; 6, and 8; and Part V,	vide the explanations re , 4c, 5a, 6, 9a, 9b, 9c, 1 ⁻ Part IV, Section E, lines Section E, lines 2, 5, an	1a, 11b, and 1 1c, 2a, 2b, 3a	1c; Part IV, Section , and 3b; Part V, line	B, lines 1 and 2; Part 1; Part V, Section B,	IV, Section C, line 1e; Part V,
	(000 mon donono)						
32028 01-25-2	1			20		Schedule A (Form 9	90 or 990-EZ) ;
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Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

95-6097023

Organization type (check one):					
Section:					
X 501(c)(3) (enter number) organization					
4947(a)(1) nonexempt charitable trust not treated as a private foundation					
527 political organization					
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

X 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 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

BEYOND BLINDNESS

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$\$105,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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95-6097023

Name of organization

Part I

(a)

No.

(a)

No.

(a)

No.

(a)

No.

10

9

8

7

Employer identification number

(d)

Type of contribution

X

X

95-6097023

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

BEYOND BLINDNESS

(b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (-) (d) (h)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-2	5-20 23	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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\$

\$

(c)

Total contributions

(c)

Total contributions

6,276.

5,000.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Page 2

Name of organization

Employer identification number

BEYOND BLINDNESS

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	- \$ <u>25,000.</u> Per- Pay Nor (Comp	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) e of contribution
14		(Comp	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) e of contribution
15		(Comp	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) e of contribution
16		(Comp	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) e of contribution
		(Comp noncas	roll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) e of contribution
18		\$S,000.	son X roll hcash lete Part II for sh contributions.)
023452 11-25	i-20	Schedule B (Form 990, 990	-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

BEYOND BLINDNESS

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> 023452 11-25		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

BEYOND BLINDNESS

95-6097023

(a) (b) (c) (c) (c) 25 (d) Total contributions Type of contributions 25 (d) (e) (f) (a) (b) (c) (c) (f) (a) (b) (c) (f) (f) (a) (b) (c) <th>Part I</th> <th>Contributors (see instructions). Use duplicate copies of Part I if additiona</th> <th>al space is needed.</th> <th></th>	Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
25				
s 10,000. Payolic Part II for noncesh contributions.) (a) Name, address, and ZIP + 4 Total contributions Complete Part II for noncesh contributions.) (a) Name, address, and ZIP + 4 Total contributions Payol 26	No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution 26	25		\$10,000.	Payroll Noncash (Complete Part II for
26				
a 10,000. Payroll Noncash (a) (b) (c) (d) Total contributions.) 27	<u>NO.</u>	Name, address, and ZIP + 4	I otal contributions	Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution 27	26		\$10,000.	Payroll Noncash (Complete Part II for
27 s 50,000. Person x Payroll x (a) (b) (c) (d) (d) Total contributions 28 s 15,000. Person x Payroll x (a) (b) (c) (d) Person x Payroll x 28 s 15,000. Person x Payroll x (a) (b) (c) (d) Noncash x (a) (b) (c) (d) Payroll x (a) (b) (c) (d) Payroll x 29 (c) (d) Total contributions Person x (a) Name, address, and ZIP + 4 Total contributions Person x (a) (b) (c) (d) Type of contribution 29				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 28				Person X Payroll Noncash (Complete Part II for
Image: second				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 29	28		\$15,000.	Payroll Noncash (Complete Part II for
Image: second				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 30			\$25,000.	Payroll Noncash (Complete Part II for
30				
	30		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

BEYOND BLINDNESS

95-6097023

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$10,000.	Type of contribution Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$136,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Name of organization

. .

BEYOND BLINDNESS

95-6097023

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

BEYOND BLINDNESS

95-6097023

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$8,243.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Name, audress, and Zir + 4	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> 023452 11-25		\$5,241.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

BEYOND BLINDNESS

95-6097023

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> 023452 11-25		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

30 2020.05000 BEYOND BLINDNESS

Name of organization

BEYOND BLINDNESS

95-6097023

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

31 2020.05000 BEYOND BLINDNESS

023452 11-25-20

Schedule B (Form 990, 990	D-EZ, or 990-PF) (2020)
---------------------------	-------------------------

