

### THE VALUE OF EXPERIENCE

BEYOND BLINDNESS 18542 VANDERLIP AVENUE B SANTA ANA, CA 92705

### **BEYOND BLINDNESS:**

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

### FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

### CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED ON OR BEFORE NOVEMBER 15, 2023 TO:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$200.00, PAYABLE TO



DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY YOURS,

HASKELL & WHITE LLP

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street

# 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

Failure to submit this report annually no later than four months and fifteen days after the end of the

**DEPARTMENT OF JUSTICE**PAGE 1 of 5 (For Registry Use Only)

| (0.10 )= 10 0.100  | ation's accounting period may result in the loss of<br>tax of \$800, plus interest, and/or fines or filing per<br>23703; Government Code section 12586.1. IRS | nalties. Revenue & | Taxation Code section  |       |    |
|--|---|--------------------|--|-------|----|
| BEYOND BLINDNESS Name of Organization  |   |                    | nange of address<br>nended report  |       |    |
| List all DBAs and names the organization uses or has use   |   | -                  |  |       |    |
| 18542 VANDERLIP AVENU Address (Number and Street)  | E, NO. B  |                    | arity Registration Number $c 	au 0157310$  |       |    |
| SANTA ANA, CA 92705 City or Town, State, and ZIP Code  |   | _ Corporat         | tion or Organization No. 0443407   |       |    |
| 714-573-8888 Telephone Number E-mail Add   | diago   | _ Federal I        | Employer ID No. 95-6097023   |       |    |
| ·  | DN RENEWAL FEE SCHEDULE (11 C<br>Make Check Payable to Depa   |                    |  |       |    |
| Total Revenue         Fee           Less than \$50,000         \$25           Between \$50,000 and \$100,000         \$50           Between \$100,001 and \$250,000         \$75 | Between \$250,001 and \$1 millio<br>Between \$1,000,001 and \$5 mill  | ion \$200          | Total Revenue  Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 millior Greater than \$500 million |       | _  |
| PART A - ACTIVITIES  |   | 2022               | ding 06/30/2023 ) list:  |       |    |
| Total Davanua  | ing period (beginning 07/01/2<br>. , 502 Noncash Contributions\$  |                    | 8,086 Total Assets \$ 5,26   | 5,5   | 73 |
| PART B - STATEMENTS REGARDING O  | RGANIZATION DURING THE PERIO  | D OF THIS R        | EPORT  |       |    |
| Note: All questions must be answered providing an explanation and details  |   |                    | ow, you must attach a separate page<br>-1 instructions for information required.   | Yes   | No |
| During this reporting period, were the and any officer, director or trustee the any financial interest?  | •   |                    | -  | 100   | x  |
| During this reporting period, was ther or funds?   | e any theft, embezzlement, diversion  | or misuse of t     | he organization's charitable property  |       | х  |
| 3. During this reporting period, were any  | y organization funds used to pay any  | penalty, fine o    | r judgment?  |       | х  |
| During this reporting period, were the commercial coventurer used?   | e services of a commercial fundraiser,  | fundraising co     | ounsel for charitable purposes, or   |       | х  |
| 5. During this reporting period, did the o   | organization receive any governmenta  | I funding?         | SEE STATEMENT 9  | Х     |    |
| 6. During this reporting period, did the o   | organization hold a raffle for charitable   | purposes?          |  |       | х  |
| 7. Does the organization conduct a vehi  | icle donation program?  |                    |  |       | х  |
| Did the organization conduct an indep<br>generally accepted accounting princip   |   | nancial statem     | ents in accordance with  | х     |    |
| 9. At the end of this reporting period, did  | d the organization hold restricted net  | assets, while      | reporting negative unrestricted net assets?  |       | х  |
| I declare under penalty of perjury that I I and belief, the content is true, correct at  | - · · · · · · · · · · · · · · · · · · ·   | •                  | ring documents, and to the best of my kno  | owled | ge |
|  | NGIE ROWE Printed Name  |                    | EXECUTIVE DIRECTOR Title Date  |       |    |

INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 9 CA RRF-1 PART B, LINE 5

THE ORGANIZATION RECEIVED EMPLOYEE RETENTION TAX CREDIT FOR \$385,350 FOR THE YEAR ENDED JUNE 30, 2023.

TEH ORGANIZATION RECEIVED \$238,247 FROM THE CALIFORNIA DEPARTMNENT OF SOCIAL SERVICES.

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A             | For the             | $^{2}$ 2022 calendar year, or tax year beginning $\mathrm{JUL}1,2022$   | JUN 30, 2023                  | _   |
|---------------|---------------------|---|-------------------------------|---|
| В             | Check if applicable | C Name of organization  | D Employer identifi           | cation number                               |
|               | applicable          |   | ' '                           |   |
|               | Addres              | BEYOND BLINDNESS  |                               |   |
| Ē             | Name<br>change      |   | 95-60970                      | 23  |
| Ē             | Initial return      | Number and street (or P.O. box if mail is not delivered to street address)  Room/si   |                               |   |
| Ē             | Final return/       | 18542 VANDEDITO AVENITE   | 714-573-                      |   |
| _             | termin-<br>ated     |   | G Gross receipts \$           | 4,543,024.                                  |
|               | Ameno               |   | H(a) Is this a group re       |   |
| Ē             | Application         |   | for subordinates              |   |
|               | pendin              | 9 18542 VANDERLIP AVENUE, SUITE B, SANTA ANA  |                               | —   |
| T             | Tax-exe             |   | <b>─</b> ┤ ` ′                | list. See instructions                      |
| _             | Websit              |   | H(c) Group exemption          |   |
|               |                     |   |                               | <b>№</b> State of legal domicile: <b>CA</b> |
|               | art I               | Summary   |                               | ··  |
| _             | 1                   | Briefly describe the organization's mission or most significant activities: PROVIDIN  | G EARLY INTER                 | VENTION,                                    |
| Governance    | -                   | EDUCATION AND ENRICHMENT, AND SUPPORT FOR CH  |                               |   |
| rna           | 2                   | Check this box if the organization discontinued its operations or disposed of n   |                               |   |
| Ne.           | 3                   | Number of voting members of the governing body (Part VI, line 1a)   |                               | 16  |
|               |                     | Number of independent voting members of the governing body (Part VI, line 1b)   |                               | 16  |
| Š             |                     | Total number of individuals employed in calendar year 2022 (Part V, line 2a)  |                               | 55  |
| itie          | 6                   | Total number of volunteers (estimate if necessary)  |                               | 731   |
| Activities    | 7a                  | Total unrelated business revenue from Part VIII, column (C), line 12  |                               | 0.  |
| ⋖             | b                   | Net unrelated business taxable income from Form 990-T, Part I, line 11  |                               | 0.  |
|               |                     | , ,   | Prior Year                    | Current Year                                |
| a)            | 8                   | Contributions and grants (Part VIII, line 1h)   | 2,039,367.                    | 2,616,815.                                  |
| ņ             | 9                   | Program service revenue (Part VIII, line 2g)  | 1,223,886.                    | 1,607,366.                                  |
| Revenue       | 10                  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 33,231.                       | -14,292.                                    |
| ď             | 11                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -131,101.                     | -138,387.                                   |
|               |                     | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 3,165,383.                    | 4,071,502.                                  |
| _             |                     | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0.                            | 0.  |
|               |                     | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.                            | 0.  |
| Ø             | I                   |   | 2,257,302.                    | 2,593,533.                                  |
| Expenses      | 16a                 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  570,020. | 0.                            | 0.  |
| De            | - b                 | Total fundraising expenses (Part IX, column (D), line 25) 570,020.  |                               |   |
| ш             | 17                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 1,057,179.                    | 1,342,107.                                  |
|               |                     | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 3,314,481.                    | 3,935,640.                                  |
|               | 19                  | Revenue less expenses. Subtract line 18 from line 12  | -149,098.                     | 135,862.                                    |
| or            | S                   | ·   | Beginning of Current Year     | End of Year                                 |
| sets          | E 20                | Total assets (Part X, line 16)  | 3,500,549.                    | 5,265,573.                                  |
| Ass           | 21                  | Total liabilities (Part X, line 26)   | 711,513.                      | 2,204,999.                                  |
| Net Assets or | 22                  | Net assets or fund balances. Subtract line 21 from line 20  | 2,789,036.                    | 3,060,574.                                  |
| P             | art II              | Signature Block   |                               |   |
| Un            | der pena            | lties of perjury, I declare that I have examined this return, including accompanying schedules and sta  | tements, and to the best of m | y knowledge and belief, it is               |
| tru           | e, correc           | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep   | arer has any knowledge.       |   |
|               |                     |   |                               |   |
| Sig           | gn                  | Signature of officer  | Date                          |   |
| He            |                     | ANGIE ROWE, EXECUTIVE DIRECTOR  |                               |   |
|               |                     | Type or print name and title  |                               |   |
|               |                     | Print/Type preparer's name Preparer's signature   | Date Check                    | PTIN  |
| Pa            | id                  | DIANE E. WITTENBERG   | if<br>self-employ             | ed P01969620                                |
| Pro           | eparer              | Firm's name HASKELL & WHITE LLP   |                               | 3-0310569                                   |
| Us            | e Only              | Firm's address 300 SPECTRUM CENTER DR, STE 300  |                               |   |
|               |                     | IRVINE, CA 92618  | Phone no. 94                  | 9-450-6200                                  |
| Ma            | ay the IF           | RS discuss this return with the preparer shown above? See instructions  | ·                             | X Yes No                                    |
|               |                     |   |                               |   |

| Pai | Check if Schedule O contains a response or note to any line in this Part III   |
|-----|--|
| 4   | Briefly describe the organization's mission:   |
| 1   | BEYOND BLINDNESS EMPOWERS CHILDREN WITH VISUAL IMPAIRMENTS AND OTHER   |
|     | DISABILITIES TO ACHIEVE THEIR FULLEST POTENTIAL.   |
|     | DIDADIBITIED TO ACHIEVE THEIR FORDEDT TOTEMITAD:   |
|     |  |
| 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.   |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No                                     |
| 3   | If "Yes," describe these changes on Schedule O.  |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.                       |
| 4   | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and               |
|     |  |
| 4-  | revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,735,436 • including grants of \$ ) (Revenue \$ 1,346,104 • )                  |
| 4a  | (Code: ) (Expenses \$ 1,735,436 · including grants of \$ ) (Revenue \$ 1,346,104 · ) EARLY INTERVENTION: EARLY INTERVENTION SERVICES PROVIDE COMPREHENSIVE |
|     | SUPPORT AND RESOURCES TO CHILDREN AGES 0 TO 5 TO OVERCOME EARLY  |
|     |  |
|     | OBSTACLES, MEET KEY MILESTONES, AND ESTABLISH A FOUNDATION FOR EACH  |
|     | CHILD TO REACH THEIR FULLEST POTENTIAL.HOME-BASED AND CENTER-BASED   |
|     | SERVICES OFFER VISION STIMULATION AND THERAPY SERVICES THAT HELP TO  |
|     | MINIMIZE DEVELOPMENTAL DELAYS AND OPTIMIZE GROWTH TOWARDS AND  |
|     | INDEPENDENT FUTURE WHILE TODDLER CLASSROOMS, LOCATED ONSITE, FOCUS ON  |
|     | HEALTHY DEVELPMENT AND SCHOOL READINESS.   |
|     |  |
|     |  |
|     |  |
|     |  |
| 4b  | (Code:) (Expenses \$ 603,672 • including grants of \$) (Revenue \$ 254,607 • )   |
|     | EDUCATION + ENRICHMENT: THROUGH BEYOND BLINDNESS' EDUCATION +  |
|     | ENRICHMENT SERVICES, STUDENTS RECEIVE ITINERANT (WITHIN THEIR  |
|     | PUBLIC-SCHOOL CLASSROOM) EDUCATION SUPPORT WITH A DEDICATED TEACHER OF   |
|     | THE VISUALLY IMPAIRED (TVI), ORIENTATION & MOBILITY TRAINING (O&M), AND  |
|     | THE OPPORTUNITY TO ATTEND FUN AND VALUABLE SUMMER CAMPS. ADDITIONAL  |
|     | EDUCATION + ENRICHMENT SERVICES INCLUDE ASSISTIVE TECHNOLOGY TRAINING,   |
|     | PEER GROUPS, EXPANDED CORE CURRICULUM, AND LIFE-SKILLS DEVELOPMENT.  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
| 4c  | (Code:) (Expenses \$546,697. including grants of \$) (Revenue \$)  |
|     | FAMILY SUPPORT: OUR FAMILY SUPPORT SERVICES ENABLE BEYOND BLINDNESS TO   |
|     | BE A RESOURCE FOR FAMILIES OF CHILDREN WITH VISUAL IMPAIRMENTS AND   |
|     | OTHER DISABILITIES THROUGHOUT THE CHILD'S ENTIRE JOURNEY OF CARE. THESE  |
|     | 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 PROVIDE   |
|     | GUIDANCE, A SENSE OF COMMUNITY, AND MORE.  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
| 4d  | Other program services (Describe on Schedule O.)   |
|     | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e  | Total program service expenses 2,885,805.  |
|     | Form <b>990</b> (2022)   |

# Part IV Checklist of Required Schedules

|     |  |     | Yes | No   |
|-----|--|-----|-----|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A   | 1   | х   |  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | X   |  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |  |
| •   | public office? If "Yes," complete Schedule C, Part I   | 3   |     | х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | 4   |     | Х  |
| 5   | during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  | 4   |     | 21   |
| 3   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6   |     | х  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  | 7   |     | х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |     |  |
| Ū   | Schedule D, Part III   | 8   |     | Х  |
| 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   |     | х  |
| 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  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |     |     |  |
| 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 Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | Х   |  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | Х   |  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |     |  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a | Х   |  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     |  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 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  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |     |  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   | 14b |     | X  |
| 15  | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 140 |     |  |
| 13  | 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   |     |     | <sub>V</sub>                                     |
| 47  | 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,  | 17  | Х   |  |
| 18  | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                       | 17  | -23 | <del>                                     </del> |
| 10  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Х   |  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |  |
|     | complete Schedule G, Part III  | 19  |     | Х  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | Х  |
| b   | 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  |     |     |  |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | Х  |