Name of organization

Employer identification number

BEYOND BLINDNESS

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95-6097023

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 023453 11-25-20 32

2020.05000 BEYOND BLINDNESS

Page 4

art III	BLINDNESS Exclusively religious, charitable, etc., contribution	ons to organizations describ	ed in section F	95-6097023 01(c)(7), (8), or (10) that total more than \$1,000 for	
artiii	from any one contributor. Complete columns (a) t	brough (e) and the following	line entry For a	rganizations	
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	aritable, etc., contributions of \$1,0	000 or less for t	he year. (Enter this info. once.)	
a) No.	Ose duplicate copies of Fart in it additional s	pace is fielded.			
from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held	
Γ		(e) Transfer	of gift		
	Transferee's name, address, and	d ZIP + 4	R	elationship of transferor to transferee	
		-			
		-			
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
		(e) Transfer	of gift		
			_		
-	Transferee's name, address, and	d ZIP + 4	R	elationship of transferor to transferee	
		-			
a) No. from	(b) Purpose of gift			(d) Decemention of how with in hold	
Part I	(b) Fulpose of gift	(c) Use of gift		(d) Description of how gift is held	
F		(e) Transfer	of gift		
	Transferee's name, address, and	d ZIP + 4	R	elationship of transferor to transferee	
Г					
a) No			:	(d) Description of how gift is held	
a) No. from	(b) Purpose of gift	(c) Use of gift			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	of gift		
a) No. from Part I	(b) Purpose of gift		of gift		
a) No. from Part I	(b) Purpose of gift	(e) Transfer		elationship of transferor to transferee	
a) No. from Part I		(e) Transfer		elationship of transferor to transferee	
a) No. from Part I		(e) Transfer		elationship of transferor to transferee	
a) No. from Part I		(e) Transfer		elationship of transferor to transferee	

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements ► 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. ► Attach to Form 990. o to www.irs.gov/Form990 for instructions and the latest informat



	nent of the Treasury		90 for instructions and the latest information	ation.	Inspect	ion
Nam	e of the organizati	ion		Emplo	yer identificatio	
		BEYOND BLINDNESS			95-60970	
Par	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Account	ts. Complete if th	ne
	organizatio	on answered "Yes" on Form 990, Part IV, lir				
			(a) Donor advised funds	(b) Funds	and other accou	ints
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	-	on inform all donors and donor advisors in	-			
		on's property, subject to the organization's			└── Yes	└── No
6		on inform all grantees, donors, and donor a				
		poses and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring		
Der	impermissible priv		· · · · · · · · · · · · · · · · · · ·		Yes	No No
Par		vation Easements. Complete if the org		art IV, line 7.		
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·			
		n of land for public use (for example, recrea			portant land area	а
		of natural habitat	Preservation of a	a certified histo	oric structure	
		n of open space				
2		a through 2d if the organization held a quali	fied conservation contribution in the form o			
	day of the tax yea				eld at the End of th	e lax year
а		onservation easements				
b	-					
C		rvation easements on a certified historic str				
a		rvation easements included in (c) acquired				
3		nal Register rvation easements modified, transferred, re		2d	uring the tax	
3	year ►	rvation easements modified, transferred, re	leased, extinguished, or terminated by the	organization u	uning the tax	
4		where property subject to conservation ea	sement is located			
5		ation have a written policy regarding the pe				
Ŭ		forcement of the conservation easements i			Yes	
6		er hours devoted to monitoring, inspecting,				
Ū			handling of violations, and emercing cone		ionto duning the	your
7	Amount of expense	 ses incurred in monitoring, inspecting, hand	dling of violations and enforcing conservat	ion easements	during the year	
-	► \$				aannig are year	
8	Does each conser	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)		
		n)(4)(B)(ii)?			Yes	No No
9		be how the organization reports conservat				
	balance sheet, an	d include, if applicable, the text of the foot	note to the organization's financial stateme	ents that descri	ibes the	
	organization's acc	counting for conservation easements.	C C			
Par	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar	Assets.	
	Complete i	if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance she	eet works	
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in fu	therance of pu	ıblic	
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these item	S.		
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet v	vorks of	
	art, historical treas	sures, or other similar assets held for public	e exhibition, education, or research in furth	erance of publi	ic service,	
	provide the follow	ing amounts relating to these items:				
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1		> \$		
				N A		
2	If the organization	n received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide		
	the following amo	unts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included	l on Form 990, Part VIII, line 1		> \$		

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b Assets included in Form 990, Part X

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

	34	
2020.05000	BEYOND	BLINDNESS

Schedule D (Form 990) 2020

\$ ►

Sche	dule D (Form 990) 2020 BEYOND	BLINDNESS						95-60	97023	B Pa	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	reasures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progr	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ney further t	the organizat	ion's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			—				
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T 00	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]]
Par											1
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourient you		nor your	(0) 1110 you	10 Buok	(u) 11100 y	ouro suon	(0) + our	jouro	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administe	ered for t	he organiz	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza) 				3b		
	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm			/ Kaa 11a (line 10				
	Complete if the organization answere								() D		
	Description of property	(a) Cost or c basis (investr		• •	t or other (other)		ccumulate preciation	d	(d) Book	value)
1a	Land										
	Buildings				21,206.		33,6				38.
	Leasehold improvements				29,967.		180,94			9,02	
d	Equipment				30,192.		144,2			5,91	
	Other				59,774.		38,8	/ 0 •),89	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line i	10c.)	<u></u>			293	3,3'	19.

Schedule D (Form 990) 2020

032052 12-01-20

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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.)	
Dort V Other Liebilities	

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)	EIDL LOAN	149,900.
(3)	EIDL ACCRUED INTEREST	5,718.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	155,618.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 BEYOND BLINDNESS 9			95-	6097023 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,946,067.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	58,766.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	58,766.
3	Subtract line 2e from line 1			3	2,887,301.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,887,301.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	2,668,926.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,668,926.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,668,926.		
Pa	t 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.

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(Form 990 or 990-EZ)

Name of the organization

Schools Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 95-6097023

BEYOND	BLINDNESS

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general		v	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	X	
	POSTINGS INCLUDE OUR NON-DISCRIMINATORY POLICY.			
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		x	
	with student admissions, programs, and scholarships?	4c	A X	<u> </u>
a	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		Х
с	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5e		Х
f	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6.0	Doos the organization receive any financial aid or assistance from a governmental general?	6a		X
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6b		X
5	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	00		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form) 2020

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Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as
applicable. Also provide any other additional information.

032062 11-10-20	s∝ 39 2020.05000 BEYOND BLINDNESS	hedule E (Form 990 or 990-EZ) 202 9222_101
032062 11-10-20	Sc	hedule E (Form 990 or 990-EZ) 202

SCHEDULE G Su	uppleme	ental Information Regardin	g Fun	drais	ing or Gaming	Activitie	s	OMB No. 1545-0047		
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2020		
Department of the Treasury Internal Revenue Service	•	Attach to Form 99				-		Open to Public Inspection		
							oloyer ide	ntification number		
BE	YOND	BLINDNESS				95	-6097	023		
Part I Fundraising A required to complete		 Complete if the organization answer t. 	wered "Y	'es" o	n Form 990, Part IV, I	line 17. Fo	rm 990-E2	Z filers are not		
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c X Phone solicitations g X Special fundraising events d X In-person solicitations g X Special fundraising events d X In-person solicitations 2 a 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? b If "Yes," list the 10 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 (ii) Activity (iii) Did fundraiser, (iv) Gross receipts (v) Amount paid to (or retained by) (v) Amount paid to (or retained by) 										
(i) Name and address of ind or entity (fundraiser)	Madai	(ii) Activity	or cor	ustody itrol of utions?	(iv) Gross receipts from activity	to (or reta fundr listed in	aiser	to (or retained by) organization		
CARINA MORRIS, DBA JENSE CONSULTING - 3509 ROBIN	EN	GRANT WRITING	Yes	No X	552,395.		36,100.	516,295.		
					552,395.		36,100.	516,295.		
Constant of the second se	organizatio	on is registered or licensed to solic	it contrik	pution	s or has been notified	d it is exen	npt from r	egistration		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990 EZ) 2020 BEYOND BLINDNESS

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 contributio ome on Form 990-FZ, lines 1 and 6b. List events with gross reater than \$5 000 ond a ocinto o inc

		of fundraising event contributions and g	ross income on Form 990)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				DINNER	1	(add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	135,292.	172,656.	84,886.	392,834
	2	Less: Contributions	115,050.	91,309.	45,586.	251,945
	3	Gross income (line 1 minus line 2)	20,242.	81,347.	39,300.	140,889.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		68,063.	49,353.	150,597.
	10	Direct expense summary. Add lines 4 throug			►	150,597.
_		Net income summary. Subtract line 10 from				-9,708
52	art	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form		reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			[]	
	6	Volunteer labor	└── Yes% └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
~	-					
9		ter the state(s) in which the organization cond the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
					0-1-1-0/7	
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 99

Sch	edule G (Form 990 or 990-EZ) 2020 BEYOND BLINDNESS 9	5-6	097023	B Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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 No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			,,,
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
Ŀ	If "Vec." onter the amount of gaming revenue received by the organization $\mathbf{N}^{\mathbf{c}}$. +		
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$	ii.		
	of gaming revenue retained by the third party \blacktriangleright \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>	—
	retain the state gaming license?		Yes	└── No
k	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 s			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Parl	t III, lines 9	, 9b, 10b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SER	S:	
(1) NAME OF FUNDRAISER: CARINA MORRIS, DBA JENSEN CONSULTING			
(I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78	8504		
0320	83 11-25-20 Schedule G	(Form	990 or 990	D-EZ) 2020