# Part IV Checklist of Required Schedules (continued)

|      |  |     | 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   |     | .,  |          |
| 04 - | Schedule J   | 23  | Х   |          |
| 24 a | 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        |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |          |
|      | 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 |     |          |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |          |
| 25 a | 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        |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |     |     |          |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |     |     | ,        |
|      | Schedule L, Part I   | 25b |     | X        |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |     |     |          |
|      | 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 the 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 |     | Х        |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?  | 28c |     | X        |
| 29   | "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  | х   | 1        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     |          |
|      | contributions? If "Yes," complete Schedule M   | 30  |     | х        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | Х        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |     |     |          |
|      | Schedule N, Part II  | 32  |     | X        |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |     |     | 3,       |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 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 Part V, line 1   | 34  |     | x        |
| 35 a | Part V, line 1  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  | 554 |     |          |
| _    | 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  |     | Х        |
| 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 on Schedule O for Part VI, lines 11b and 19?   |     | Х   |          |
| Pa   | Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance  | 38  | Λ   | <u> </u> |
| . u  | Check if Schedule O contains a response or note to any line in this Part V   |     |     |          |
|      | 1  |     | Yes | No       |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   |     |     |          |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |     |     |          |
| С    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |     |     |          |
|      | (gambling) winnings to prize winners?  | 1c  |     |          |

# 022) BEYOND BLINDNESS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, eventive accountry, or other financial accountry (and the organization have an interest in, or a signature or other authority over, a financial accountry and the such as a bank accountry, eventive accountry, or other authority over, a financial accountry (Pes, "enter the name of the foreign country see instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction? 5b IX with a stream of the subject of the organization subject of the organization file Form 8886-T7.  6a Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax educutible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notity the donor of the value of the goods or services provided?  9c Did the organization receive any syment in excess of \$575 made partly as a contribution and partly for goods and services provided to the payor?  7c Did the organization sell, exchange, or otherwise dispose of tanglide personal property for which it was required to the file of the Gross accounts of the donor of the value of the goods or services provided?  7c Did the organization sell, exchange or otherwise dispose of tanglide personal property for which it was required to the file of the organization sell, exchange or oth                  |    |   |                                       |          | Yes | No |
|---|----|---|---------------------------------------|----------|-----|----|
| b If a least one is reported on line 2a, did the organization file all required feederal employment tax returns?  2   | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                   |                                       |          |     |    |
| sa bit the organization have unrelated business gross income of \$1,000 or more during the year?  bit 1'Yes, 'has it field a Form 990-Tf or this year? if 'No' to line 3b, provide an explanation or Schedule O   |    | filed for the calendar year ending with or within the year covered by this return                             | 2a 55                                 |          |     |    |
| b If "Yes," fast if field a Form 990-T for this year? If "No! to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (PSAF).  b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (PBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b ID and ny taxbeb party nority the organization file Form 8886.7?  5c If "Yes" to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes" to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes" to line 6a of 5b, did the organization file Form 8886.7?  5c If "Yes" and the organization and production of the second any contributions that were not tax deductible a charitable contributions?  6c If "Yes," old the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization selve applice that account of the goods or services provided to the payor?  8d If "Yes," old the organization neceive applice that the such contributions under acction 170(c).  8d If the organization receive applicent in occas of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c ID did the organization neceive applicent to file value of the goods or services provided?  7d If "Yes," old the organization neceive a pulment in occas of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization of the value of the goods or services provided?  7d If "Yes," did the organization neceive a pulment in occas of \$75 made partly as the constitution and partly organization and partly organization selection and partly organization selection of the value of the goods o                 | b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns?                                   | 2b       | Х   |    |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  b If Yes, "enter the name of the foreign country  Series instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF).  5a Was the organization to a problem that it was or is a party to a prohibited tax shelter transaction?  5b If Yes (and the organization the organization file from 88867.  c If Yes (b) the is a foreign the organization file from 88867.  5a Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  5b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions under section 170(c),  a bill the organization received a payment in excess of S76 made party as a contribution of upodo or services provided?  7 Organizations that may receive deductible contributions under section 170(c),  b If Yes, "inclicate the number of Forms 8882 filed during the year  7 If Ves, "inclicate the number of Forms 8882 filed during the year  8 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  7 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?  7 If If the organization received a contribution of party will, the organization file a Form 1098 C?  8 Sponsoring organizations make any taxial did intellectual property, did the organization file a Form 1098 C?  9 Sponsoring organizations make any taxial did intellectual property, did the organization file a Form 1098 C?  10 If the organization received a contribution of upin device orga                   |    |   |                                       | За       |     | X  |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxabib party notify the organization fall it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization file form 8886-17  6c If Yes' to line 5a or 5b, did the organization file form 8886-17  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170c).  8 bif Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170c).  8 bif Yes, did the organization notify the donor of the value of the goods or services provided?  7 to lid the organization notify the donor of the value of the goods or services provided?  7 to life Form 88892?  7 to life Form 88892 filed during the year  8 bif If Yes, did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 to life the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-07  10 the transaction received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-07  10 the organization have excess business holdings at any time during the year?  10 bif the sponsoring organization make and stribution sunder section 4966?  10 bif the sponsoring organization have e                    |    |   |                                       | 3b       |     |    |
| b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes' to line Sar orb, did the organization from F6B6T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  a lot the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a lot the organization receive a payment in excess of \$7 made party as a contribution and partly for goods and services provided to the payor?  7 If If "Yes," inclicate the number of Forms 8822 filed during the year  1 To Id the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received and contribution of qualified intellectual property, did the organization received and contribution of the funds. Did a donor advised fund funds and payor organization received and contribution of the funds. Did a donor advised fund funds. Did a donor advised fund funds and payor organiz                  | 4a |   |                                       |          |     |    |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?.  5 Des the organization have annual gross receptise that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organization in the payor of the value of the goods or services provided?  7 Organization in the payor of the value of the goods or services provided?  7 Organization in the payor of the value of the goods or services provided?  7 Organization in the payor of the value of the goods or services provided?  7 Organization in the payor of the value of the goods or services provided?  7 Organization in the payor of the value of the goods or services provided?  8 Organization in the payor of the value of the goods or services provided?  9 Organization in the payor of the payor of the value of the good of the payor of the p                |    | financial account in a foreign country (such as a bank account, securities account, or other financial        | account)?                             | 4a       |     | Х  |
| 5a   X   X   Section 501(c)(29) qualified non-root flexible tax sheller transaction at any time during the tax year?   5a   X   X   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5b   X   X   Section 501(c)(12) organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?   5c   X   X   Section 501(c)(12) organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   6b   X   X   X   X   X   X   X   X   X  | b  |   |                                       |          |     |    |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization the Form 8886-17  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Jiff (Yes," indicate the application notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization of the number of Forms 8282 filed during the year  7 Did the organization of the number of Forms 8282 filed during the year  8 Did the organization for unity the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization for unity the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization for the very any tone, directly or indirectly, on a personal benefit contract?  7 Did the organization for service any time during the year.  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution in the approximation of the properties of the very properties of the properties of the very pro                   |    |   |                                       |          |     | 37 |
| til "Yes" to line 5a or 5b, clid the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible?  7b Organizations that may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$5° made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive apyment in excess of \$5° made partly as a contribution and partly for goods and services provided to the payor?  7c If If Yes," indicate the number of Forms \$222 flied during the year  6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  6c to file Form 8282?  6d If "Yes," indicate the number of Forms \$222 flied during the year  6 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 To If Did the organization, during the year, pay premiums, directly or indirectly, to a personal benefit contract?  7 To If If the organization received as contribution of care, boats, anipanes, or other vehicles, did the organization float Form 8999 as required?  7 To If If the organization received as contribution of care, boats, anipanes, or other vehicles, did the organization float Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution of the sponsoring organization funds are passed to fund th               | 5а |   |                                       |          |     |    |
| 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  to file Form 8282?  c Did the organization ell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 Sponsoring organization make every any premiums, directly or indirectly, on a personal benefit contract?  7 Time organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization make may taxable distribution and advised fund maintained by the sponsoring organization make any taxable distribution under section 4968?  9 Sponsoring organization make any taxable distribution and every did the property of the sponsoring organization make any taxable distribution or advised funds.  10b Interest property of the property of the property of the property of the sponsoring organization make a distribution to a donor, donor advised fund maintain the property of th                  | b  |   |                                       |          |     | X  |
| any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization payment in excess of \$67 made party as a contribution and party for goods and services provided to the payor?  7a X  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," indicate the number of Forms 8282 filed during the year  7c If If "Yes," indicate the number of Forms 8282 filed during the year  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received any funds, directly or indirectly, on a personal benefit contract?  77 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross recome from methers or shareholders  b Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(12) organizations. Enter:  a fores income from methers or shareholders  b Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b Section 501(c)(12) organizations except charitable trusts. Is the organization filing form 990 in lieu of Form 1041?  13c Section 501(c)(12) organizations in required to ma                   | С  |   |                                       | 5c       |     |    |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization ceeive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Tax X  7 Tb X  C Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Tax X  To X  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 Did the organization received and provided to the payor?  7 Did the organization received and provided to the payor of the very sell of the provided to the payor of the very sell of the organization file a Form 1098-C7  8 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distribution sunder section 4966?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities  10 Did  10 Did  11 Section 497(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 Did the organization                  | 6a |   |                                       |          |     | v  |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Tax X  5 bit "Yes," did the organization notify the donor of the value of the goods or services provided?  5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 bit "Yes," indicate the number of Forms 8282 filed during the year  7 bit of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 cit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 differ organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  8 Sponsoring organization meceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make and stiribution to a donor, donor advisor, or related person?  9 bit of the sponsoring organization make any taxable distributions under section 4966?  9 cross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities  10 a cross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 501(c)(2) organizations. Enter:  a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i                   |    |   |                                       | 6a       |     |    |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year paymentment of the provided of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 or y organization receive any funds, directly or indirectly, or a personal benefit contract? 7 filed the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization smaintaining donor advised funds. Did a donor advised funds by the sponsoring organization smaintaining donor advised funds. Did a donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12; for public use of club facilities 10 Gross income from there sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 501(c)(2) qualified nonprofit health insurance issuers. 11 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 13 Is the organization icensed to issue qualified health plans in more than one state? 14 Did the organization organization receive any payments for indoor tanning services during the tax year? 15 Is the organization organization or additional information th                   | b  |   | -                                     | ۱        |     |    |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  d if "Yes," indicate the number of Forms \$282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7  | _  |   |                                       | 6b       |     |    |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received any funds, directly or indirectly, to pay premiums, directly or indirectly, on a personal benefit contract?  7e  7f  Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of carls, so that we are a separated fund maintained by the organization received a contribution of carls, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7g  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  9a  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b  Section 501(c/t)2 organizations. Enter:  a linitiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  British Section 501(c/t)20 organizations. Enter:  a Gross income from members or shareholders  If I'ves," enter the amount of tax-exempt interest received or accrued during the year  12b  If "Yes," enter the amount of reserves the organization information the organization must report on Schedule O.  b Enter the amount of reserves the organization in films Form 900 in lieu of Form 1041?  If Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  b Enter the amount of reserves the organization in forganization must report on Schedule O  b Enter the amount of reserves the organization in Gross income the                     |    |   | viago providad to the pover           |          | v   |    |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c  | _  |   |                                       |          |     |    |
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| b 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.  a 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 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 excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 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. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17  |    |   |                                       |          |     |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a 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  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  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.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17   |    |   | l 1                                   | 12a      |     |    |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a 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  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  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.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17   |    |   | 12b                                   |          |     |    |
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| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a 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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 In the organization is licensed to income the investment income? 19 In the imposition of an excise tax under section 4951, 4952 or 4953?  19 In the imposition of an excise tax under section 4951, 4952 or 4953?  10 In the imposition of an excise tax under section 4951, 4952 or 4953?  11 In the imposition of an excise tax under section 4951, 4952 or 4953?   |    |   |                                       |          |     |    |
| c Enter the amount of reserves on hand  13c  14a 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 excess parachute payment(s) during the year?  15 X  16 If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  | D  | · · · · · · · · · · · · · · · · · · ·   | 405                                   |          |     |    |
| Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  14a  | _  |   |                                       |          |     |    |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 X  16 X  17 In the organization of a section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) of more than \$1,000,000 in remuneration or excess payment(s) of more than \$1,000,000 in remuneration or excess payment(s) of more than \$1,000,000 in remuneration or excess payment(s) of more than \$1,000,000 in remuneration or excess payment(s) of more than \$1,000,000 in remuneration or excess payment(s) of more than \$1,000,000 in remuneration or excess payment(s) of more than \$1,000,000 in remuneration or excess payment(s) of more than \$1,000,000 in remunerati |    |   |                                       | 1/12     |     | X  |
| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  15  X  X  If "Yes," complete Form 4720, Schedule O.   |    |   |                                       |          |     |    |
| excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 X  |    |   |                                       | 1-75     |     |    |
| If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  | .5 |   |                                       | 15       |     | х  |
| Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 X   |    |   |                                       |          |     | == |
| If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17  | 16 |   | t income?                             | 16       |     | Х  |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |    |   |                                       |          |     |    |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17 |   | tivities                              |          |     |    |
|   |    |   |                                       | 17       |     |    |
|   |    |   |                                       |          |     |    |

232005 12-13-22

BEYOND BLINDNESS Form 990 (2022) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 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? If "Yes," describe Х on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records GINA SAMSON - 714-573-8888

18542 VANDERLIP AVENUE, UNIT B, SANTA ANA, CA 92705

### BEYOND BLINDNESS

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the instructions for the order in which to list the persons above.

| Check this box if neither the organization (A) | (B)                    |                    |                       | ((       | C)           |                              |       | (D)              | (E)                              | (F)                   |
|--|------------------------|--------------------|-----------------------|----------|--------------|------------------------------|-------|------------------|----------------------------------|-----------------------|
| Name and title                                 | Average                | l , .              |                       | Pos      | ition        | ١                            |       | Reportable       | Reportable                       | Estimated             |
|  | hours per              | box                | not c<br>, unle       | ss pe    | rson         | is bot                       | h an  | compensation     | compensation                     | amount of             |
|  | week                   | ⊢                  | cer an                | a a a    | irecto       | or/trus                      | itee) | from             | from related                     | other                 |
|  | (list any<br>hours for | director           |                       |          |              |                              |       | the organization | organizations<br>(W-2/1099-MISC/ | compensation from the |
|  | related                | 5                  | stee                  |          |              | sated                        |       | (W-2/1099-MISC/  | 1099-NEC)                        | organization          |
|  | organizations          | truste             | al trus               |          | yee          | mper                         |       | 1099-NEC)        | ,                                | and related           |
|  | below                  | Individual trustee | Institutional trustee | Je.      | Key employee | Highest compensated employee | ner   |                  |                                  | organizations         |
|  | line)                  | ib                 | Inst                  | Officer  | Key          | High                         | Forr  |                  |                                  |                       |
| (1) ANGELA ROWE                                | 40.00                  | 1                  |                       | ,,       |              |                              |       | 167 051          |                                  | 7 700                 |
| EXECUTIVE DIRECTOR                             | 40.00                  | _                  |                       | Х        |              |                              |       | 167,051.         | 0.                               | 7,780.                |
| (2) MERADITH CAGLE                             | 40.00                  | 4                  |                       | 7.7      |              |                              |       | 07 070           |                                  | 1 101                 |
| CHIEF PROGRAM OFFICER                          | 32.00                  |                    |                       | Х        |              |                              |       | 97,078.          | 0.                               | 1,181.                |
| (3) GINA SAMSON                                | 32.00                  | -                  |                       | х        |              |                              |       | E2 221           | 0.                               | 95.                   |
| CONTROLLER (4) CAROL TRAPANI                   | 2.00                   |                    |                       | Δ        |              | -                            |       | 52,231.          | 0.                               | 33.                   |
| BOARD CHAIR                                    | 2.00                   | X                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (5) DR. RAHUL BHOLA                            | 2.00                   | 12                 |                       |          |              |                              |       | 0.               | 0.                               | •                     |
| BOARD MEMBER                                   | 2.00                   | X                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (6) MICHELLE DEAN                              | 2.00                   |                    |                       |          |              |                              |       |                  |                                  |                       |
| BOARD MEMBER                                   |                        | x                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (7) GEOFF KISSEL                               | 2.00                   | <del> </del>       |                       |          |              |                              |       |                  |                                  |                       |
| BOARD TREASURER                                |                        | x                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (8) RAYMOND KONG                               | 2.00                   |                    |                       |          |              |                              |       |                  |                                  |                       |
| BOARD MEMBER                                   |                        | X                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (9) TERESA MADDEN                              | 2.00                   |                    |                       |          |              |                              |       |                  |                                  |                       |
| BOARD MEMBER                                   |                        | X                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (10) KAPIL MALHOTRA                            | 2.00                   |                    |                       |          |              |                              |       |                  |                                  |                       |
| BOARD MEMBER                                   |                        | Х                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (11) SURINDRA MANN                             | 2.00                   |                    |                       |          |              |                              |       | _                | _                                | _                     |
| BOARD MEMBER                                   |                        | Х                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (12) JODI RISTROM                              | 2.00                   | ↓                  |                       |          |              |                              |       |                  |                                  |                       |
| BOARD MEMBER                                   | 0.00                   | Х                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (13) JOHN SORICH                               | 2.00                   | ١,,                |                       |          |              |                              |       |                  |                                  | _                     |
| BOARD MEMBER                                   | 2 00                   | Х                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (14) MAX TRICHET                               | 2.00                   | ٠,,                |                       |          |              |                              |       |                  |                                  | _                     |
| BOARD MEMBER                                   | 2 00                   | X                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| (15) JARED MORIARTY                            | 2.00                   | X                  |                       |          |              |                              |       | 0.               | 0.                               | _                     |
| BOARD SECRETARY                                | 2.00                   | ╀                  |                       | $\vdash$ |              | $\vdash$                     |       | 0.               | 0.                               | 0.                    |
| (16) DR. CATHERINE HEYMAN                      | 2.00                   | X                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| BOARD MEMBER (17) DANIELLE KING                | 2.00                   | ┝                  |                       | $\vdash$ |              | -                            |       | · ·              | "                                | <u></u>               |
| BOARD MEMBER                                   | 2.00                   | X                  |                       |          |              |                              |       | 0.               | 0.                               | 0.                    |
| DOING FIBRIDAN                                 |                        | 1 22               |                       |          |              | <u> </u>                     |       |                  | <u></u>                          | OOO (2000)            |

232007 12-13-22

| Section A. Officers, Directors, Trus              | tees, Key Em      | ploy                                 | ees                   | , an     | d Hi         | ighe                         | st C     | Compensated Employe     | es (continued)                 |      |            |                     |         |
|---|-------------------|--------------------------------------|-----------------------|----------|--------------|------------------------------|----------|-------------------------|--------------------------------|------|------------|---------------------|---------|
| (A)   | (B)               |                                      |                       | _ (0     | -            |                              |          | (D)                     | (E)                            |      |            | (F)                 |         |
| Name and title                                    | Average           | Position (do not check more than one |                       |          |              |                              | one      | Reportable              | Reportable                     |      | Es         | timate              | ∍d      |
|   | hours per         | box                                  | , unle                | ss pe    | rson         | is bot                       | h an     | compensation            | compensation                   |      |            | nount               |         |
|   | week<br>(list any | $\vdash$                             |                       |          |              | 1                            | 100,     | from                    | from related                   |      |            | other               |         |
|   | hours for         | Individual trustee or director       |                       |          |              | _                            |          | the organization        | organizations<br>(W-2/1099-MIS |      |            | pensa<br>om th      |         |
|   | related           | e or 0                               | stee                  |          |              | satec                        |          | (W-2/1099-MISC/         | 1099-NEC)                      | O/   |            | anizat              |         |
|   | organizations     | truste                               | al trus               |          | yee          | mper                         |          | 1099-NEC)               |                                |      | _          | d relat             |         |
|   | below             | id ual                               | Institutional trustee | ie 1     | key employee | est co<br>o yee              | ie.      | ,                       |                                |      | orga       | anizati             | ons     |
|   | line)             | Indiv                                | Instit                | Officer  | Key e        | Highest compensated employee | Former   |                         |                                |      |            |                     |         |
| (18) DR. ASH MEHTA                                | 2.00              |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
| BOARD MEMBER                                      |                   | Х                                    |                       |          |              |                              |          | 0.                      |                                | 0.   |            |                     | 0.      |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   | 1                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   | 1                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   | 1                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   | •                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              | t                            | $\vdash$ |                         |                                |      |            |                     |         |
|   |                   | 1                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   | 1                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              | $\vdash$ |                         |                                |      |            |                     |         |
|   |                   | ł                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   | 1                                    |                       |          |              |                              |          |                         |                                |      |            |                     |         |
| 4. 0.1  |                   |                                      |                       |          |              |                              |          | 316,360.                |                                | 0.   |            | <u>a n</u>          | 56.     |
| 1b Subtotal                                       |                   |                                      |                       |          |              |                              | ••       | 0.                      |                                | 0.   |            | 9,0                 | 0.      |
| c Total from continuation sheets to Part V        |                   |                                      |                       |          |              |                              |          | 316,360.                |                                | 0.   |            | ο Λ                 | 56.     |
| d Total (add lines 1b and 1c)                     |                   |                                      |                       |          |              |                              |          | <u> </u>                |                                |      |            | 9,0                 | 50.     |
| 2 Total number of individuals (including but n    | ot limited to th  | ose                                  | liste                 | ed al    | bove         | e) wr                        | no r     | eceived more than \$100 | ,000 of reportable             | е    |            |                     | 1       |
| compensation from the organization                |                   |                                      |                       |          |              |                              |          |                         |                                |      |            | Yes                 | 1<br>No |
|   |                   |                                      |                       |          |              |                              |          |                         |                                | ı    |            | res                 | NO      |
| 3 Did the organization list any former officer,   |                   | -                                    | •                     |          | •            |                              | _        | •                       | •                              |      | _          |                     | v       |
| line 1a? If "Yes," complete Schedule J for s      |                   |                                      |                       |          |              |                              |          |                         |                                |      | 3          |                     | X       |
| 4 For any individual listed on line 1a, is the su | •                 |                                      | •                     |          |              |                              |          | •                       | the organization               |      |            | v                   |         |
| and related organizations greater than \$15       |                   |                                      | •                     |          |              |                              |          |                         |                                |      | 4          | X                   |         |
| 5 Did any person listed on line 1a receive or a   |                   |                                      |                       |          |              |                              |          |                         |                                |      | _          |                     | v       |
| rendered to the organization? If "Yes," com       | plete Schedul     | e J f                                | or st                 | uch      | pers         | son .                        |          |                         |                                |      | 5          |                     | X       |
| Section B. Independent Contractors                |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
| 1 Complete this table for your five highest co    |                   |                                      |                       |          |              |                              |          |                         |                                | pens | ation 1    | rom                 |         |
| the organization. Report compensation for         | the calendar y    | ear                                  | endi                  | ng v     | vith         | or w                         | ithir    |                         | year.                          |      |            |                     |         |
| <b>(A)</b><br>Name and business                   | addraga           | NT/                                  | <b>NTT</b>            | -        |              |                              |          | (B)                     | oniooo                         | _    | ))<br>amna | <b>))</b><br>nsatio | 'n      |
|   | address           | M                                    | INC                   | <u> </u> |              |                              | $\dashv$ | Description of s        | ervices                        |      | ompe       | IISalio             |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              | _        |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              | _        |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              | _        |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              | _        |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      |            |                     |         |
| 2 Total number of independent contractors (i      |                   | ot li                                | mite                  | d to     |              | _                            | stec     | d above) who received n | nore than                      |      |            |                     |         |
| \$100,000 of compensation from the organi         | zation            |                                      |                       |          | (            | 0                            |          |                         |                                |      |            |                     |         |
|   |                   |                                      |                       |          |              |                              |          |                         |                                |      | Form       | 990 (               | 2022)   |

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| Form 990 (20 | (22) <b>DETOND</b>   | рптипитрор | 95-009 |
|--------------|----------------------|------------|--------|
| Part VIII    | Statement of Revenue | 9          |        |
|              | 011-40-1-0           |            |        |