17011108 758382 9222.100

		Schedule G (Form 990 or 990-EZ)
032084 04-01-20	43	Schedule & (FUTH 390 U 390-EZ)
	/I -	

sc	SCHEDULE J Compensation Information		I	OMB No. 1545-0047				
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		Γ	2020				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2020				
Depa	epartment of the Treasury					ic		
Interr	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nan	ame of the organization Employer identifi							
		BEYOND BLINDNESS	95-6	09702	3			
Pa	rt I Question	s Regarding Compensation				r		
	-				Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, i i i i i i i i i i i i i i i i i i i						
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffer	ur, cnet)					
b								
D	,	on line 1a are checked, did the organization follow a written policy regarding payment or		41				
0		provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		🗹				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	c					
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	compensation consultant						
		ther organizations X Approval by the board or compensation of	ommittee					
			ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	•	e payment or change-of-control payment?		4a		х		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с		eive payment from an equity-based compensation arrangement?				X		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	The organization?			5a		X		
b	Any related organiz	ation?		5b		X		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r	net earnings of:						
а	The organization?			6a		X		
b	Any related organiz	ation?		6b		X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?		9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)) 2020		

032111 12-07-20

95-6097023

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 95-6097023

BEYOND BLINDNESS

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

IMPAIRMENTS AND OTHER DISABILITIES AND THEIR FAMILES

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND A REVIEW HAS BEEN

CONDUCTED BY THE BOARD'S EXECUTIVE DIRECTOR, THE AUDIT COMMITTEE, AND THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REGULARLY MONITOR COMPLIANCE WITH ITS POLICY OF

CONFLICT OF INTEREST IN THEIR MONTHLY BOARD MEETINGS AS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARY OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS APPROVED BY THE

BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18:

PUBLIC MAY VIEW TAX DOCUMENTS ON GUIDESTAR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE TO THE PUBLIC THROUGH

THE ORGANIZAION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

CHANGE OF OVERSIGHT OR SELECTION PROCESS THE ORGANIZATION HAS A

COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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47 2020.05000 BEYOND BLINDNESS

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization BEYOND BLINDNESS	Employer identification number 95-6097023
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACC	OUNTANT. THIS
PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.	
032212 11-20-20 Scl	hedule O (Form 990 or 990-EZ) 20
48 011108 758382 9222.100 2020.05000 BEYOND BLINDNESS	9222_10

TAXABLE	YEAR	California Exempt Organization				028941 12-22-20 FORM
202	20	Annual Information Return				199
Calendar Yea	r 2020 or	fiscal year beginning (mm/dd/yyyy) $07/01/2020$, and ending (mm/dd/yy	уу)	06,	/30/2021 .
Corporation/Org	ganization n	ame	Ca	lifornia corp	oration nu	umber
BEYOND Additional inform		NDNESS		0443	407	
Additional infor	mation. See	instructions.		95-6	0970	123
Street address ((suite or roo	m)		PMB no.	0.57	
18542	VAND	ERLIP AVENUE, NO. B				
City			State	ZIP code		
SANTA			CA	9270		
Foreign country	name	Foreign province/state/county		Foreign p	iostal cou	e
 D Final info ● □ Enter date E Check au F Federal r (4) X G Is this a f H Is this or 	d return tion 4947(prmation r Dissolved e: (mm/dd/yy ccounting return filed Other 990 group filin rganization	a)(1) trust Yes X No J If exempt under R&TC S eturn? Surrendered (Withdrawn) Merged/Reorganized (Yyy) ● method: (1) Cash (2) X Accrual (3) Other I? (1) ● 990T(2) ● 990PF (3) ● Sch H (990) M Did the organization file F	See instru ection 237 ities? See pt under F receipts fro ted liability Form 100 r audit by 1 ar? 24 pending	uctions 701d, has 1 instruction & TC Sect om nonme / company or Form 1 the IRS or g?	the orga ns ion 237 ember so /? 09 to has the	
Part I (Complete	Part I unless not required to file this form. See General Information B and C.				
Receipts	2 Gr 3 Gr	oss sales or receipts from other sources. From Side 2, Part II, line 8 oss dues and assessments from members and affiliates oss contributions, gifts, grants, and similar amounts received tal gross receipts for filing requirement test. Add line 1 through line 3.		•	1 2 3	1,124,101 ₀₀ 00 1,913,797 ₀₀
and		is line must be completed. If the result is less than \$50,000, see General Information B			4	3,037,898 ₀₀
Revenues		ost of goods sold • 5		00		
		ost or other basis, and sales expenses of assets sold • 6 tal costs. Add line 5 and line 6		00	7	00
		tal gross income. Subtract line 7 from line 4			8	3,037,898 00
Expenses	9 To	tal expenses and disbursements. From Side 2, Part II, line 18		•	9	2,760,757 ₀₀
Lypenses		cess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10	277,141 ₀₀
		tal payments		•	11	00
		e tax. See General Information K			12 13	00
Filing Fee		te tax balance. If line 12 is more than line 11, subtract line 12 from line 12			14	00
g		nalties and Interest. See General Information J			15	00
	16 Ba	lance due. Add line 12 and line 15. Then subtract line 11 from the result			16	00
Sign Here	Signature of officer		eparer has a Date	o the best o any knowled	ige.	Telephone
	Prepararle	Date	Check			
	Preparer's signature	≥►	self-e	mployed	·	• Firm's FEIN
Paid Decocatio	Firm's na (or yours,					• FIRM'S FEIN 33-0310569
Preparer's Use Only	if self- employed					• Telephone
	and addre	ess IRVINE, CA 92618				949-450-6200
	May the	FTB discuss this return with the preparer shown above? See instructions		• <u>X</u>	Yes	No