|  |    |         | Check if Schedule O contain                               | s a respon   | ise o    | r note to any lir | ne in this Part VIII |   |   |  |
|--|----|---------|---|--------------|----------|-------------------|----------------------|---|---|--|
|  |    |         |   |              |          |                   | (A)<br>Total revenue | (B) Related or exempt function revenue  | <b>(C)</b><br>Unrelated<br>business revenue | ( <b>D)</b> Revenue excluded from tax under sections 512 - 514 |
| ts   | 1  | a       | Federated campaigns                                       | 1a           |          |                   |                      |   |   |  |
| ran  |    |         | Membership dues   | ··· —        |          |                   |                      |   |   |  |
| Ğ,   |    |         | Fundraising events  |              |          | 440,054.          |                      |   |   |  |
| iifts<br>ar /  |    |         | Related organizations                                     |              |          | ,                 |                      |   |   |  |
| s, G<br>mila   |    |         | Government grants (contribution                           |              |          | 631,597.          |                      |   |   |  |
| Sign   |    |         | All other contributions, gifts, grants, a                 |              |          | , -               |                      |   |   |  |
| ber  |    |         | similar amounts not included above                        | 1 1          |          | 1,545,164.        |                      |   |   |  |
| i di   |    | _       | Noncash contributions included in lines 1a-               |              |          | 68,086.           |                      |   |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts |    | _       | Total. Add lines 1a-1f                                    |              |          | -                 | 2,616,815.           |   |   |  |
| _  |    | <u></u> | Tetan / Ga m/co / a / i                                   |              |          | Business Code     | , , ,                |   |   |  |
| ø  | 2  | а       | PROGRAM FEES  |              | f        | 611710            | 1,607,366.           | 1,607,366.                              |   |  |
| Program Service<br>Revenue                             |    | b       |   |              | _        |                   | · · ·                |   |   |  |
| Se   |    | С       |   |              | _        |                   |                      |   |   |  |
| am   |    | d       |   |              | _        |                   |                      |   |   |  |
| ogr<br>R   |    | е       |   |              | _ [      |                   |                      |   |   |  |
| Pr   |    | f       | All other program service revenue                         | e            | _ [      |                   |                      |   |   |  |
|  |    |         | Total. Add lines 2a-2f                                    |              |          |                   | 1,607,366.           |   |   |  |
|  | 3  |         | Investment income (including div                          |              |          |                   |                      |   |   |  |
|  |    |         | other similar amounts)                                    |              |          |                   | 74,180.              |   |   | 74,180.  |
|  | 4  |         |   |              | d pro    | oceeds            |                      |   |   |  |
|  | 5  |         | Royalties   |              |          |                   |                      |   |   |  |
|  |    |         |   | (i) Real     |          | (ii) Personal     |                      |   |   |  |
|  | 6  | а       | Gross rents 6a  |              |          |                   |                      |   |   |  |
|  |    |         | Less: rental expenses 6b                                  |              |          |                   |                      |   |   |  |
|  |    |         | Rental income or (loss) 6c                                |              |          |                   |                      |   |   |  |
|  |    |         | Net rental income or (loss)                               |              |          |                   |                      |   |   |  |
|  | 7  | а       |   | i) Securitie | _        | (ii) Other        |                      |   |   |  |
|  |    |         | assets other than inventory 7a                            | 234,10       | 9.       |                   |                      |   |   |  |
| ω  |    | b       | Less: cost or other basis                                 | 200 50       | .        |                   |                      |   |   |  |
| Revenue  |    |         | and sales expenses  | 322,58       | _        |                   |                      |   |   |  |
| le ve  |    |         | Gain or (loss) 7c   | -88,47       |          |                   | -88,472.             |   |   | -88,472.   |
| er F   |    |         | Net gain or (loss)  |              | ·····    |                   | -00,472.             |   |   | -00,472.   |
| Other  | 8  | а       | including \$ 440,0!                                       |              |          |                   |                      |   |   |  |
| •  |    |         | contributions reported on line 1c                         |              |          |                   |                      |   |   |  |
|  |    |         | Part IV, line 18  |              | 8a       | 10,554.           |                      |   |   |  |
|  |    | h       | Less: direct expenses                                     |              | 8b       | 148,941.          |                      |   |   |  |
|  |    |         | Net income or (loss) from fundrai                         |              |          |                   | -138,387.            |   |   | -138,387.  |
|  |    |         | Gross income from gaming activi                           |              | T        |                   | ·                    |   |   | ·  |
|  |    |         | Part IV, line 19  | 1            | 9a       |                   |                      |   |   |  |
|  |    | b       | Less: direct expenses                                     |              | 9b       |                   |                      |   |   |  |
|  |    | С       | Net income or (loss) from gaming                          | activities   |          |                   |                      |   |   |  |
|  | 10 | а       | Gross sales of inventory, less ret                        | urns         |          |                   |                      |   |   |  |
|  |    |         | and allowances  | [1           | 10a      |                   |                      |   |   |  |
|  |    |         | Less: cost of goods sold                                  | _            | 10b      |                   |                      |   |   |  |
|  |    | С       | Net income or (loss) from sales o                         | f inventory  | <u>/</u> |                   |                      |   |   |  |
| sn   |    |         |   |              | Ľ        | Business Code     |                      |   |   |  |
| ne<br>ue   | 11 |         |   |              | _        |                   |                      |   |   |  |
| llar<br>ven  |    | b       |   |              | -  -     |                   |                      |   |   |  |
| Miscellaneous<br>Revenue                               |    | c       | All other reverses  |              | -  -     |                   |                      |   |   |  |
| Ē  |    |         | All other revenue   |              |          |                   |                      |   |   |  |
|  | 12 | e       | Total. Add lines 11a-11d  Total revenue. See instructions |              |          |                   | 4,071,502.           | 1,607,366.                              | 0.  | -152,679.  |
|  | 12 |         |   |              |          |                   | -, 5, 2, 552.        | =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ı   |  |

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# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do       | Check if Schedule O contains a respon not include amounts reported on lines 6b,                          | (A)            | (B)                      | (C)                             | (D)                  |
|----------|--|----------------|--------------------------|---------------------------------|----------------------|
|          | 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,   | 271 170        | 75 5/1                   | EO 142                          | 145 406              |
| _        | trustees, and key employees  | 271,179.       | 75,541.                  | 50,142.                         | 145,496              |
| 6        | Compensation not included above to disqualified  |                |                          |                                 |                      |
|          | persons (as defined under section 4958(f)(1)) and  |                |                          |                                 |                      |
| _        | persons described in section 4958(c)(3)(B)   | 2 010 016      | 1 705 272                | 100 000                         | 100 5/2              |
| 7        | Other salaries and wages   | 2,018,816.     | 1,795,373.               | 100,900.                        | 122,543              |
| 8        | Pension plan accruals and contributions (include   | 14,618.        | 12 240                   | 834.                            | 1 126                |
| _        | section 401(k) and 403(b) employer contributions)  | 110,822.       | 12,348.<br>96,101.       | 970.                            | 1,436<br>13,751      |
| 9        | Other employee benefits  | 178,098.       | 145,945.                 | 11,270.                         | 20,883               |
| 10       | Payroll taxes  | 1/0,090.       | 145,945.                 | 11,2/0•                         | 20,003               |
| 11       | Fees for services (nonemployees):  |                |                          |                                 |                      |
| a        |  | 1,013.         | 5.                       | 1,008.                          |                      |
| b        | Legal  | 102,413.       | ٥.                       | 102,413.                        |                      |
| С.       | •  | 102,413.       |                          | 102,413.                        |                      |
|          | Lobbying   |                |                          |                                 |                      |
| e        | , F  | 18,469.        |                          | 18,469.                         |                      |
| f        | Investment management fees   | 10,400.        |                          | 10, 40)                         |                      |
| g        | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) | 58,745.        | 31,413.                  | 23,573.                         | 3,759                |
| 40       | · · · · · · · · · · · · · · · · · · ·  | 146,434.       | 69,852.                  | 18,227.                         | 58,355               |
| 12<br>13 | Advertising and promotion  | 145,617.       | 78,143.                  | 39,067.                         | 28,407               |
| 13<br>14 | Office expenses  | 68,783.        | 41,049.                  | 8,147.                          | 19,587               |
|          | Information technology   | 00,703.        | 11,010                   | 0,117                           | 10,007               |
| 15<br>16 | Royalties  | 198,839.       | 160,672.                 | 18,858.                         | 19,309               |
| 17       | Occupancy  | 45,605.        | 44,173.                  | 1,106.                          | 326                  |
| 18       | Payments of travel or entertainment expenses   | 13,0031        | 11/1/50                  | 1/1001                          | 320                  |
| 10       | for any federal, state, or local public officials  |                |                          |                                 |                      |
| 19       | Conferences, conventions, and meetings   | 5,269.         | 465.                     | 4,318.                          | 486                  |
| 20       | Interest   | 14,328.        |                          | 14,328.                         |                      |
| 21       | Payments to affiliates   | = - ,          |                          | ==,===                          |                      |
| 22       | Depreciation, depletion, and amortization  | 99,370.        | 79,679.                  | 9,738.                          | 9,953                |
| 23       | Insurance  | 36,156.        | 26,814.                  | 5,462.                          | 3,880                |
| 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  | 118,835.       | 67,934.                  | 23,695.                         | 27,206               |
| b        | FUND DEVELOPMENT SUPPOR  | 71,264.        | -                        | ·                               | 71,264               |
| c        | ENRICHMENT/EDUCATION   | 60,766.        | 60,766.                  |                                 | <u> </u>             |
| d        | UTILITIES  | 47,724.        | 34,939.                  | 8,347.                          | 4,438                |
|          | All other expenses   | 102,477.       | 64,593.                  | 18,943.                         | 18,941               |
| 25       | Total functional expenses. Add lines 1 through 24e   | 3,935,640.     | 2,885,805.               | 479,815.                        | 570,020              |
| 26       | Joint costs. Complete this line only if the organization   | -              | -                        | -                               | <u> </u>             |
| -        | reported in column (B) joint costs from a combined   |                |                          |                                 |                      |
|          | educational campaign and fundraising solicitation.   |                |                          |                                 |                      |
|          | Check here if following SOP 98-2 (ASC 958-720)   |                |                          |                                 |                      |

Form 990 (2022)
Part X Balance Sheet

| Par                         | τx  | Balance Sheet   |            |                       |                                 |          |                           |
|-----------------------------|-----|---|------------|-----------------------|---------------------------------|----------|---------------------------|
|                             |     | Check if Schedule O contains a response or no                         | te to an   | y line in this Part X |                                 |          |                           |
|                             |     |   |            |                       | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing   |            |                       | 384,064.                        | 1        | 170,936.                  |
|                             | 2   | Savings and temporary cash investments                                |            |                       | 476,818.                        | 2        | 177,594                   |
|                             | 3   | Pledges and grants receivable, net                                    |            |                       | 213,859.                        | 3        | 740,444                   |
|                             | 4   | Accounts receivable, net  | 145,570.   | 4                     | 154,198                         |          |                           |
|                             | 5   | Loans and other receivables from any current of                       |            |                       |                                 |          |                           |
|                             |     | trustee, key employee, creator or founder, sub-                       |            |                       |                                 |          |                           |
|                             |     | controlled entity or family member of any of the                      | se pers    | ons                   |                                 | 5        |                           |
|                             | 6   | Loans and other receivables from other disqua                         | lified pe  | rsons (as defined     |                                 |          |                           |
|                             |     | under section 4958(f)(1)), and persons describe                       |            | 6                     |                                 |          |                           |
| ts                          | 7   | Notes and loans receivable, net                                       |            |                       |                                 | 7        |                           |
| Assets                      | 8   | Inventories for sale or use   |            |                       |                                 | 8        |                           |
| <b>ĕ</b>                    | 9   | Prepaid expenses and deferred charges                                 |            |                       | 50,838.                         | 9        | 38,941.                   |
|                             | 10a | Land, buildings, and equipment: cost or other                         |            |                       |                                 |          |                           |
|                             |     | basis. Complete Part VI of Schedule D  Less: accumulated depreciation | 10a        | 1,017,148.            |                                 |          |                           |
|                             | b   | Less: accumulated depreciation  | 10b        | 495,909.              | 343,175.                        | 10c      | 521,239.                  |
|                             | 11  | Investments - publicly traded securities                              |            |                       | 1,886,225.                      | 11       | 2,021,010.                |
|                             | 12  | Investments - other securities. See Part IV, line                     | 11         |                       |                                 | 12       |                           |
|                             | 13  | Investments - program-related. See Part IV, line                      |            |                       | 13                              |          |                           |
|                             | 14  | Intangible assets   |            |                       | 14                              |          |                           |
|                             | 15  | Other assets. See Part IV, line 11                                    | 0.         | 15                    | 1,441,211.                      |          |                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equ                        | ual line 3 | 33)                   | 3,500,549.                      | 16       | 5,265,573.                |
|                             | 17  | Accounts payable and accrued expenses                                 |            | 165,755.              | 17                              | 184,580. |                           |
|                             | 18  | Grants payable  |            | 18                    |                                 |          |                           |
|                             | 19  | Deferred revenue  |            |                       | 8,450.                          | 19       | 7,680.                    |
|                             | 20  | Tax-exempt bond liabilities   |            |                       |                                 | 20       |                           |
|                             | 21  | Escrow or custodial account liability. Complete                       | Part IV    | of Schedule D         |                                 | 21       |                           |
| es                          | 22  | Loans and other payables to any current or for                        | mer offic  | cer, director,        |                                 |          |                           |
| #                           |     | trustee, key employee, creator or founder, sub-                       | stantial o | contributor, or 35%   |                                 |          |                           |
| Liabilities                 |     | controlled entity or family member of any of the                      | se pers    | ons                   |                                 | 22       |                           |
| -                           | 23  | Secured mortgages and notes payable to unre                           |            |                       |                                 | 23       |                           |
|                             | 24  | Unsecured notes and loans payable to unrelate                         | ed third   | parties               |                                 | 24       |                           |
|                             | 25  | Other liabilities (including federal income tax, p                    | ayables    | to related third      |                                 |          |                           |
|                             |     | parties, and other liabilities not included on line                   | s 17-24)   | ). Complete Part X    |                                 |          |                           |
|                             |     | of Schedule D   |            |                       | 537,308.                        |          | 2,012,739.                |
| $\rightarrow$               | 26  | Total liabilities. Add lines 17 through 25                            |            |                       | 711,513.                        | 26       | 2,204,999.                |
| ဖွ                          |     | Organizations that follow FASB ASC 958, ch                            | eck her    | e X                   |                                 |          |                           |
| ည္                          |     | and complete lines 27, 28, 32, and 33.                                |            |                       | 0 542 020                       |          | 0 551 512                 |
| aga                         | 27  |   |            |                       | 2,543,239.                      | 27       | 2,571,713.                |
| g P                         | 28  | Net assets with donor restrictions                                    | 245,797.   | 28                    | 488,861.                        |          |                           |
| ا جَ                        |     | Organizations that do not follow FASB ASC                             |            |                       |                                 |          |                           |
| <u> </u>                    |     | and complete lines 29 through 33.                                     |            |                       |                                 |          |                           |
| ţ                           | 29  | Capital stock or trust principal, or current funds                    |            |                       |                                 | 29       |                           |
| SSE                         | 30  | Paid-in or capital surplus, or land, building, or e                   |            |                       |                                 | 30       |                           |
| Net Assets or Fund Balances | 31  | Retained earnings, endowment, accumulated i                           |            |                       | 0 700 000                       | 31       | 2 060 554                 |
|                             | 32  | Total net assets or fund balances                                     |            |                       | 2,789,036.                      | 32       | 3,060,574.                |
|                             | 33  | Total liabilities and net assets/fund balances                        |            |                       | 3,500,549.                      | 33       | 5,265,573.                |

| Pa | rt XI Reconciliation of Net Assets  |         |     |     |            |     |
|----|---|---------|-----|-----|------------|-----|
|    | Check if Schedule O contains a response or note to any line in this Part XI                                       |         |     |     |            |     |
|    |   |         | _   |     |            |     |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |     | ,07 |            |     |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 3   | ,93 |            |     |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |     |     |            | 62. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                         | 4       | 2   | ,78 |            |     |
| 5  | Net unrealized gains (losses) on investments  | 5       |     | 13  | <u>5,6</u> | 75. |
| 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,                |         |     |     |            |     |
|    | column (B))   | 10      | 3   | ,06 | 0,5        | 73. |
| Pa | rt XII Financial Statements and Reporting   |         |     |     |            |     |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                      |         |     |     |            |     |
|    |   |         |     |     | Yes        | No  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |     |     |            |     |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule    | e O.    |     |     |            |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                   |         |     | 2a  |            | Х   |
|    | 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  |         |     |     |            |     |
| b  | Were the organization's financial statements audited by an independent accountant?                                |         |     | 2b  | X          |     |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat   |         |     |     |            |     |
|    | consolidated basis, or both:  |         |     |     |            |     |
|    | X Separate basis Consolidated basis Both consolidated and separate basis  |         |     |     |            |     |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit | ,   |     |            |     |
|    | review, or compilation of its financial statements and selection of an independent accountant?                    |         |     | 2c  | X          |     |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | nedule  | Ο.  |     |            |     |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the   |         |     |     |            |     |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         |     | 3a  |            | Х   |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired au | dit |     |            |     |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                          |         |     | 3b  |            |     |