L

BEYOND BLINDNESS

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

277,141

	1 Gross sales or receipts from all	business activities. See instruct	tions	•	1	140,889 ₀₀
	2 Interest			•	2	17,686 ₀₀
	3 Dividends			•	3	00
Receip	ts 4 Gross rents			•	4	00
from	5 Gross royalties				5	00
Other	6 Gross amount received from sa	le of assets (See Instructions)		•	6	00
Source	s 7 Other income	······	SEE STA	TEMENT 2 🔸 🗌	7	965,52600
	8 Total gross sales or receipts fro	om other sources. Add line 1 thr	ough line 7. Enter here and c	on Side 1, Part I, line 1	8	1,124,101 00
	9 Contributions, gifts, grants, and	similar amounts paid		•	9	00
	10 Disbursements to or for member				10	00
	11 Compensation of officers, direct	tors, and trustees	SEE STA	TEMENT 3 •	11	127,146 00
	12 Other salaries and wages			•	12	1,419,207 00
Expens					13	4,894 ₀₀
and	14 Taxes				14	150,166 00
Disburs					15	123,153 00
ments	16 Depreciation and depletion (See	instructions)		•	16	00
	16 Depreciation and depletion (See17 Other expenses and disbursement	ents	SEE STA	TEMENT 4 •	17	936,191 00
	18 Total expenses and disburseme	ents. Add line 9 through line 17.	Enter here and on Side 1. Pa	art I. line 9	18	2,760,757 00
Sche	dule L Balance Sheet	Beginning of t		Endo	ftaxable	
Assets		(a)	(b)	(C)		(d)
1 Cas	sh		2,942,190		•	2,975,003
	t accounts receivable		148,643		•	114,703
	t notes receivable				•	
	ventories				•	
	deral and state government obligations				•	
	restments in other bonds				•	
	vestments in stock				•	
	ortgage loans				•	
	ner investments					
10 a í	Depreciable assets	692,758		691,13	9	
bl	Less accumulated depreciation	(367,194	325,564			293,379
	nd	· · · · · · · · · · · · · · · · · · ·			· •	
12 Oth	ner assets STMT 5		104,725		•	206,680
	tal assets		3,521,122			3,589,765
	ies and net worth					- / /
	counts payable		185,503		•	192,341
	ntributions, gifts, or grants payable				•	,
	nds and notes payable				•	
	ortgages payable				•	
18 Oth	ner liabilities STMT 6		400,425			185,089
19 Car	pital stock or principal fund				•	<u> </u>
	d-in or capital surplus. Attach reconciliation				•	
	tained earnings or income fund		2,935,194		•	3,212,335
	tal liabilities and net worth		3,521,122			3,589,765
		per books with income per ret				
		dule if the amount on Schedule		s than \$50,000.		
1 Net	t income per books					
	deral income tax		not included in th	-	•	
	cess of capital losses over capital gains		8 Deductions in this		····	
	come not recorded on books this year				•	
	penses recorded on books this year not		9 Total. Add line 7 a			
	ducted in this return	•	10 Net income per re			

6 Total. Add line 1 through line 5

022

3652204

Subtract line 9 from line 6

277,141

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
L. R. RUNYON	2656 GRAND FORKS RD HENDERSON, NV 89052-7046	5,000.
CHRIS RUFER	724 MAIN ST WOODLAND, CA 95695-3491	5,000.
TIMOTHY DEAN	518 W OCEANFRONT NEWPORT BEACH, CA 92661-1111	30,000.
WARREN HAYFORD	105 DE WINDT RD WINNETKA, IL 60093-3708	10,000.
LADORNA EICHENBERG	1542 SANTA CRUZ ST LAGUNA BEACH, CA 92651-3318	10,000.
WILLIAM KLEIN	25511 LONE PINE CIR LAGUNA HILLS, CA 92653-5847	105,000.
STEPHANIE KONOPISOS	2188 VISTA ENTRADA NEWPORT BEACH, CA 90660	6,276.
BARBARA ALVARADO	12415 SAINT JAMES WAY TUSTIN, CA 92780-2428	5,000.
FRANK D'ORSI	18032-C LEMON DRIVE YORBA LINDA, CA 92886	5,000.
GENE MERGELMEYER	27150 BIG HORN MOUNTAIN WAY YORBA LINDA, CA 92887-4235	5,000.
STEVEN WATTS	8 CORAL BLUE ST LADERA RANCH, CA 92694-1554	25,000.
JEANETTE VILLALOBOS	1882 PARK SKYLINE RD SANTA ANA, CA 92705-3120	7,500.
CLIFTONLARSENALLEN W. ADVISORS	1925 CENTURY PARK E FL 16 LOS ANGELES, CA 90067-2701	25,000.
HELGA MERZARIO TRUST	25550 HAWTHORNE BLVD STE 100 TORRANCE, CA 90505-6831	50,000.
JERI KONOPISOS	10942 PADDOCK LN SANTA ANA, CA 92705-2538	5,000.

BEYOND BLINDNESS		95-6097023
F. TRUST	6750 E MAIN ST STE 109 MESA, AZ 85205-9049	7,120.
R. POWELL TRUST	1131 E MAIN ST STE 107 TUSTIN, CA 92780-4400	50,000.
THE PETER AND MARY MUTH FOUNDATION	5100 CAMPUS DR STE 200 NEWPORT BEACH, CA 92660-2191	5,000.
DONALD L. SCHOELLERMAN FOUNDATION	11100 SANTA MONICA BLVD STE 600 LOS ANGELES, CA 90025-3328	5,000.
THE ERNEST G HERMAN FOUNDATION	1900 AVENUE OF THE STARS STE 2100 LOS ANGELES, CA 90067-4502	10,000.
JOSEPHINE HERBERT GLEIS FOUNDATION	2301 SAN JOAQUIN HILLS RD CORONA DEL MAR, CA 92625-1113	5,000.
WALLACE AIR CARGO GROUP	20250 SW ACACIA ST STE 220 NEWPORT BEACH, CA 92660-1737	20,000.
THE BRUCE FORD BUNDY AND ANNE SMITH BUNDY FOUNDATION	18300 VON KARMAN AVE STE 500 IRVINE, CA 92612-1050	13,000.
CARL E. WYNN FOUNDATION	444 S FLOWER ST STE 1700 LOS ANGELES, CA 90071-2918	10,000.
RITE AID FOUNDATION	PO BOX 3165 HARRISBURG, PA 17105-3165	10,000.
MCBETH FOUNDATION	PO BOX 11177 NEWPORT BEACH, CA 92658-5021	10,000.
MCBETH FOUNDATION	PO BOX 11177 NEWPORT BEACH, CA 92658-5021	50,000.
WAYNE AND JO ANN MOORE CHARITABLE FOUNDATION	•	15,000.
KRAMER FAMILY FOUNDATION	C/O WILMINGTON TRUST N. A. WILMINGTON, DE 19890	25,000.
DECORATIVE ARTS SOCIETY	PO BOX 1414 NEWPORT BEACH, CA 92659-0414	25,000.
THE NANCY E. AND WILLIAM S. THOMPSON FAMILY FUND		10,000.
THE DHONT FAMILY FOUNDATION	400 N TUSTIN AVE SUITE 380 SANTA ANA, CA 92705	75,000.