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

BEYOND BLINDNESS

Employer identification number 95-6097023

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

### 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.)

| sec  | tion A. Public Support   |                 |                    |                    |                        |                        |                 |
|------|--|-----------------|--------------------|--------------------|------------------------|------------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018        | <b>(b)</b> 2019    | (c) 2020           | (d) 2021               | (e) 2022               | (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)   |                 |                    |                    |                        |                        |                 |
| _    | Public support. Subtract line 5 from line 4.   |                 |                    |                    |                        |                        |                 |
| Sec  | tion B. Total Support  |                 |                    |                    |                        |                        |                 |
|      | ndar year (or fiscal year beginning in)  | (a) 2018        | <b>(b)</b> 2019    | (c) 2020           | (d) 2021               | (e) 2022               | (f) Total       |
| 7    | Amounts from line 4  |                 |                    |                    |                        |                        |                 |
| 8    | Gross income from interest,  |                 |                    |                    |                        |                        |                 |
|      | dividends, payments received on  |                 |                    |                    |                        |                        |                 |
|      | securities loans, rents, royalties,  |                 |                    |                    |                        |                        |                 |
|      | and income from similar sources  |                 |                    |                    |                        |                        |                 |
| 9    | Net income from unrelated business   |                 |                    |                    |                        |                        |                 |
|      | activities, whether or not the   |                 |                    |                    |                        |                        |                 |
|      | business is regularly carried on   |                 |                    |                    |                        |                        |                 |
| 10   | Other income. Do not include gain  |                 |                    |                    |                        |                        |                 |
|      | or loss from the sale of capital   |                 |                    |                    |                        |                        |                 |
|      | assets (Explain in Part VI.)   |                 |                    |                    |                        |                        |                 |
|      | <b>Total support.</b> Add lines 7 through 10   |                 |                    |                    |                        |                        |                 |
|      | Gross receipts from related activities,  |                 |                    |                    |                        | 12                     |                 |
| 13   | First 5 years. If the Form 990 is for the  | •               |                    | •                  | •                      | . , . ,                |                 |
| 800  | organization, check this box and stor  |                 |                    |                    |                        |                        | <u></u>         |
|      | etion C. Computation of Publ   |                 |                    | (6)                |                        |                        |                 |
|      | Public support percentage for 2022 (   |                 |                    |                    |                        | 15                     | <u>%</u>        |
|      | Public support percentage from 2021 33 1/3% support test - 2022. If the co   |                 |                    |                    |                        |                        | <u>%</u>        |
| ioa  |  |                 |                    |                    |                        |                        |                 |
| h    | stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box |                 |                    |                    |                        |                        |                 |
| b    | and <b>stop here.</b> The organization qual  |                 |                    |                    |                        |                        |                 |
| 170  | 10% -facts-and-circumstances tes   |                 |                    |                    |                        |                        |                 |
| ı, a | and if the organization meets the fact   |                 |                    |                    |                        |                        |                 |
|      | meets the facts-and-circumstances to   |                 |                    |                    |                        | _                      |                 |
| h    | 10% -facts-and-circumstances tes   | ~               |                    | • • •              | •                      | <br>17a_and line 15 is |                 |
| J    | more, and if the organization meets the  |                 |                    |                    |                        |                        | 10/0 01         |
|      | organization meets the facts-and-circ  |                 |                    |                    | -                      |                        |                 |
| 18   | <b>Private foundation.</b> If the organization   |                 |                    |                    |                        |                        |                 |
| .5   | realization in the organization  | sia not oncon a | 22.7 3.7 10 10, 10 | a, 100, 174, 01 17 | 2, 3110011 tillo DOX E |                        | (Form 990) 2022 |

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

(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 | qualify under the tests listed be<br>ction A. Public Support   | elow, please comp    | olete Part II.)    |                     |                      |                    |                                       |  |
|-----|--|----------------------|--------------------|---------------------|----------------------|--------------------|---------------------------------------|--|
|     | ndar year (or fiscal year beginning in)  | (a) 2018             | <b>(b)</b> 2019    | (a) 2020            | (d) 2021             | (a) 2022           | (f) Total                             |  |
|     | Gifts, grants, contributions, and  | (a) 2016             | (b) 2019           | (c) 2020            | (u) 2021             | (e) 2022           | (I) IOIAI                             |  |
| '   | membership fees received. (Do not  |                      |                    |                     |                      |                    |                                       |  |
|     | include any "unusual grants.")   | 1,482,646.           | 1,811,422.         | 1,518,597.          | 2,044,915.           | 2,185,983.         | 9,043,563.                            |  |
| 2   | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the                            |                      |                    |                     |                      |                    |                                       |  |
|     | organization's tax-exempt purpose  | 1,621,035.           | 1,228,234.         | 965,526.            | 1,223,886.           | 1,607,366.         | 6,646,047.                            |  |
| 3   | Gross receipts from activities that  |                      |                    |                     |                      |                    |                                       |  |
|     | are not an unrelated trade or bus-<br>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   | 3,103,681.           | 3,039,656.         | 2,484,123.          | 3,268,801.           | 3,793,349.         | 15,689,610.                           |  |
| 78  | Amounts included on lines 1, 2, and  |                      |                    |                     |                      |                    |                                       |  |
|     | 3 received from disqualified persons   |                      |                    |                     |                      |                    | 0.                                    |  |
| k   | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the  |                      |                    |                     |                      |                    | 0                                     |  |
|     | amount on line 13 for the year   |                      |                    |                     |                      |                    | 0.                                    |  |
|     | Add lines 7a and 7b  |                      |                    |                     |                      |                    | 0.                                    |  |
| 8   | Public support. (Subtract line 7c from line 6.)  |                      |                    |                     |                      |                    | 15,689,610.                           |  |
|     | ction B. Total Support   |                      |                    |                     |                      |                    |                                       |  |
|     | ndar year (or fiscal year beginning in)  | (a) 2018             | <b>(b)</b> 2019    | (c) 2020            | (d) 2021             | (e) 2022           | (f) Total                             |  |
|     | Amounts from line 6  | 3,103,681.           | 3,039,656.         | 2,484,123.          | 3,268,801.           | 3,793,349.         | 15,689,610.                           |  |
| 10a | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                     | 18,813.              | 28,909.            | 17,686.             | 33,231.              | 14,292.            | 112,931.                              |  |
| t   | Unrelated business taxable income<br>(less section 511 taxes) from businesses  | -                    |                    |                     |                      | -                  |                                       |  |
|     | acquired after June 30, 1975   | 10010                |                    | 1= 101              |                      |                    | 110001                                |  |
|     | Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                           | 18,813.              | 28,909.            | 17,686.             | 33,231.              | 14,292.            | 112,931.                              |  |
| 12  | Other income. Do not include gain or loss from the sale of capital   |                      | -77,085.           | 385,492.            | -131,101.            |                    | 177,306.                              |  |
| 13  | assets (Explain in Part VI.)   | 3,122,494.           | 2,991,480.         | 2,887,301.          |                      | 3,807,641.         |                                       |  |
|     | First 5 years. If the Form 990 is for th   |                      |                    |                     |                      |                    | · · · · · · · · · · · · · · · · · · · |  |
| ••  | check this box and <b>stop here</b>  | c organization 3 iii | st, scoona, tilia, | rourin, or militax  | year as a section o  | or(c)(o) organizat |                                       |  |
| Sec | ction C. Computation of Publi  | ic Support Pe        | rcentage           |                     |                      |                    |                                       |  |
|     | •  |                      |                    | column (f))         |                      | 15                 | 98.18 %                               |  |
|     | 15Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))1598.18%16Public support percentage from 2021 Schedule A, Part III, line 151698.16% |                      |                    |                     |                      |                    |                                       |  |
|     | ction D. Computation of Inves  |                      |                    |                     |                      | 10                 | 30010 70                              |  |
|     | · · · · · · · · · · · · · · · · · · ·  |                      |                    | 20 12 column (fl)   |                      | 17                 | .71 %                                 |  |
| 17  | Investment income percentage for 20  |                      |                    |                     |                      | 18                 | • 71 %<br>• 71 %                      |  |
| 18  | Investment income percentage from 2  |                      |                    |                     |                      |                    |                                       |  |
| 198 | 33 1/3% support tests - 2022. If the   |                      |                    |                     |                      |                    | I / is not                            |  |
| k   | more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the   | organization did n   | ot check a box on  | line 14 or line 19a | a, and line 16 is mo | re than 33 1/3%,   | and                                   |  |
|     | line 18 is not more than 33 1/3%, che  |                      |                    |                     |                      |                    |                                       |  |
| 20  | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions   |                      |                    |                     |                      |                    |                                       |  |

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

|                | Yes | No |
|----------------|-----|----|
|                |     |    |
| 1              |     |    |
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| 2              |     |    |
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| 10b            |     |    |

| Par  | Supporting Organizations (continued)   |           |      |       |
|------|--|-----------|------|-------|
|      |  |           | Yes  | No    |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |           |      |       |
| а    | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and   |           |      |       |
|      | 11c below, the governing body of a supported organization?   | 11a       |      |       |
| b    | A family member of a person described on line 11a above?   | 11b       |      |       |
| С    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |           |      |       |
|      | detail in <b>Part VI.</b>  | 11c       |      |       |
| Sect | ion B. Type I Supporting Organizations   |           |      |       |
|      |  |           | Yes  | No    |
|      | 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 <b>Part VI</b> how the supported organization(s) |           |      |       |
|      | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |           |      |       |
|      | organization, describe how the powers to appoint and/or remove 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.   | 1         |      |       |
| 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.   | 2         |      |       |
| Sect | ion C. Type II Supporting Organizations  |           |      |       |
|      |  |           | Yes  | No    |
|      | 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). ion D. All Type III Supporting Organizations  | 1         |      |       |
| Seci | ion D. All Type III Supporting Organizations   |           |      | - · · |
|      |  |           | Yes  | No    |
|      | 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         |      |       |
|      | 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         |      |       |
|      | By reason of the relationship described on 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 <b>Part VI</b> the role the organization's  |           |      |       |
|      | supported organizations played in this regard.   | 3         |      |       |
| Sect | ion E. Type III Functionally Integrated Supporting Organizations   |           |      |       |
|      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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. <i>Complete line 3 below.</i>   |           |      |       |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in  | nstructio | ns). |       |
| 2    | Activities Test. Answer lines 2a and 2b below.   | I         | Yes  | No    |
| а    | 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.   | 2a        |      |       |
| b    | Did the activities described on 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.   | 2b        |      |       |
| 3    | Parent of Supported Organizations. Answer lines 3a and 3b below.   |           |      |       |
|      | 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.  | 3a        |      |       |
| 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.

| Sche | dule A (Form 990) 2022 BEYOND BLINDNESS                                      |             |                             | 95-609/023 Page <b>6</b>       |
|------|--|-------------|-----------------------------|--------------------------------|
| Pai  | t V Type III Non-Functionally Integrated 509(a)(3) Supporti                  | ng Orga     | anizations                  |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust o | n Nov. 20, 1970 (explain in | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu   | st comple   | te Sections A through E.    |                                |
| Sect | ion A - Adjusted Net Income  |             | (A) Prior Year              | (B) Current Year<br>(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<br>(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         |             |                             |                                |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

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instructions).

emergency temporary reduction (see instructions).