BEYOND BLINDNESS		95-6097023
EVA L. MCKENZIE MEMORIAL FUND	C/O WELLS FARGO BANK N.A WINSTON SALEM, CA 27199-0001	7,500.
DAVID R. CLARE & MARGARET C. CLARE FOUNDATION	100 SOUTHGATE PKWY MORRISTOWN, NJ 07960-6465	136,000.
PACIFIC LIFE FOUNDATION	700 NEWPORT CENTER DR NEWPORT BEACH, CA 92660-6307	10,000.
RICHARD AND ELIZABETH STEELE FUND	4041 MACARTHUR BLVD STE 510 NEWPORT BEACH, CA 92660-2503	7,500.
CREAN FOUNDATION	PO BOX 8449 NEWPORT BEACH, CA 92658-8449	10,000.
ORANGE COUNTY COMMUNITY FOUNDATION	4041 MACARTHUR BLVD STE 510 NEWPORT BEACH, CA 92660-2503	7,500.
THE KARL KIRCHGESSNER FOUNDATION	1525 AVIATION BLVD # 168 REDONDO BEACH, CA 90278-2805	35,000.
GLEN & DOROTHY STILLWELL CHARITABLE TRUST	155 N LAKE AVE PASADENA, CA 91101	15,000.
AMIGOS DE LOS NIÔS	330 N BASSE LN BREA, CA 92821-3906	9,000.
RITA J. MARCHETTI REV. LIV. TRUST	16131 MARJAN LN HUNTINGTON BEACH, CA 92647-3425	12,000.
JOHNSON & JOHNSON VISION CARE INC	1700 E SAINT ANDREW PL SANTA ANA, CA 92705-4933	8,243.
	1700 E SAINT ANDREW PL SANTA ANA, CA 92705-4933	15,000.
JOHNSON & JOHNSON VISION CARE INC	1700 E SAINT ANDREW PL SANTA ANA, CA 92705-4933	10,000.
NEW WORLD MEDICAL	226 INDEPENDENCE DR CLAREMONT, CA 91711-1871	5,000.
SARGAM GROUP OF SOCAL	20465 VIA LINARES YORBA LINDA, CA 92887-3233	15,000.
RON KRENZIN	9850 GARFIELD AVE HUNTINGTON BEACH, CA 92646	5,241.
JOSEPH R POWELL II TRUST	PO BOX 18435 ANAHEIM, CA 92817	50,000.
MARK C. JOHNSON	PO BOX 3088 MISSION VIEJO, CA 92690	5,000.

BEYOND BLINDNESS		95-6097023
IMPACT GIVING FOUNDATION	668 NORTH COAST HIGHWAY,≇1139 LAGUNA BEACH, CA 92651	20,000.
JERI AND TED KONOPISOS	10942 PADDOCK LANE SANTA ANA, CA 92705	5,000.
WALTER LESQUILLIER	658 HACIENDA AVE SAN LORENZO, CA 94580	5,000.
MICHELLE DEAN	518 W OCEANFRONT NEWPORT BEACH, CA 92661	7,500.
STAAR SURGICAL	1911 WALKER AVE MONROVIA, CA 91016	30,000.
MARK HUDOFF	248 HAZEL DR CORONA DEL MAR, CA 92625	5,000.
TOTAL INCLUDED ON LINE 3		1,079,380.

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
MISCELLANEOUS INCOME PROGRAM FEES		0. 965,526.
TOTAL TO FORM 199, PART II, LINE	: 7	965,526.

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CA 199	COMPENSATI	ON OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND AD	DRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANGELA ROWE 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	EXECUTIVE DIRECTOR 40.00	127,146.
BARBARA ALV 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	GOVERNANCE CHAIR 2.00	0.
JEFF HIPSHM 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	BOARD CHAIR 4.00	0.
DANIELLE KI 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR 2.00	0.
ASHISH MEHT 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR 2.00	0.
MICHELLE DE 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR 2.00	0.
RAYMOND KON 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR 2.00	0.
CAROL TRAPA 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR 2.00	0.
JERI KOINOP 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR SECRETARY 2.00	0.
KAPIL MALHO 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR 2.00	0.
JARED MORIA 18542 VANDE SANTA ANA,	RLIP AVENUE,	NO. B	DIRECTOR 2.00	0.

0.

STATEMENT(S) 3, 4, 5

BEYOND	BLINDNESS	
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DR. CATHERINE HEYMAN 18542 VANDERLIP AVENUE, NO. B SANTA ANA, CA 92705

TOTAL TO FORM 199, PART II, LINE 11

CA 199	OTHER	EXPENSES	STATEMENT 4
DESCRIPTION			AMOUNT
STAFF DEVELOPMENT TELEPHONE UTILITIES REPAIRS AND MAINTENANCE DIRECT EXPENSES OF FUNDR OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTIO OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTI INSURANCE ALL OTHER EXPENSES	N		45,845. 34,946. 30,496. 285. 150,597. 160,498. 6,750. 92,582. 21,833. 102,195. 53,517. 51,206. 27,580. 874. 32,204. 124,783.
TOTAL TO FORM 199, PART	II, LINE 17		936,191.

CA 199 OTHER ASS	ETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	74,825. 29,900.	158,138. 48,542.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	104,725.	206,680.

DIRECTOR 2.00

127,146.