| Da            | t V Type III Non-Functionally Integrated 509   | (a)(3) Supporting Orga            | anizatione /                  |      | z czrze ragor                    |
|---------------|--|-----------------------------------|-------------------------------|------|----------------------------------|
|               | <u> </u>   | (a)(b) Supporting Orga            | arrizations (continu          | ied) | Ourset Vees                      |
|               | on D - Distributions   |                                   |                               | _    | Current Year                     |
| 1             | Amounts paid to supported organizations to accomplish exe  |                                   | 1                             |      |                                  |
| 2             | Amounts paid to perform activity that directly furthers exemp  | 0                                 |                               |      |                                  |
| 3             | organizations, in excess of income from activity   | as of supported examination       |                               | 3    |                                  |
|               | Administrative expenses paid to accomplish exempt purpose  | es of supported organization      | 15                            | 4    |                                  |
| <u>4</u><br>5 | Amounts paid to acquire exempt-use assets  | vido dotaile in <b>Port VI</b> \  |                               | 5    |                                  |
| 6             | Qualified set-aside amounts (prior IRS approval required - pro<br>Other distributions (describe in <b>Part VI</b> ). See instructions. | ovide details in <b>Part VI</b> ) |                               | 6    |                                  |
| 7             | Total annual distributions. Add lines 1 through 6.   |                                   |                               | 7    |                                  |
| 8             | Distributions to attentive supported organizations to which the  | no organization is responsive     |                               |      |                                  |
| 0             | (provide details in <b>Part VI</b> ). See instructions.  | ne organization is responsive     | 7                             | 8    |                                  |
| 9             | Distributable amount for 2022 from Section C, line 6   |                                   |                               | 9    |                                  |
| 10            | Line 8 amount divided by line 9 amount   |                                   |                               | 10   |                                  |
| 10            | Line o amount divided by line 9 amount   | (i)                               | (ii)                          | 10   | (iii)                            |
| Secti         | on E - Distribution Allocations (see instructions)   | Excess Distributions              | Underdistribution<br>Pre-2022 | ıs   | Distributable<br>Amount for 2022 |
| 1             | Distributable amount for 2022 from Section C, line 6   |                                   |                               |      |                                  |
| 2             | Underdistributions, if any, for years prior to 2022 (reason-   |                                   |                               |      |                                  |
|               | able cause required - explain in Part VI). See instructions.   |                                   |                               |      |                                  |
| 3             | Excess distributions carryover, if any, to 2022  |                                   |                               |      |                                  |
| а             | From 2017  |                                   |                               |      |                                  |
| b             | From 2018  |                                   |                               |      |                                  |
| С             | From 2019  |                                   |                               |      |                                  |
| d             | From 2020  |                                   |                               |      |                                  |
| е             | From 2021  |                                   |                               |      |                                  |
| f             | Total of lines 3a through 3e   |                                   |                               |      |                                  |
| g             | Applied to underdistributions of prior years   |                                   |                               |      |                                  |
| h             | Applied to 2022 distributable amount   |                                   |                               |      |                                  |
| i             | Carryover from 2017 not applied (see instructions)   |                                   |                               |      |                                  |
| j             | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                                   |                               |      |                                  |
| 4             | Distributions for 2022 from Section D,   |                                   |                               |      |                                  |
|               | line 7: \$   |                                   |                               |      |                                  |
| а             | Applied to underdistributions of prior years   |                                   |                               |      |                                  |
| b             | Applied to 2022 distributable amount   |                                   |                               |      |                                  |
| c             | Remainder. Subtract lines 4a and 4b from line 4.   |                                   |                               |      |                                  |
| 5             | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h   |                                   |                               |      |                                  |
|               | and 4b from line 1. For result greater than zero, explain in   |                                   |                               |      |                                  |
|               | Part VI. See instructions.   |                                   |                               |      |                                  |
| 7             | Excess distributions carryover to 2023. Add lines 3j   |                                   |                               |      |                                  |
|               | and 4c.  |                                   |                               |      |                                  |
| 8             | Breakdown of line 7:   |                                   |                               |      |                                  |
| а             | Excess from 2018   |                                   |                               |      |                                  |
| b             | Excess from 2019   |                                   |                               |      |                                  |
| С             | Excess from 2020   |                                   |                               |      |                                  |
| d             | Excess from 2021   |                                   |                               |      |                                  |

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e Excess from 2022

Part VI

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

BEYOND BLINDNESS

**Employer identification number** 95-6097023

| Par    | t I Organizations Maintaining Donor Advise   | ed Funds or Other S                   | Similar Funds or A        | Accounts. Complete if the             |  |  |
|--------|--|---------------------------------------|---------------------------|---------------------------------------|--|--|
|        | organization answered "Yes" on Form 990, Part IV, lir  | ne 6.                                 |                           |                                       |  |  |
|        |  | (a) Donor advised                     | d funds                   | (b) Funds and other accounts          |  |  |
| 1      | Total number at end of year  |                                       |                           |                                       |  |  |
| 2      | Aggregate value of contributions to (during year)  |                                       |                           |                                       |  |  |
| 3      | Aggregate value of grants from (during year)   |                                       |                           |                                       |  |  |
| 4      | Aggregate value at end of year   |                                       |                           |                                       |  |  |
| 5      | Did the organization inform all donors and donor advisors in   | writing that the assets he            | eld in donor advised fur  | nds                                   |  |  |
|        | are the organization's property, subject to the organization's   | exclusive legal control?              |                           | Yes No                                |  |  |
| 6      | Did the organization inform all grantees, donors, and donor a  | advisors in writing that gra          | ant funds can be used     | only                                  |  |  |
|        | for charitable purposes and not for the benefit of the donor of  | or donor advisor, or for ar           | ny other purpose confe    | rring                                 |  |  |
| _      | impermissible private benefit?   |                                       |                           |                                       |  |  |
| Par    |  | •                                     | s" on Form 990, Part IV   | , line 7.                             |  |  |
| 1      | Purpose(s) of conservation easements held by the organizat   |                                       | 1                         |                                       |  |  |
|        | Preservation of land for public use (for example, recrea   | ation or education)                   | 1                         | orically important land area          |  |  |
|        | Protection of natural habitat  |                                       | Preservation of a cert    | ified historic structure              |  |  |
|        | Preservation of open space   |                                       |                           |                                       |  |  |
| 2      | Complete lines 2a through 2d if the organization held a quali  | ified conservation contrib            | ution in the form of a co |                                       |  |  |
|        | day of the tax year.   |                                       |                           | Held at the End of the Tax Year       |  |  |
|        | Total number of conservation easements   |                                       |                           | 2a                                    |  |  |
| b      |  |                                       |                           | 2b                                    |  |  |
| С.     | Number of conservation easements on a certified historic str   |                                       |                           | 2c                                    |  |  |
| d      | Number of conservation easements included in (c) acquired  | · · · · · · · · · · · · · · · · · · · |                           |                                       |  |  |
| _      | historic structure listed in the National Register   |                                       |                           | 2d                                    |  |  |
| 3      | Number of conservation easements modified, transferred, re   | eleased, extinguished, or i           | terminated by the organ   | nization during the tax               |  |  |
| 4      | Number of states where property subject to concernation of   | acoment is leasted                    |                           |                                       |  |  |
| 4<br>5 | Number of states where property subject to conservation ea<br>Does the organization have a written policy regarding the pe |                                       | tion, handling of         |                                       |  |  |
| 3      | violations, and enforcement of the conservation easements  |                                       |                           | Yes No                                |  |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,   |                                       | nd enforcing conservat    |                                       |  |  |
| •      | etan ana volanteen neare develou te memering, mepeeting,   | , manaling of violations, a           | ia omoromy concervat      | on casements daming the year          |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, hand  | dling of violations, and en           | forcing conservation ea   | asements during the year              |  |  |
|        |  | ,                                     | · ·                       | <b>G</b> ,                            |  |  |
| 8      | Does each conservation easement reported on line 2(d) abor   | ve satisfy the requiremen             | ts of section 170(h)(4)(l | 3)(i)                                 |  |  |
|        | and section 170(h)(4)(B)(ii)?  |                                       |                           | Yes No                                |  |  |
| 9      | In Part XIII, describe how the organization reports conservat  |                                       |                           |                                       |  |  |
|        | balance sheet, and include, if applicable, the text of the foot  | note to the organization's            | financial statements t    | nat describes the                     |  |  |
|        | organization's accounting for conservation easements.  |                                       |                           |                                       |  |  |
| Par    | t III Organizations Maintaining Collections of   | •                                     | easures, or Other         | Similar Assets.                       |  |  |
|        | Complete if the organization answered "Yes" on Form  | n 990, Part IV, line 8.               |                           |                                       |  |  |
| 1a     | If the organization elected, as permitted under FASB ASC 95  | •                                     |                           |                                       |  |  |
|        | of art, historical treasures, or other similar assets held for pu  | ·                                     |                           | ince of public                        |  |  |
|        | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.             |                                       |                           |                                       |  |  |
| b      | If the organization elected, as permitted under FASB ASC 95  |                                       |                           |                                       |  |  |
|        | art, historical treasures, or other similar assets held for public   | c exhibition, education, or           | r research in furtherand  | e of public service,                  |  |  |
|        | provide the following amounts relating to these items:   |                                       |                           |                                       |  |  |
|        | (i) Revenue included on Form 990, Part VIII, line 1  |                                       |                           |                                       |  |  |
|        | (ii) Assets included in Form 990, Part X   |                                       |                           | · · · · · · · · · · · · · · · · · · · |  |  |
| 2      | If the organization received or held works of art, historical tre  |                                       | -                         | provide                               |  |  |
|        | the following amounts required to be reported under FASB A   |                                       |                           | •                                     |  |  |
| a      | Revenue included on Form 990, Part VIII, line 1  |                                       |                           |                                       |  |  |
|        | Assets included in Form 990, Part X  |                                       |                           |                                       |  |  |
| ∟НА    | For Paperwork Reduction Act Notice, see the Instruction  | 15 IUI FUIM 99U.                      |                           | Schedule D (Form 990) 2022            |  |  |

| Par | t III Organizations Maintaining C                   | ollections of A        | rt, Hist     | orical Tr     | easures, d     | or Oth    | er S             | imilar A   | sset     | <b>S</b> (continu | ed)       |
|-----|---|------------------------|--------------|---------------|----------------|-----------|------------------|------------|----------|-------------------|-----------|
| 3   | Using the organization's acquisition, accession     | on, and other record   | ls, check    | any of the    | following tha  | t make    | signif           | icant use  | of its   |                   | _         |
|     | collection items (check all that apply):            |                        |              |               |                |           |                  |            |          |                   |           |
| а   | Public exhibition                                   | d                      | · 🔲 ı        | oan or exc    | hange progra   | am        |                  |            |          |                   |           |
| b   | Scholarly research                                  | е                      |              | Other         |                |           |                  |            |          |                   |           |
| С   | Preservation for future generations                 |                        |              |               |                |           |                  |            |          |                   |           |
| 4   | Provide a description of the organization's co      | ollections and explain | n how th     | ey further t  | he organizati  | on's exe  | empt             | purpose i  | n Part   | XIII.             |           |
| 5   | During the year, did the organization solicit or    | r receive donations    | of art, his  | storical trea | sures, or oth  | er simila | ar ass           | ets        |          |                   |           |
|     | to be sold to raise funds rather than to be ma      | aintained as part of t | he orgar     | nization's co | ollection?     |           |                  |            |          | Yes               | No_       |
| Par | rt IV Escrow and Custodial Arrang                   | gements. Comple        | ete if the   | organizatio   | n answered     | "Yes" or  | n Forr           | n 990, Pa  | rt IV, I | ine 9, or         | -         |
|     | reported an amount on Form 990, Par                 | t X, line 21.          |              |               |                |           |                  |            |          |                   |           |
| 1a  | Is the organization an agent, trustee, custodia     | an or other intermed   | diary for    | contribution  | ns or other as | sets no   | t inclu          | ıded       |          | _                 |           |
|     | on Form 990, Part X?                                |                        |              |               |                |           |                  |            | 🗀        | Yes               | ☐ No      |
| b   | If "Yes," explain the arrangement in Part XIII a    |                        |              |               |                |           |                  |            |          |                   |           |
|     |   |                        |              |               |                |           |                  |            |          | Amount            |           |
| С   | Beginning balance                                   |                        |              |               |                |           | [                | 1c         |          |                   |           |
|     | Additions during the year                           |                        |              |               |                |           |                  | 1d         |          |                   |           |
|     | Distributions during the year                       |                        |              |               |                |           |                  | 1e         |          |                   |           |
| f   | Ending balance                                      |                        |              |               |                |           |                  | 1f         |          |                   |           |
| 2a  | Did the organization include an amount on Fo        | orm 990, Part X, line  | 21, for e    | scrow or cu   | ustodial acco  | unt liabi | ility?           |            |          | Yes               | No        |
| b   | If "Yes," explain the arrangement in Part XIII.     | Check here if the ex   | kplanatio    | n has been    | provided on    | Part XII  | I                |            |          |                   |           |
| Par | rt V Endowment Funds. Complete if                   | the organization an    | swered       | "Yes" on Fo   | orm 990, Part  | IV, line  | 10.              |            |          |                   |           |
|     |   | (a) Current year       | <b>(b)</b> P | rior year     | (c) Two year   | rs back   | (d) <sup>⊤</sup> | hree years | back     | (e) Four ye       | ears back |
| 1a  | Beginning of year balance                           |                        |              |               |                |           |                  |            |          |                   |           |
| b   | Contributions                                       |                        |              |               |                |           |                  |            |          |                   |           |
| С   | Net investment earnings, gains, and losses          |                        |              |               |                |           |                  |            |          |                   |           |
| d   | Grants or scholarships                              |                        |              |               |                |           |                  |            |          |                   |           |
| е   | Other expenditures for facilities                   |                        |              |               |                |           |                  |            |          |                   |           |
|     | and programs  |                        |              |               |                |           |                  |            |          |                   |           |
| f   | Administrative expenses                             |                        |              |               |                |           |                  |            | $\neg$   |                   |           |
| g   | End of year balance                                 |                        |              |               |                |           |                  |            | $\neg$   |                   |           |
| 2   | Provide the estimated percentage of the curre       | ent vear end balanc    | e (line 1    | a. column (a  | a)) held as:   |           |                  |            |          |                   |           |
| а   | Board designated or quasi-endowment                 | <b>,</b>               | %            | <b>5</b> , (- | ,,             |           |                  |            |          |                   |           |
| b   | Permanent endowment                                 | %                      |              |               |                |           |                  |            |          |                   |           |
| С   | Term endowment 9                                    | <u></u> *              |              |               |                |           |                  |            |          |                   |           |
|     | The percentages on lines 2a, 2b, and 2c shou        | uld equal 100%.        |              |               |                |           |                  |            |          |                   |           |
| За  | Are there endowment funds not in the posses         | •                      | ation tha    | t are held a  | ınd administe  | red for t | the              |            |          |                   |           |
|     | organization by:                                    | ŭ                      |              |               |                |           |                  |            |          | Y                 | es No     |
|     | (i) Unrelated organizations                         |                        |              |               |                |           |                  |            |          | 3a(i)             |           |
|     | (ii) Related organizations                          |                        |              |               |                |           |                  |            |          | 3a(ii)            |           |
| b   | If "Yes" on line 3a(ii), are the related organizate |                        |              |               |                |           |                  |            |          |                   |           |
| 4   | Describe in Part XIII the intended uses of the      |                        |              |               |                |           |                  |            |          |                   |           |
| Par | t VI Land, Buildings, and Equipm                    |                        |              |               |                |           |                  |            |          |                   |           |
|     | Complete if the organization answered               | d "Yes" on Form 990    | ), Part IV   | , line 11a. S | See Form 990   | ), Part X | , line           | 10.        |          |                   |           |
|     | Description of property                             | (a) Cost or o          | ther         | (b) Cost      | or other       | (c) A     | ccun             | nulated    | T        | (d) Book v        | /alue     |
|     | 1 1 7   | basis (investr         |              |               | (other)        |           | preci            |            |          | ` '               |           |
| 1a  | Land  | <del> </del>           |              |               | •              |           |                  |            | +        |                   |           |
|     | Buildings   |                        |              | 12            | 1,206.         |           | 49               | ,829       |          | 71                | ,377.     |
|     | Leasehold improvements                              |                        |              |               | 7,055.         |           |                  | ,908       |          |                   | ,147.     |
|     | Equipment   |                        |              |               | 2,234.         |           |                  | ,852       |          |                   | ,382.     |
|     | Other   |                        |              |               | 6,653.         |           |                  | ,320       |          |                   | ,333.     |
|     | L Add lines 1a through 1e (Column (d) must ed       |                        | X colum      |               |                |           |                  |            | +        |                   | ,239.     |

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|---|----------------------------------|--|------------------------|
| Part VII Investments - Other Securities.  |                                  |  |                        |
| Complete if the organization answered "Yes  | " on Form 990, Part IV, line 1   | 1b. 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     | d-of-year market value |
| (1) Financial derivatives   |                                  |  |                        |
| (2) Closely held equity interests   |                                  |  |                        |
| (3) Other   |                                  |  |                        |
| (A)   |                                  |  |                        |
| (B)   | +                                |  |                        |
|   | +                                |  |                        |
| (C)   |                                  |  |                        |
| (D)   |                                  |  |                        |
| (E)   | <del> </del>                     |  |                        |
| (F)   | <del> </del>                     |  |                        |
| (G)   | 1                                |  |                        |
| (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  |                                  | 1c. See Form 990, Part X, line 13.       |                        |
| (a) Description of investment   | (b) Book value                   | (c) Method of valuation: Cost or end     | d-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. |                                  |  |                        |
|   | II are Faura 000. Bast IV live d | 11-1 O F 000 P+ V B 45                   |                        |
| Complete if the organization answered "Yes  |                                  | Td. See Form 990, Part X, line 15.       | (h) Daalaaalaa         |
|   | ) Description                    |  | (b) Book value         |
| (1) OPERATING LEASE RIGHT-OF  |                                  |  | 1,429,761.             |
| (2) FINANCE LEASE RIGHT-OF-U  | SE ASSETS                        |  | 11,450.                |
| (3)   |                                  |  |                        |
| (4)   |                                  |  |                        |
| (5)   |                                  |  |                        |
| (6)   |                                  |  |                        |
| (7)   |                                  |  |                        |
| (8)   |                                  |  |                        |
| (9)   |                                  |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) li                             | ne 15.)                          |  | 1,441,211.             |
| Part X Other Liabilities.   |                                  |  |                        |
| Complete if the organization answered "Yes  | " on Form 990, Part IV, line 1   | 1e or 11f. See Form 990, Part X, line 25 | 5.                     |
| 1. (a) Description of liability   |                                  |  | (b) Book value         |
| (1) Federal income taxes  |                                  |  | · · ·                  |
|   |                                  |  | 493,933.               |
| TOTAL TOTAL ACCOURT TAMEDED   | <u>с</u> т                       |  | 16,342.                |
| ODEDAMENG TEACH ORTEGAME  |                                  |  | 1,490,839.             |
| TIME TO AN ADDITION   |                                  |  | 11,490,639.            |
| 1-7   | <b>5</b>                         |  | 11,043.                |
| (6)   |                                  |  |                        |
| (7)   |                                  |  |                        |
| (8)   |                                  |  |                        |
| (9)   |                                  |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) li                             | ne 25.)                          |  | 2,012,739.             |

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) 2022

| SCITE | edule D (Form 990) 2022 BETONE BETNERD  |            |                |       | 005/025 Fage- |
|-------|---|------------|----------------|-------|---------------|
| Pai   | rt XI Reconciliation of Revenue per Audited Financial Statem                    | ents With  | Revenue per R  | eturi | n.            |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a      | a.         |                |       |               |
| 1     | Total revenue, gains, and other support per audited financial statements        |            |                | 1     | 4,197,930     |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |            |                |       |               |
| а     | Net unrealized gains (losses) on investments                                    | 2a         | 135,675.       |       |               |
| b     | Donated services and use of facilities  | 2b         | 9,222.         |       |               |
| С     | Recoveries of prior year grants   |            |                |       |               |
| d     | Other (Describe in Part XIII.)  | 2d         |                |       |               |
| е     | Add lines 2a through 2d   |            |                | 2e    | 144,897       |
| 3     | Subtract line 2e from line 1  |            |                | 3     | 4,053,033     |
| 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         | 18,469.        |       |               |
| b     | Other (Describe in Part XIII.)  | 4b         |                |       |               |
| С     | Add lines 4a and 4b   |            |                | 4c    | 18,469        |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |            |                |       | 4,071,502     |
| Pa    | rt XII Reconciliation of Expenses per Audited Financial Staten                  | nents Witl | n Expenses per | Retu  | ırn.          |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a      | a.         |                |       |               |
| 1     | Total expenses and losses per audited financial statements                      |            |                | 1     | 3,926,392     |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:               |            |                |       |               |
| а     | Donated services and use of facilities  | . 2a       | 9,222.         |       |               |
| b     | Prior year adjustments  | . 2b       |                |       |               |
| С     | Other losses  | . 2c       |                |       |               |
| d     | Other (Describe in Part XIII.)  | . 2d       |                |       |               |
| е     | Add lines 2a through 2d   |            |                | 2e    | 9,222         |
| 3     | Subtract line 2e from line 1  |            |                | 3     | 3,917,170     |
| 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         | 18,469.        |       |               |
| b     | Other (Describe in Part XIII.)  | 4b         |                |       |               |

### Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

### PART X, LINE 1:

c Add lines 4a and 4b

THE ORGANIZATION FOLLOWS ASC 740, ACCOUNTING FOR UNCERTAIN TAXES. UNDER ASC 740, THE ORGANIZATION IS REQUIRED TO EVALUATE THE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD ARE REQUIRED TO BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR. FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, THE ORGANIZATION CONCLUDED THAT THERE WAS NO IMPACT FROM ASC 740.

THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO ROUTINE AUDITS BY

18,469.

3,935,639.

4c

15451030 758382 9222.100

Schedule D (Form 990) 2022

# **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

| Name of the organization BEYOND  | BLINDNESS   |   |  |   |         | Employer ide 95-6097  | ntification number 023                                  |
|--|---|---|--|---|---------|---|---|
|  | Complete if the organization answe  | ered "Y                                 | 'es" oı  | n Form 990, Part IV,  | line 1  |   |   |
| Indicate whether the organization rai     X Mail solicitations     b X Internet and email solicitations     c X Phone solicitations     d X In-person solicitations     2 a Did the organization have a written or | sed funds through any of the following solicitates for a Solicitates for special solicitates for oral agreement with any individuate or oral agreement with any individuate or entities (fundraisers) pursurviduals or entities (fundraisers) pursurviduals or entities (fundraisers) | tion of<br>tion of<br>fundra<br>(inclue | non-g<br>gover<br>aising<br>ding o<br>ional f  | overnment grants nment grants events fficers, directors, true fundraising services? | stees   | X Yes   |   |
| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity   | fundr<br>have c<br>or cor<br>contrib    | Did<br>raiser<br>ustody<br>itrol of<br>utions? | (iv) Gross receipts from activity   | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
| CARINA WATSON, DBA JENSEN  |   | Yes                                     | No   |   |         |   |   |
| CONSULTING - 3509 ROBIN  | GRANT WRITING   |   | Х  | 1,068,563.  |         | 49,830.   | 1,018,733.  |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
|  |   |   |  |   |         |   |   |
| Total  |   |   |  | 1,068,563.  |         | 49,830.   | 1,018,733.  |
| 3 List all states in which the organization or licensing.  | on is registered or licensed to solicit   | contrib                                 | utions   | s or has been notified  | d it is | exempt from re  | 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) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

|                 |      | of fundraising event contributions and gro  | oss income on Form 990         |                             | events with gross receip | ts greater than \$5,000.   |
|-----------------|------|---|--------------------------------|-----------------------------|--------------------------|----------------------------|
|                 |      |   | (a) Event #1                   | (b) Event #2                | (c) Other events         | (d) Total events           |
|                 |      |   | GOLF                           |                             | _                        | (add col. (a) through      |
|                 |      |   |                                | DINNER                      | 1                        | col. <b>(c)</b> )          |
| <u>e</u>        |      |   | (event type)                   | (event type)                | (total number)           |                            |
| Revenue         |      |   | 122 015                        | 052.004                     | 62 665                   | 450 600                    |
| Rev             | 1    | Gross receipts  | 133,017.                       | 253,924.                    | 63,667.                  | 450,608.                   |
|                 |      |   | 107 262                        | 252 024                     | F0 767                   | 440 054                    |
|                 | 2    | Less: Contributions   | 127,363.                       | 253,924.                    | 58,767.                  | 440,054.                   |
|                 | 2    | Cross income /line 1 minus line 2)  | 5,654.                         |                             | 4,900.                   | 10,554.                    |
|                 | 3    | Gross income (line 1 minus line 2)  | 3,034.                         |                             | 4,500.                   | 10,334.                    |
|                 | 4    | Cash prizes   |                                |                             |                          |                            |
|                 | -    | 5.15.1 p. 1.25.1  |                                |                             |                          |                            |
|                 | 5    | Noncash prizes  |                                |                             |                          |                            |
| ses             |      |   |                                |                             |                          |                            |
| Direct Expenses | 6    | Rent/facility costs   |                                |                             |                          |                            |
| ΕX              |      |   |                                |                             |                          |                            |
| ect             | 7    | Food and beverages  |                                |                             |                          |                            |
| ₫               |      |   |                                |                             |                          |                            |
|                 |      | Entertainment   | 65,753.                        | 75,091.                     | 8,097.                   | 148,941.                   |
|                 | 9    | Other direct expenses   |                                |                             | •                        | 148,941.                   |
|                 | 10   | Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li |                                |                             |                          | -138,387.                  |
| Pa              | rt I |   |                                | n 990. Part IV. line 19. or |                          | 20070071                   |
|                 |      | \$15,000 on Form 990-EZ, line 6a.   |                                |                             |                          |                            |
| a)              |      |   | (a) Ringo                      | (b) Pull tabs/instant       | (a) Other gaming         | (d) Total gaming (add      |
| Revenue         |      |   | (a) Bingo                      | bingo/progressive bingo     | (c) Other gaming         | col. (a) through col. (c)) |
| 3eve            |      |   |                                |                             |                          |                            |
| ш.              | 1    | Gross revenue   |                                |                             |                          |                            |
|                 |      |   |                                |                             |                          |                            |
| ses             | 2    | Cash prizes   |                                |                             |                          |                            |
| ens             | 2    | Nepeeb prizes   |                                |                             |                          |                            |
| Direct Expenses | 3    | Noncash prizes  |                                |                             |                          |                            |
| rect            | 4    | Rent/facility costs   |                                |                             |                          |                            |
| ⊡               | -    |   |                                |                             |                          |                            |
|                 | 5    | Other direct expenses   |                                |                             |                          |                            |
|                 |      |   | Yes %                          | Yes %                       | Yes %                    |                            |
|                 | 6    | Volunteer labor   | No No                          | No No                       | No                       |                            |
|                 |      |   |                                |                             |                          |                            |
|                 | 7    | Direct expense summary. Add lines 2 through   | n 5 in column (d)              |                             |                          |                            |
|                 |      | Not consider in a constant of the 7   | Character of a character (all) |                             |                          |                            |
|                 | 8    | Net gaming income summary. Subtract line 7  | from line 1, column (a)        |                             |                          |                            |
| ۵               | Ent  | ter the state(s) in which the organization condu  | icte gaming activities:        |                             |                          |                            |
|                 |      |   | Yes No                         |                             |                          |                            |
|                 |      |   |                                |                             |                          |                            |
|                 |      | No," explain:   |                                |                             |                          |                            |
|                 | _    |   |                                |                             |                          |                            |
| 10a             | We   | Yes No  |                                |                             |                          |                            |
| b               | If " | Yes," explain:  |                                |                             |                          |                            |
|                 |      |   |                                |                             |                          |                            |
|                 |      |   |                                |                             |                          |                            |