BEYOND BLINDNESS

CA 199	OTHER	LIABILITIES				STAT	EMEI	NT	6
DESCRIPTION			BEG.	OF	YEAR	END	OF	YE.	AR
PPP LOAN PPP ACCRUED INTEREST EIDL LOAN EIDL ACCRUED INTEREST DEFERRED REVENUE					5,200. 825. 0. 0. 4,400.		!	9,9 5,7 9,4	18.
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	}		400),425.		18	5,0	89.
CA 199	FUNI) BALANCES				STAT	EMEI	NT	7
DESCRIPTION			BEG.	OF	YEAR	END	OF	YE.	AR
NET ASSETS WITHOUT DONOR RESTRICTION			2	-	8,405. 5,789.	3	,05: 16	2,0 0,3	

TOTAL TO FORM 199, SCHEDULE L, LINE 21

2,935,194. 3,212,335.

TAXABLE YEAR 2020						<u></u> 8453-ЕО				
Exempt Organization	name						Identif	ying numbe	er	
BEYOND B	LINDNESS						95	-609	7023	
Part I Electr	ronic Return Info	ormation (whole dollars	only)							
•	s receipts (Form 1	. ,					····· ·	1	3,037,898	
-	income (Form 19						2	2	3,037,898	
3 Total exper	nses and disburs	ements (Form 199, line	9)				(3	2,760,75	
Part II Settle Your Account Electronically for Taxable Year 2020										
	onic funds withdr					ate (mm/dd/	уууу)			
	-	Have you verified the ex	empt organization's l	panking informat	ion?)					
5 Routing nun					г		_			
6 Account nui				7 Type of a	ccount: L	Checking	g L	Savir	ngs	
	ration of Officer								C 11	
l authorize the exe on line 4a.	empt organization's	account to be settled as de	signated in Part II. If I cr	eck Part II, Box 4,	l authorize	an electronic fi	inds w	thdrawal	for the amount listed	
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fieliability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization's return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.										
Sign				EXECUTI	VE DI	RECTOR				
Here ^{Sig}	gnature of officer		Date	Title						
Part V Decla	ration of Electro	nic Poturn Originator	(EPO) and Paid Prop	aror						
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.										
ERO's- signature				Date	Check if also paid preparer	X Check	_		s PTIN L 9 6 9 6 2 0	
Must Firm's na	me (or yours	HASKELL & WH	ITE LLP	1	1				3-0310569	
Sign if self-em and addre	ess	300 SPECTRUM		STE 300						
		IRVINE, CA						ode 926	-	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.										
	aid eparer's gnature			Date		Check if self- employed		Paid prepa	rer's PTIN	
ifs	rm's name (or yours self-employed)						Firm	s FEIN		
	d address	7					ZIP o	ode		
							•			
For Privacy Not	tice, get FTB 113	31 ENG/SP.							FTB 8453-EO 2020	

029021 11-19-20

E OF CALIFORNIA 1 09/2017) TC: stry of Charitable Trusts Box 903447 Immento, CA 94203-4470 ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 (For Registry Use Only) ET ADDRESS: 10-6400 Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section Image: Comparise the comparis							
WEBSITE ADDRESS: minimum tax of \$800, plus interest, and/or fines or filing penaltie: 23703; Government Code section 12586.1. IRS exter BEYOND BLINDNESS Name of Organization	Check if:						
List all DBAs and names the organization uses or has used 18542 VANDERLIP AVENUE, NO. B Address (Number and Street) SANTA ANA, CA 92705 City or Town, State, and ZIP Code 714-573-8888 Telephone Number	State Cha Corporati Federal E)					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice Gross Annual Revenue Fee Gross Annual Revenue Fee Gross Annual Revenue Fee Gross Annual Revenue Between \$100,001 and \$250,000 Fee Gross Annual Revenue Between \$1,000,001 and \$10 million Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million				<u>Fee</u> \$150 \$225 \$300			
PART A - ACTIVITIES For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list: Gross Annual Revenue\$ 2,887,301 Noncash Contributions\$ 0 Total Assets\$ 3,589,70 Program Expenses \$ 1,695,893 Total Expenses \$ 2,668,926 PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: All questions must be answered. If you answer "yes" to any of the ques providing an explanation and details for each "yes" response. Please re				Yes	No		
 During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof, either directly or with an entity in wi any financial interest? 			•		x		
 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 							
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?							
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							
5. During this reporting period, did the organization receive any governmental funding?							
6. During this reporting period, did the organization hold a raffle for charitable purposes?							
7. Does the organization conduct a vehicle donation program?							
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledg and belief, the content is true, correct and complete, and I am authorized to sign.							
ANGIE ROWE Signature of Authorized Agent Printed Name	E	XECUTIVE D	IRECTOR Date				