232082 10-27-22 Schedule G (Form 990) 2022

| 10 Does the organization conduct gaming activities with nonmembers? 11 Is the organization or grantor, benefiting vortuses of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 12 Indicate the procuration of gaming activity conducted in: 13 The organization's facility 15 An outside facility 15 An outside facility 15 An outside facility 16 Title the name and address of the person who prepares the organization's gaming/special events books and records:  Name 15 Name 16 Address 16 Does the organization have a contract with a third party from whom the organization receives gaming revenue? 16 If 'Yes,' enter the amount of gaming revenue received by the organization and the amount of gaming revenue received by the organization of gaming revenue received by the organization of gaming revenue received by the organization organization and the amount of gaming revenue received by the organization organization and the amount of gaming revenue received by the organization organization and the amount of gaming revenue received by the organization organization:  Name 16 Gaming manager information:  Name 17 Mandatory distributions: 18 Is the organization organiz | Sch | iedule G (Form 990) 2022            | BEYOND            | BLINDNESS 95-  | 6097       | 7023    | Page 3   |  |  |  |  |  |
|--|-----|-------------------------------------|-------------------|--|------------|---------|----------|--|--|--|--|--|
| to administer charatable gaming?    Indicate the percentage of gaming activity conducted in:   a The organization's facility   13a   96   b An outside facility   13b   96   12b   96   Enter the name and address of the person who prepares the organization's gaming special events books and records:    Name  |     |                                     | ming activities   | with nonmembers?   |            | Yes     | No       |  |  |  |  |  |
| 13 Indicate the percentage of gaming activity conducted in:  a The organization's facility b An outside facility 14 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?   | 12  |                                     |                   |  |            | Yes     | □ No     |  |  |  |  |  |
| b An outside facility  | 13  |                                     |                   |  |            |         |          |  |  |  |  |  |
| Name   | á   | The organization's facility         |                   |  | . 13a      |         | %        |  |  |  |  |  |
| Name Address  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |     |                                     |                   |  | 13b        |         | %        |  |  |  |  |  |
| Address  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  | 14  | Enter the name and address of th    | e person who p    | prepares the organization's gaming/special events books and records: |            |         |          |  |  |  |  |  |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |     | Name                                |                   |  |            |         |          |  |  |  |  |  |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party:  Name Address   |     | Address                             |                   |  |            |         |          |  |  |  |  |  |
| of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:  Name  Address  16 Gaming manager information:  Name  Gaming manager compensation \$  Description of services provided  Director/officer   | 15  | a Does the organization have a con- | tract with a thir | d party from whom the organization receives gaming revenue?          |            | Yes     | ☐ No     |  |  |  |  |  |
| of garning revenue retained by the third party \$ c if 'Yes,' enter name and address of the third party:  Name  Address  16 Garning manager information:  Name  Garning manager compensation \$ Description of services provided  Director/officer   Employee   Independent contractor  17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state garning license?   Yes   No be 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  Part IV   Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  | ŀ   | If "Yes," enter the amount of gam   | ing revenue rec   | ceived by the organization \$ and the amount                         |            |         |          |  |  |  |  |  |
| Name Address  16 Gaming manager information:  Name  Gaming manager compensation \$   |     | of gaming revenue retained by the   | third party       |  |            |         |          |  |  |  |  |  |
| Address  16 Gaming manager information:  Name  Gaming manager compensation \$  Description of services provided  Director/officer  | •   | If "Yes," enter name and address    | of the third par  | ty:  |            |         |          |  |  |  |  |  |
| Name  Gaming manager compensation  S  Description of services provided  Director/officer  Employee  Independent contractor  17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   |     | Name                                |                   |  |            |         |          |  |  |  |  |  |
| Gaming manager compensation \$   |     | Address                             |                   |  |            |         |          |  |  |  |  |  |
| Gaming manager compensation \$  Description of services provided  Director/officer   | 16  | Gaming manager information:         |                   |  |            |         |          |  |  |  |  |  |
| Description of services provided  Director/officer  Employee  Independent contractor  Independent cont |     | Name                                |                   |  |            |         |          |  |  |  |  |  |
| Director/officer   |     | Gaming manager compensation \$      |                   |  |            |         |          |  |  |  |  |  |
| 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Define 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  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   |     | Description of services provided    |                   |  |            |         |          |  |  |  |  |  |
| 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Define 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  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   |     |                                     |                   |  |            |         |          |  |  |  |  |  |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   |     | Director/officer                    | Employee          | e Independent contractor   |            |         |          |  |  |  |  |  |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   | 17  | Mandatan, diatributiana             |                   |  |            |         |          |  |  |  |  |  |
| retain the state gaming license?   |     |                                     | r state law to m  | ake charitable distributions from the gaming proceeds to             |            |         |          |  |  |  |  |  |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   | •   |                                     |                   |  |            | Yes     | □ No     |  |  |  |  |  |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   | ŀ   |                                     |                   |  | ••••       |         |          |  |  |  |  |  |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.  SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:  (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  |     | organization's own exempt activiti  | ies during the t  | ax year \$   |            |         |          |  |  |  |  |  |
| (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  | Pa  |                                     |                   |  | art III, I | ines 9, | 9b, 10b, |  |  |  |  |  |
| (I) NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  | SC  | HEDULE G. PART I.                   | LINE 2F           | B. LIST OF TEN HIGHEST PAID FUNDRAISE                                | RS:        |         |          |  |  |  |  |  |
| (I) ADDRESS OF FUNDRAISER: 3509 ROBIN AVENUE, MCALLEN, TX 78504  PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING  |     |                                     |                   |  |            |         |          |  |  |  |  |  |
| PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   | (I  | ) NAME OF FUNDRAL                   | SER: CAF          | RINA WATSON, DBA JENSEN CONSULTING                                   |            |         |          |  |  |  |  |  |
| PART I, LINE 2B, COLUMN (V):  NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   | (T  | ) ADDRESS OF FUND                   | RATSER:           | 3509 ROBIN AVENUE, MCALLEN, TX 7850                                  | 4          |         |          |  |  |  |  |  |
| NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   | \_  | , indicate of force                 |                   | SOUS ROBERT IIVEROLY HORIZERY, III 7000                              |            |         |          |  |  |  |  |  |
| NAME OF FUNDRAISER: CARINA WATSON, DBA JENSEN CONSULTING   | PA  | RT I, LINE 2B. CO                   | LUMN (V)          | :  |            |         |          |  |  |  |  |  |
|  |     |                                     |                   |  |            |         |          |  |  |  |  |  |
|  |     |                                     |                   |  |            |         |          |  |  |  |  |  |

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

BEYOND BLINDNESS

Employer identification number 95-6097023

| Pa         | art I Questions Regarding Compensation   |    |     |    |  |  |
|------------|--|----|-----|----|--|--|
|            |  |    | Yes | No |  |  |
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,                               |    |     |    |  |  |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |    |     |    |  |  |
|            | First-class or charter travel Housing allowance or residence for personal use  |    |     |    |  |  |
|            | Travel for companions Payments for business use of personal residence  |    |     |    |  |  |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees   |    |     |    |  |  |
|            | Discretionary spending account  Personal services (such as maid, chauffeur, chef)  |    |     |    |  |  |
|            |  |    |     |    |  |  |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |    |     |    |  |  |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b |     |    |  |  |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                     |    |     |    |  |  |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  | 2  |     |    |  |  |
|            |  |    |     |    |  |  |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's                                   |    |     |    |  |  |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to                                   |    |     |    |  |  |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.   |    |     |    |  |  |
|            | Compensation committee Written employment contract   |    |     |    |  |  |
|            | Independent compensation consultant  Compensation survey or study  |    |     |    |  |  |
|            | Form 990 of other organizations  Approval by the board or compensation committee   |    |     |    |  |  |
| 4          | During the year did any parson listed on Form 000 Part VIII. Section A line 1s, with respect to the filing   |    |     |    |  |  |
| 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 related organization: |    |     |    |  |  |
| 9          |  | 4a |     | х  |  |  |
| h          | Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?       | 4b |     | X  |  |  |
| C          | Participate in or receive payment from an equity-based compensation arrangement?   |    |     |    |  |  |
| ·          | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |    |     |    |  |  |
|            |  |    |     |    |  |  |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |    |     |    |  |  |
| 5          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                    |    |     |    |  |  |
|            | contingent on the revenues of:   |    |     |    |  |  |
| а          | The organization?  |    |     |    |  |  |
|            | b Any related organization?  |    |     |    |  |  |
|            | If "Yes" on line 5a 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                                    |    |     |    |  |  |
|            | contingent on the net earnings of:   |    |     |    |  |  |
| а          | The organization?  | 6a |     | X  |  |  |
| b          | Any related organization?  | 6b |     | Х  |  |  |
|            | If "Yes" on line 6a or 6b, describe in Part III.   |    |     |    |  |  |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                                     |    |     |    |  |  |
| _          | not described on lines 5 and 6? If "Yes," describe in Part III   | 7  |     | Х  |  |  |
| 8          |  |    |     |    |  |  |
| _          | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8  |     | X  |  |  |
| 9          | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in   |    |     |    |  |  |
|            | Regulations section 53.4958-6(c)?  | 9  |     | Щ_ |  |  |

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

Schedule J (Form 990) 2022

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-MIS compensation    | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) ANGELA ROWE    | (i)  | 167,051.                 | 0.                                  | 0.  | 397.                              | 7,383.                  | 174,831.                           | 0.  |
| EXECUTIVE DIRECTOR | (ii) | 0.                       | 0.                                  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |
|                    | (i)  |                          |                                     |   |                                   |                         |                                    |   |
|                    | (ii) |                          |                                     |   |                                   |                         |                                    |   |

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

BEYOND BLINDNESS

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

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

Inspection **Employer identification number** 95-6097023

| Par | t l   | Types of Property                           |               |                            |                                 |             |                  |          |       |      |
|-----|---|---|---------------|----------------------------|---------------------------------|-------------|------------------|----------|-------|------|
|     |   |   | (a)           | (b)                        | (c)                             |             | (d)              |          |       |      |
|     |   |   | Check if      | Number of contributions or | Noncash contri<br>amounts repor |             | Method of de     |          | •     | _    |
|     |   |   | applicable    |                            | Form 990, Part VI               |             | noncash contribu | ilion ai | Hourt | 5    |
| 1   | Art - ۱   | Works of art                                |               |                            |                                 |             |                  |          |       |      |
| 2   |   | Historical treasures                        |               |                            |                                 |             |                  |          |       |      |
| 3   |   | Fractional interests                        |               |                            |                                 |             |                  |          |       |      |
| 4   |   | s and publications                          |               |                            |                                 |             |                  |          |       |      |
| 5   |   | ning and household goods                    |               |                            |                                 |             |                  |          |       |      |
| 6   |   | and other vehicles                          | Х             | 1                          | 35                              | ,000.       |                  |          |       |      |
| 7   |   | s and planes                                |               |                            |                                 |             |                  |          |       |      |
| 8   |   | ectual property                             |               |                            |                                 |             |                  |          |       |      |
| 9   |   | rities - Publicly traded                    |               |                            |                                 |             |                  |          |       |      |
| 10  |   | rrities - Closely held stock                |               |                            |                                 |             |                  |          |       |      |
| 11  |   | rities - Partnership, LLC, or               |               |                            |                                 |             |                  |          |       |      |
| • • |   | interests                                   |               |                            |                                 |             |                  |          |       |      |
| 12  |   | ırities - Miscellaneous                     |               |                            |                                 |             |                  |          |       |      |
| 13  |   | ified conservation contribution -           |               |                            |                                 |             |                  |          |       |      |
|     | _,  | oric structures                             |               |                            |                                 |             |                  |          |       |      |
| 14  |   | ified conservation contribution - Other     |               |                            |                                 |             |                  |          |       |      |
| 15  |   | estate - Residential                        |               |                            |                                 |             |                  |          |       |      |
| 16  |   | estate - Commercial                         |               |                            |                                 |             |                  |          |       |      |
| 17  |   | estate - Other                              |               |                            |                                 |             |                  |          |       |      |
| 18  |   | ectibles                                    |               |                            |                                 |             |                  |          |       |      |
| 19  |   | I inventory                                 |               |                            |                                 |             |                  |          |       |      |
| 20  |   | s and medical supplies                      |               |                            |                                 |             |                  |          |       |      |
| 21  |   | dermy                                       |               |                            |                                 |             |                  |          |       |      |
| 22  |   | orical artifacts                            |               |                            |                                 |             |                  |          |       |      |
| 23  |   | ntific specimens                            |               |                            |                                 |             |                  |          |       |      |
| 24  |   | eological artifacts                         |               |                            |                                 |             |                  |          |       |      |
| 25  | Othe  | ATTOMICAL IMPAGE                            | Х             | 20                         | 21                              | ,046.       |                  |          |       |      |
| 26  | Othe  | DDAGDAM GUDDI II                            | Х             | 8                          |                                 | ,540.       |                  |          |       |      |
| 27  | Othe  |   | Х             | 1                          |                                 | ,500.       |                  |          |       |      |
| 28  | Othe  | TECHNOLOGY HARD                             | Х             | 1                          | 1                               | ,200.       |                  |          |       |      |
| 29  | Numl  | ber of Forms 8283 received by the organi    | zation durin  | g the tax year for c       | ·                               |             |                  |          |       |      |
|     |   | hich the organization completed Form 82     |               | -                          |                                 | 29          |                  |          |       |      |
|     |   |   |               |                            |                                 | •           |                  |          | Yes   | No   |
| 30a | Durin   | ng the year, did the organization receive b | y contributio | on any property rep        | oorted in Part I, line          | es 1 throug | gh 28, that it   |          |       |      |
|     | must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for |   |               |                            |                                 |             |                  |          |       |      |
|     |   |   |               |                            |                                 |             |                  | 30a      |       | Х    |
| b   | b If "Yes," describe the arrangement in Part II.  |   |               |                            |                                 |             |                  |          |       |      |
| 31  |   |   |               |                            |                                 |             |                  |          |       | Х    |
|     | 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  |   |               |                            |                                 |             |                  |          |       |      |
|     | contributions?  |   |               |                            |                                 |             |                  |          |       | Х    |
| b   |   | es," describe in Part II.                   |               |                            |                                 |             |                  | 32a      |       |      |
| 33  | ·   |   |               |                            |                                 |             |                  |          |       |      |
|     | describe in Part II.  |   |               |                            |                                 |             |                  |          |       |      |
| LHA | HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule N                              |   |               |                            |                                 |             |                  |          |       | 2022 |

Schedule M (Form 990) 2022 232142 09-09-22

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

BEYOND BLINDNESS

Employer identification number 95-6097023

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMPAIRMENTS AND OTHER DISABILITIES AND THEIR FAMILIES 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 THE ORGANIZATION'S WEBSITE OR THE 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.

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

Schedule O (Form 990) 2022